Developing Effective Treatment Plans for Persons with Co-Occurring Disorders

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What Is a Co-Occurring Disorder

- A condition in which a person experiences a mental illness and a substance use disorder simultaneously.
- CODs represent a very broad category and extent of disorder, ranging from someone with mild, situational depression due to their substance use all the way to a person with bipolar disorder who uses substances during acute episodes of mania.

Incidence and Prevalence

People with mental health disorders are more likely than others to also have an alcohol or substance use disorder

Persons with a substance use disorder are more likely to have a mental disorder when compared with the general population

Incidence and Prevalence

Studies indicate that 60–87 percent of justice- involved individuals who have severe mental disorders also have co-occurring substance use disorders

There are also high rates of co-occurring mental disorders among offenders who have substance use disorders, including those who are sentenced to substance use treatment

APA: Interdependent and Interactive

- One disorder may predispose a person to another type of disorder
- A third type of disorder (e.g., chronic health condition, such as HIV/AIDS) may affect or elicit the onset of mental or substance use disorders
- Symptoms of each disorder may be augmented, as these often overlap between mental and substance use disorders (e.g., anxiety, depression [APA, 2013])
- Other disorders, may predispose individuals to more severe mental disorders
- Alcohol or other drugs may induce, or more frequently mimic or resemble, a mental disorder

Access to Services

Despite these high rates of COD, relatively few justice-involved individuals report receiving adequate treatment services for these disorders in jails, prisons, or other justice settings.

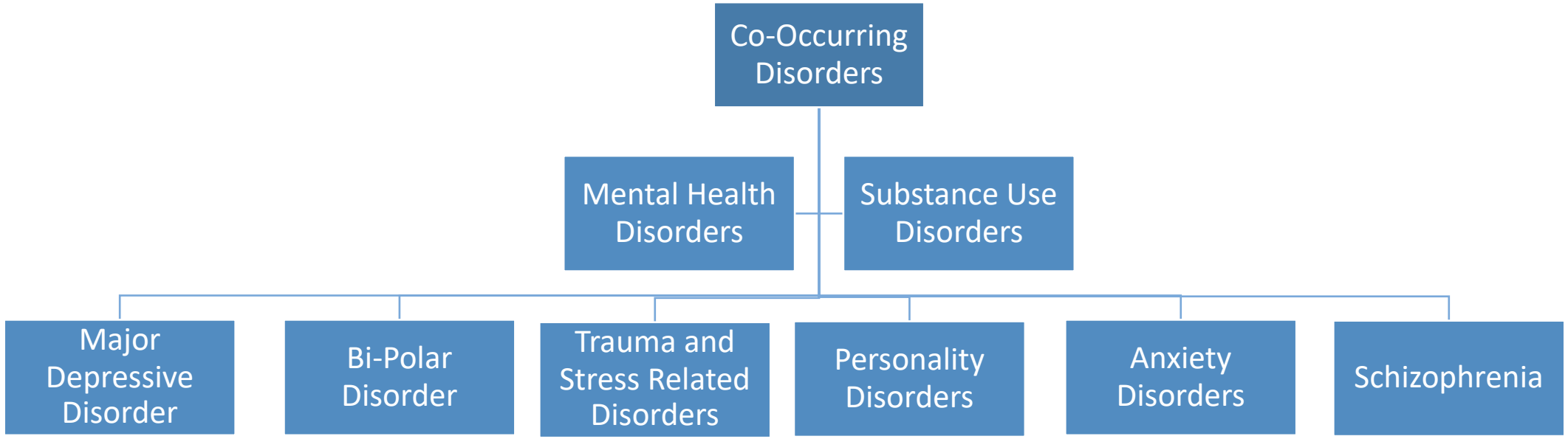
(National GAINS Center, 2004; Peters, LeVasseur, & Chandler, 2004)

Our Challenges

*"Persons with co-occurring disorders present **numerous challenges** within the justice system. These individuals exhibit greater impairment in psychosocial skills, are less likely to enter and successfully complete treatment, and are at greater risk for criminal recidivism and relapse. The justice system is generally ill equipped to address the multiple needs of this population, and few specialized treatment programs exist in jails, prisons, or court or community corrections settings that provide integrated mental health and substance abuse services."*

(Peters, LeVasseur, & Chandler, 2004)

You are most likely to encounter substance-related and addictive disorders, personality disorders, psychotic disorders, mood and trauma-related disorders in court.


Co-Occurring Disorders
Mental Health Disorders
Substance Use Disorders
Major Depressive Disorder
Bi-Polar Disorder
Trauma and Stress Related Disorders
Personality Disorders
Anxiety Disorders
Schizophrenia

Substance Use Disorder

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives
- Stimulants
- Tobacco
- Other

Diagnostic Criteria
Two of the following within 12-month period

- Taken in larger amounts or over longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control
- Great deal of time spent in activities related to use
- Craving
- Continued use despite the consequences
- Recurrent use resulting in impaired social or interpersonal functioning
- Important social occupational or recreational activities are given up as a result of use
- Continued use despite knowledge of physical or psychological problem likely caused or exacerbated by use
- Tolerance (increase or decrease)
- Withdrawal

Severity

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms

Major Depressive Disorder

- Withdrawal from pleasurable activities
- Unable to experience happiness
- Changes in appetite and sleep
- Focusing on negative events and thoughts
- Can appear at any age
- Can be a side effect of withdrawal from substances, complicating diagnosis

Bipolar Disorder

- Rapid cycling in mood between mania and depression
- Mania can lead to risk taking behaviors
- Depression can lead to self medicating

Schizophrenia

Onset:

- Late adolescence and early adulthood
- Can create a vulnerability for substance use

Symptoms:

- Visual and auditory hallucinations
- Behavioral problems
- Apathy and lack of ability to experience pleasure
- Disorganized behavior
- Depression, suicidal thoughts
- Arrested development
- Impairs concentration, impulse control and abstract reasoning

Personality Disorders

Cluster A

- Paranoid Personality Disorder
- Schizoid Personality Disorder

Cluster B

- Avoidant Personality Disorder
- Obsessive Compulsive Disorder

Cluster C

- Antisocial Personality Disorder
- Borderline Personality Disorder

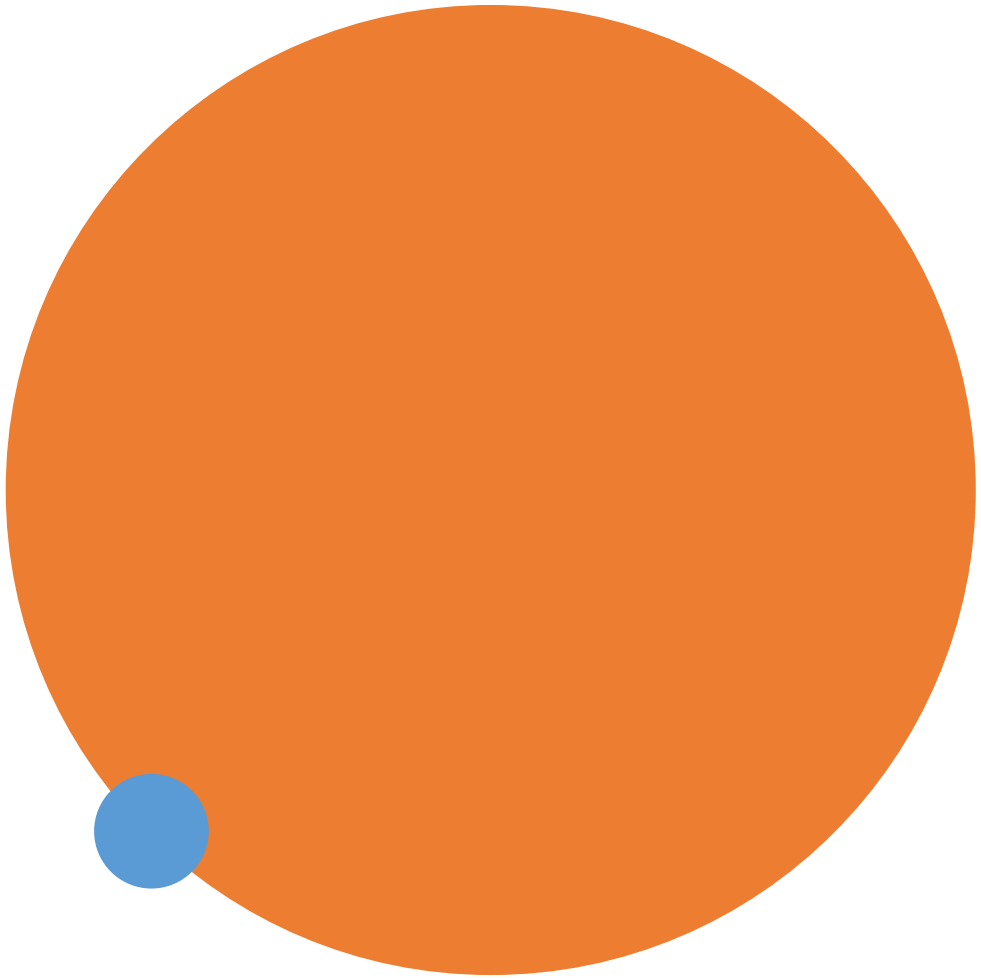
Trauma and Stress Related Disorders

Acute Stress Disorder

- Symptoms can develop and last 3 days to 1 month following exposure to traumatic events
- May progress to PTSD after one month

Posttraumatic Stress Disorder

- Onset can occur at any age beginning after the first year of life
- Memories
- Dreams
- Flashbacks
- Persistent hypervigilance
- Exaggerated startle response
- Reckless and self-destructive behavior



Individuals with PTSD are 80% more likely than those without to have one other mental health disorder.

- Depressive
- Bipolar
- Anxiety
- Substance use disorders

Interrelated Nature

- Mental Health Disorder
  - Most common cause of relapse/reoccurrence is substance use
- Substance Use Disorder
  - Most common cause of relapse/reoccurrence is untreated mental health disorders

Identification and Diagnosis

Often, one or the other disorder is treated, leaving the other untreated. This may be due to a host of reasons, such as overlap of symptoms, inadequately trained clinicians, or the need to address other complicated health issues.

Identification and Diagnosis

Unfortunately, undiagnosed, untreated, or undertreated co-occurring disorders can result in increased risk for poor outcomes such as:

- Return of symptoms
- Incarceration
- Homelessness
- Suicide

Clinical Features of Co-Occurring Disorders

Cognitive Impairment

- Lack of concentration, verbal memory, unable to anticipate consequences of behavior

Reduced motivation

Impairment in social fuctioning

Treatment as Usual Does Not Work

- Mental Health Disorder Treatments
  - Unaddressed and ongoing substance use interferes with individual's ability to follow mental health treatment recommendations.
  - Active substance use interferes with effectiveness of MH treatment including medications
  - Mental health treatment may not focus on changing substance use and other maladaptive behaviors

Treatment as Usual Does Not Work

- Substance use disorder treatment
  - Absence of accurate mental health diagnosis prevents effective treatment
  - Cognitive impairment detracts from understanding and processing information
  - Confrontational approaches used in SU treatment are not well tolerated
  - Frustration and dropout may result from requirements of abstinence.

Comprehensive Assessment

2011 meta-analysis, treatment courts that provide a comprehensive assessment have better outcomes for their participants.

Integrated approach with blended screening and assessment for co-occurring disorders.

A wide range of areas should be considered including trauma and victimization

Substance Use Screening Instruments

TCU Drug Screen

- Used to quickly identify individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule) and who therefore should be eligible for treatment options.
- Can be done as a clinician administered interview or Self-administered questionnaire
- 15 items that measure drug and alcohol use problems and frequency of use and readiness for treatment.

Simple Screening Instrument (SSI)

- Used for Screening
- Can be done as a Clinician-administered interview or Self-administered questionnaire
- 16 items in five domains: The SSI-SA measures five domains: 1) Substance consumption; 2) Preoccupation and loss of control; 3) Adverse consequences; 4) Problem recognition; and 5) Tolerance and withdrawal.
- This instrument is in the public domain and can be used without charge or permission, and can be reproduced without limit, according to the instructions.

Addiction Severity Index (ASI)

- Used for Assessment; Treatment planning; Outcome evaluation
- Should be completed as a semi-structured interview conducted by a trained clinician
- 200 items in seven potential problem areas in substance using patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status.
- This instrument is in the public domain. It can be downloaded for free from the TRI web site.

Global Appraisal of Need

- Used for Assessment; Diagnostic test; Treatment planning; Outcome evaluation
- Should be administered by a trained clinical interviewer.
- A progressive and integrated family of instruments that include a variety of screening and assessment tools from initial short screenings and Brief interventions and referral to Standardized clinical assessments for diagnosis, placement, and treatment planning. Other instruments support ongoing monitoring and support.
- This instrument is copyrighted; purchase of a license is required for use.

Mental Health Screening Instruments

Brief Jail Mental Health Screen

- Booking tool to screen incoming detainees in jails and detention centers for the need for further mental health assessment
- Can be administered by corrections officers with little training
- Includes 8 yes/no questions
- This instrument is in the public domain. It can be downloaded for free and copied as needed.

Mental Health Screening Form II

- Rough screening device for clients seeking admission to substance use disorder treatment programs
- Can be done as a Clinician-administered interview or Self-administered questionnaire
- 18 yes/no questions related to mental health in general and associated with specific disorders including Schizophrenia; Depressive Disorders; Post-Traumatic Stress Disorder; Phobias; Intermittent Explosive Disorder; Delusional Disorder; Sexual and Gender Identity Disorders; Eating Disorders (Anorexia, Bulimia); Manic Episode; Panic Disorder; Obsessive-Compulsive Disorder; Pathological Gambling; Learning Disorder and Mental Retardation.
- This instrument is in the public domain. It can be downloaded for free and copied as needed

Mini Screen

- Identify need for assessment in mood, anxiety and psychotic disorders
- Can be done as a Clinician-administered interview or Self-administered questionnaire
- 22 yes/no questions related to general mental health as well as suicidality and post traumatic stress disorder
- This instrument is in the public domain. It can be downloaded for free and copied as needed

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Trauma and PTSD Screening Instruments

Stressful Life Events Screening Questionnaire

- Assesses lifetime exposure to traumatic events
- Self administered questionnaire
- 13 items cover 11 specific and 2 general categories of events such as a life-threatening accident, physical and sexual abuse, witness to another person being killed or assaulted
- This instrument is in the public domain. It can be downloaded for free and copied as needed.

Impact of Events Scale

Used to screen for PTSD for a specific event:

Self administered

22 items

This instrument is in the public domain. It can be downloaded for free and copied as needed.

ACE Questionnaire

Identifies childhood abuse, neglect and household dysfunction.

Self administered or Clinician administered

10 item self report created by the ACEs study to identify childhood experiences before the age of 18 that involve neglect, abuse and family dysfunction that may lead to the development of health and social issues.

This instrument is public domain and can be downloaded for free.

So what do we do?

- Routine screening at each of the intercepts
- Use of standardized screening measures
- Staff receive regular training in the diagnosis and treatment of persons with co-occurring disorders
- A range of service referral options representing a continuum of care

Elements of Good Treatment

- Establishing rapport
- Increasing motivation to change
- Analyzing consumption patterns
- Increasing positive reinforcement for abstinence
- Rehearsing new coping behaviors
- Recognize the prevalence of trauma

SAMHSA 4 Major Dimensions

that support a life in recovery

Compliance vs. Adherence

- Understand they are not the same
- Successful recovery and genuine adherence depends on individual's motivation from external factors (the judge is forcing me to do this) to internal motivation (I want recovery).

Compliance

Compliance focuses on following rules in a treatment program

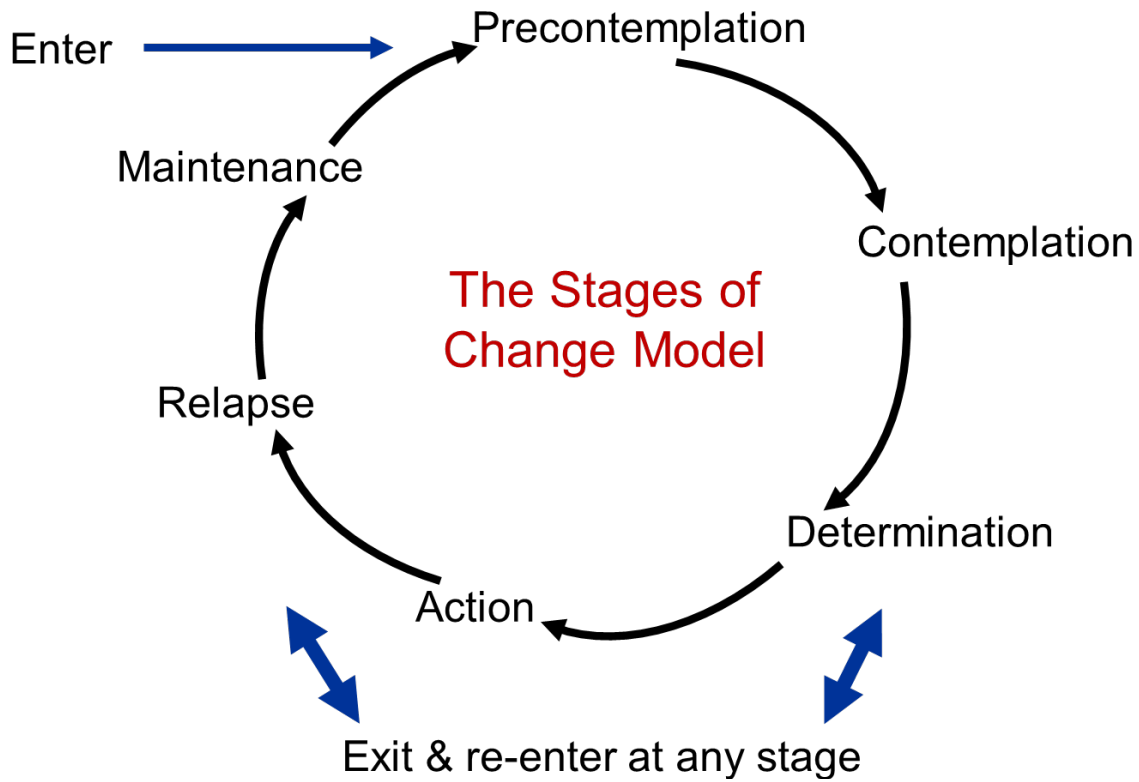
Compliance is often “doing time” in a treatment setting rather than “doing treatment and change”

Treatment providers and other team members should focus on moving clients beyond compliance as essential to progress.

Adherence

- Actual commitment driven by factors important to the individual.
- Treatment adherence allows for matching to participant's stage of change to facilitate accountable, lasting change.
- Meaningful adherence improves when participant has some choice, even when choices are limited

Prochaska and DeClemente Stages of Change



Stages of Change

Precontemplation: Not Ready

Contemplation: Getting Ready

Preparation: Ready

Action: Doing (Observable)

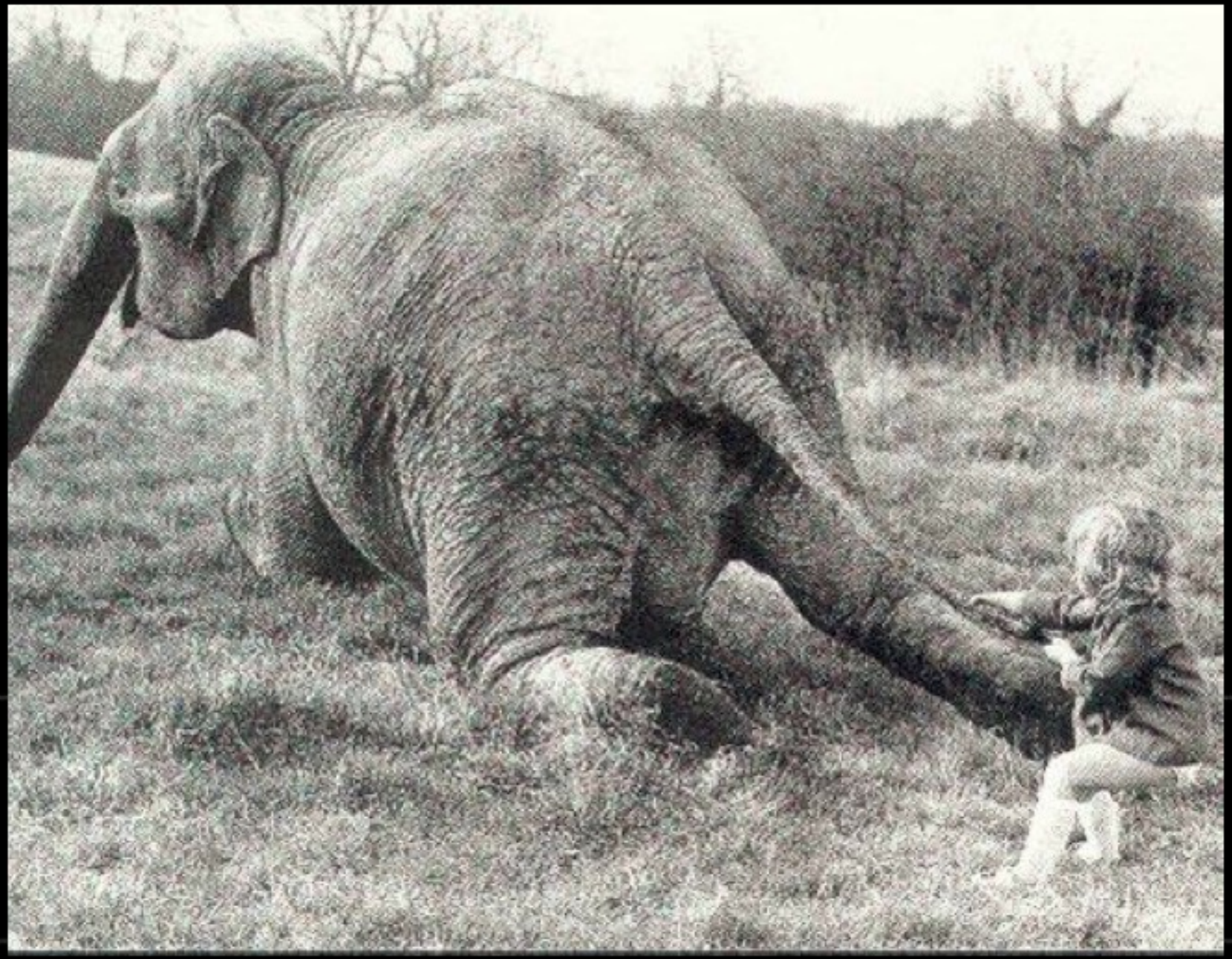
Maintenance: Working to Prevent Relapse (6 mo – 5 years)

Timing of Clinical Intervention

Opportunity to set the stage

Designed to enhance client engagement in change process

Stages of change represent tasks required for effective change.



ACCEPT

- **A** ssess what is and is not working in the treatment plan
- **C** hange the treatment plan to address those identified problems or priorities
- **C** heck the treatment contract if the participant is reluctant to modify treatment plan
- **E** xpect effort in a positive direction – “do treatment” not “do time”
- **P** olicies that permit mistakes and honesty; not zero tolerance
- **T** rack outcomes in real time – functional change (attitudes, thoughts, behaviors) not compliance with a program.
    - Dr. David Mee-Lee

Recovery Management

- Relapse prevention – “vulnerability management”
- Recovery management – “potential management”
- Focusing on client assets and resiliency as opposed to deficits and defects
- Focus on what “makes us come alive” as opposed to “what we most fear”
- A shift from acute intervention to recovery management

Acute Care Model

Brief period of professional intervention followed by cessation of services.

Screen, assess, place, treat and discharge

Works well in acute trauma settings

Less effective in SUD treatment with clients who have complex and high severity needs

Chronic Condition Model

Long-term involvement with health care system

Continued care following treatment

Education regarding self-care

Regular check-ups

Linkage to community resources

Recovery Capital

The quality and quantity of internal and external resources one brings to initiate and maintain recovery.

SAMHSA RECOVERY

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- SAMHSA, Working Definition of Recovery

Collaborative Treatment Planning

Treatment planning is collaborative and client-centered, in that it addresses clients' goals using treatment strategies and methods that are acceptable to them

Client-Centered Matters

- The risks, needs or strengths, skills and resources, identified by a practitioner in a multidimensional assessment should not determine the service planning alone.
- The more that priority dimensions can be matched to or interpreted through the patient's personal goals, the more patient-centered the plan can be.

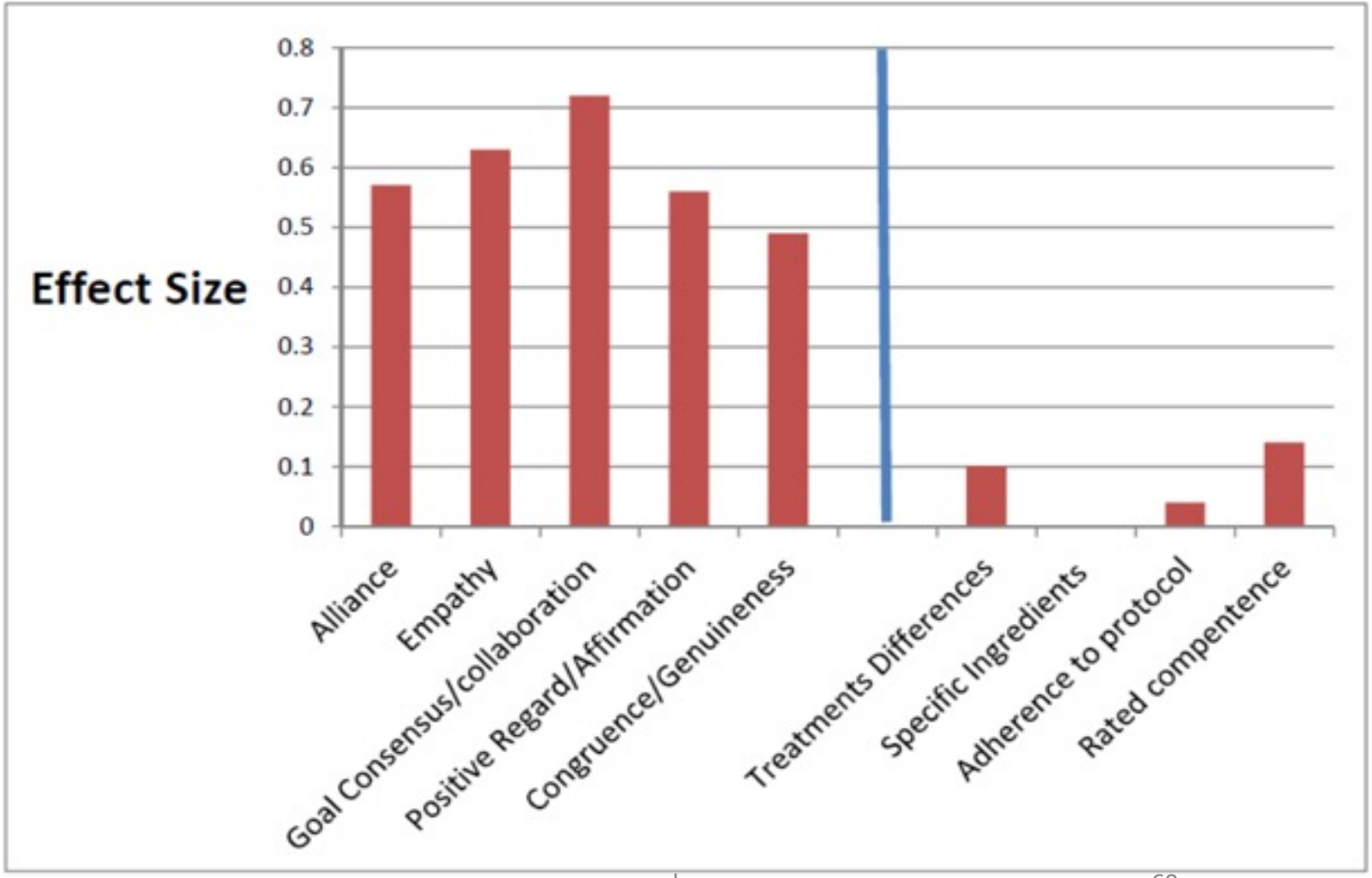
Therapeutic Alliance

The therapeutic alliance was consistently a predictor of outcome for all the measures of treatment outcome.

Alliance Measures

- Working Alliance Inventory (WAI)
- California Psychotherapy Alliance Scale (CALPAS)
- Helping Alliance Questionnaire (HAQ)
- Vanderbilt Psychotherapy Process Scale (VPPS).
- Session Rating Scale (SRS)

How Change Happens



Change Happens When…

Compassion

Empathy

Acceptance

Resources

- National Institute of Health
- Substance Abuse and Mental Health Administration
- National Institute on Drug Abuse
- National Drug Court Institute
- National Survey on Drug Use and Health – 2014
- Center for Clinical Excellence
- Tips and Topics, David Mee-Lee, May 2019