“Ask the Doctor” Webinar Series:
Addressing Co-Occurring Disorders

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Today’s Presentation

An Overview of Co-occurring Disorders

Principles of Care Associated with Good Outcome

Questions & Answers
The call for change

- Prevalence rates are high
- Consumers, families, providers are frustrated by systemic barriers
- Associated morbidity and mortality is stunning
- Costs of ineffective care are enormous
- Effective interventions have been demonstrated
## PARALLELS: MENTAL ILLNESSES AND ADDICTIONS

**SERIOUS MENTAL ILLNESS**

1. A biological illness.
3. Chronicity
4. Incurability
5. Leads to lack of control of behavior and emotions
6. Affects the whole family
7. Symptoms can be controlled with proper treatment
8. Progression of the disease without treatment
9. Disease of denial
10. Disease is often seen as a “moral issue,” due to personal weakness rather than biological causes
11. Feelings of guilt and failure
12. Feelings of shame and stigma
13. Physical, mental, and spiritual disease
14. Overrepresented in Criminal Justice System

**ALCOHOLISM/DRUG ADDICTION**

1. A biological illness.
3. Chronicity
4. Incurability
5. Leads to lack of control of behavior and emotions
6. Affects the whole family
7. Symptoms can be controlled with proper treatment
8. Progression of the disease without treatment
9. Disease of denial
10. Disease is often seen as a “moral issue,” due to personal weakness rather than biological causes
11. Feelings of guilt and failure
12. Feelings of shame and stigma
13. Physical, mental, and spiritual disease
14. Overrepresented in Criminal Justice System
Definition: Co-occurring Disorders

- The term refers to co-occurring substance use (abuse or dependence) and mental disorders.

- Clients said to have co-occurring disorders when at least one disorder of each type can be established independently of the other and is not simply a cluster of symptoms resulting from a single disorder.

- Yet, diagnostic certainty cannot be the sole basis for service planning and design.
Relationships between Substances of Abuse and Mental Disorders (Lehman et al., 1989)

1. Acute and chronic substance use can produce psychiatric symptoms
2. Substance withdrawal can cause psychiatric symptoms
3. Substance use can mask psychiatric symptoms
4. Psychiatric disorders can mimic symptoms associated with substance use
5. Acute and chronic substance use can exacerbate psychiatric disorders
6. Acute and chronic psychiatric disorders can exacerbate the recovery process from addictive disorders
Co-occurring Mental and Addictive Disorders

- Non-addictive Psychiatric Disorders
- Substance Use Disorders

[Diagram showing the overlap between non-addictive psychiatric disorders and substance use disorders]
Heterogeneity of the Population with Co-occurring Disorders

- I: Primary health Care settings
- II: Mental health system
- III: Substance abuse system
- IV: State hospitals, Jails/prisons, Emergency Rooms, etc.

Severity levels:
- Low severity
- High severity

Mental Illness

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Prevalence Data: General Population

- **Epidemiologic Catchment Area Study**
  - Presence of a mental disorder triples the risk of having a co-occurring substance use disorder
  - Presence of addictive disorder quadruples the risk of having a co-occurring mental disorder

- **National Co-morbidity Study**
  - 83.5% of time, mental disorder precedes the addictive disorder

- **National Survey of Drug Use and Health**
  - Uses a uniform definition of serious mental illness to identify 2.5 million Americans with SMI and co-occurring SA dx
Prevalence Data: Site Bias

- Persons with co-occurring disorders seek help
  - National Longitudinal Alcohol Epidemiologic Survey (Grant, 1997)
    - DD 5x’s more likely to seek services than singly diagnosed
  - National Comorbidity Survey (Kessler et al., 1996)
    - 19% alcohol dependent and 26% drug dependent in tx within 12 months
    - with co-occurring dx - 41% alcohol dependent and 63% drug dependent in tx

- Outpatient Public Mental Health Clinics
- Outpatient Drug and Alcohol Treatment
- Inpatient Settings
- Homeless Populations
- Jails, Prisons, and Community Corrections
Serious Mental Illnesses (SMI): An Issue in Jails and Prisons Nationwide

Serious Mental Illnesses in General Population and Criminal Justice System

- General Population: 5%
- Jail: 15%
- State Prison: 16%
- Total: Male and Female: 24%

Sources: General Population (Kessler et al., 1996), Jail (Steadman et al., 2009), Prison (Ditton 1999)
Alcohol and Drug Use Disorders

Alcohol and Drug Use Disorders: Household vs. Jail vs. State Prison

<table>
<thead>
<tr>
<th></th>
<th>Percent of Population</th>
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<tbody>
<tr>
<td>Household</td>
<td>8%</td>
</tr>
<tr>
<td>Jail</td>
<td>54%</td>
</tr>
<tr>
<td>State Prison</td>
<td>53%</td>
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</tbody>
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- **Alcohol use disorder** (Includes alcohol abuse and dependence)
- **Drug use disorder** (Includes drug abuse and dependence)

Source: Abrams & Teplin (2010)
SMI and Co-Occurring Substance Use Disorders (CODs) among Jail Detainees

Co-Occurring Substance Use Disorders among Jail Detainees with SMI

- 72% Without Co-Occurring Substance Use Disorders
- 28% With Co-Occurring Substance Use Disorders
Consequences of Co-occurring Disorders

- Increased vulnerability to relapse and rehospitalization
- More psychotic symptoms
- Inability to manage finances
- Housing instability and homelessness
- Noncompliance with medications and treatment
- Increased vulnerability to HIV infection and hepatitis
- Increased depression and suicidality
- Higher service utilization and costs
- Increase contact with criminal justice system
Today’s Presentation

An Overview of Co-occurring Disorders

Principles of Care Associated with Good Outcome

Questions & Answers
Principles of Care

1. Integrated treatment
2. Universal Screening and Assessment
3. Individualized treatment planning
4. Close monitoring
5. Longitudinal perspective
6. Harm reduction
7. Stages of change
8. Stable living situation
9. Cultural competency and consumer centeredness
10. Optimism
1. Integrated treatment

- Traditional models of treatment for dual disorders result in poor outcomes
  - no treatment -- high utilization of E.R., jails, hospitals
  - sequential treatment
  - parallel treatment -- burden of integration on individual
  - Fragmentation

- Integrated treatment associated with better outcomes in SMI and perhaps non-SMI
- Integrated treatment associated with better outcomes in CJ populations
CODs Are Often Untreated

Past Year Mental Health Care and Treatment for Adults Aged 18 or Older with Both Serious Mental Illness and Substance Use Disorder

Source: NSDUH (2008)

2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder
2. Screening, Assessment, and Individualized Treatment Planning

Definition: **Screening**

- A formal process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular condition or disorder.

- Screening for co-occurring disorders (COD) seeks to answer a “yes” or “no” question: Does the substance abuse [or mental health] client being screened show signs of a possible mental health [or substance abuse] problem?

- Note that the screening process does not necessarily identify what kind of problem the person might have, or how serious it might be, but determines whether or not further assessment is warranted.
Features of Screening Instruments

- High sensitivity (but not high specificity)
- Brief
- Low cost
- Minimal staff training required
- Consumer friendly
Some Recommended Screening Instruments for COD

- Mental Health Screening Form – III
- Simple Screening Instrument for Substance Abuse (SSI-SA)
- Dartmouth Assessment of Lifestyle Inventory (DALI)
- Co-Occurring Disorder Screening Instrument (CODSI)
- Corrections Specific Instruments
  - Brief Jail Mental Health Screen
  - Texas Christian University Drug Screen - II
The Goal: Universal Screening

- All individuals presenting for treatment of a substance use disorder should be routinely screened for any co-occurring mental disorders.

- All individuals presenting for treatment of a mental disorder should be screened routinely for any co-occurring substance use disorders.

- All individuals booked into jails should be screened for both mental and substance use disorders.
2. Screening, Assessment, and Individualized Treatment Planning Definition: **Assessment**

- A basic assessment consists of gathering key information and engaging in a process with the client that enables the counselor/therapist to understand the client’s readiness for change, problem areas, COD diagnosis, disabilities, and strengths.

- An assessment typically involves a clinical examination of the client and includes a number of tests and written and oral exercises. COD diagnoses are established by referral to a psychiatrist or clinical psychologist.

- Assessment of the COD client is an ongoing process conducted over time to capture the changing nature of the client’s status.
Domains of Assessment

- Acute Safety Needs
- Diagnosis
- Disability
- Quadrant Assignment
- Level of Care

- Strengths and Skills
- Recovery Support
- Cultural Context
- Problem Domains
- Phase of Recovery/Stage of Change
The “Best” Assessment Tool
3. Individualized Treatment Planning: ITP

- A collaborative process of working with a client and his family or support system to specify personal goals and the means by which treatment can help a client reach those goals.

- Treatment planning is derived from a comprehensive assessment.

- APIC Model
  - Assess
  - Plan
  - Identify
  - Coordinate
4. Close monitoring

- Intensive supervision needed until stable and advancing recovery
- Sometimes coercive, always persuasive
  - representative payeeship
  - mandatory substance abuse treatment
  - urine testing
- Often used as an extension of court sanctions/conditions of release
5. Longitudinal perspective

- Mental health, substance use disorders, and disease are chronic, relapsing conditions
- Treatment occurs continuously over years
- Progress measured over time
Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E; n=61) vs. Low-Fidelity ACT Programs (G; n=26).
6. Harm reduction strategies

- **Assume:**
  - continuum from abstinence ⇔ problematic use ⇔ abuse/dependence
  - reducing quantity/frequency of use decreases likelihood of negative consequences

- Provide alternatives to traditional abstinence only philosophies

- More likely to engage those who don’t yet have abstinence as a goal
7. Stages of change

- Engagement - connecting people to treatment
- Persuasion - convincing engaged clients to accept treatment
- Active treatment - range of behavioral, psychoeducational and medical interventions
- Relapse prevention - prevention and management of relapses
8. Stable living situation

- Not having a home makes assessment difficult and protracted
- Range of safe, affordable housing options are necessary
  - safe havens or low demand residences for engagement and persuasion
  - alcohol and drug free housing during active treatment and relapse prevention
- Separate assessment and treatment from housing
- Flexibility and tolerance required to retain people in housing
9. Cultural competency and consumer centeredness

- Seek to understand - don’t assume a shared set of values or impose one’s own
- Respect cultural differences
- Value the consumer’s point of view
10. Optimism

- Critical ingredient for recovery

- Hope as an antidote to despair
  - Must have courage to connect with the reality of despair
  - Share belief that because the problems are severe, the person deserves help
  - Create a vision of what a hopeful outcome might be

- Peer supervision and training to bolster staff optimism
“To the extent that we respond to the health needs of the most vulnerable among us, we do the most to promote the health of the nation.”

David Satcher, M.D., Ph.D.
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Contact Information

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www.consensusproject.org
Peer-to-Peer Connections

http://consensusproject.org/forums/1

Consensus Project Forum

The Consensus Project Forum is an online community that facilitates interaction with your colleagues and peers from across the country—a community of professionals working to improve responses to people with mental illnesses involved in the criminal justice system. Here, you can pose questions; respond to your colleagues’ comments and inquiries; and exchange ideas, insights, experiences, and strategies with the field. Justice Center staff and experts from its partner organizations are actively participating in this forum and will be responding to your questions and comments. Learn more about our experts in Meet Our Expert Contributors and how to use the forum in the FAQs.

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