



## Disclosure

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- Points of views or opinions in this document are those of the authors and do not necessarily represent the official position or policy of the U.S. Department of Justice.

## What is a co-occurring disorder (Co Occurring Disorder)?



A condition in which a person experiences a mental illness and a substance abuse problem simultaneously.



Co Occurring Disorders represent a very broad category and extent of disorder, ranging from someone with mild, situational depression due to their substance abuse all the way to a person with bipolar disorder who uses meth during acute episodes of mania.

## Incidence and Prevalence

SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH), indicates that just under 8 million adults in the US had co-occurring disorders.



## 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



One study found that about 80 percent of individuals on probation and sentenced to participate in substance abuse treatment have co-occurring mental disorders

*(Hiller, Knight, Broome, & Simpson, 1996)*



In another study, fully half of justice-involved women had co-occurring disorders

*(Jordan, Schlenger, Fairbank, & Caddell, 1996)*

## Incidence and Prevalence

Other studies have found that between 72 and 87 percent of justice-involved individuals with severe and persistent mental illness (SPMI) have co-occurring substance use disorders.

(Abram & Teplin, 1991; Abram, Teplin, & McClelland, 2003; Chiles, Cleve, Jemelka, & Trupin, 1990; James & Glaze, 2006).



## Incidence and Prevalence

- ✓ According to the Veterans Affairs (VA), about 33% of veterans seeking substance abuse treatment also meet the diagnostic criteria for PTSD.
- ✓ Men are more likely than women to be diagnosed with a co-occurring disorder. Others at high risk for co-occurring disorders include persons of lower socioeconomic status, military veterans, and those with general medical illnesses.

## Incidence and Prevalence



- Approximately two-thirds of Drug Court participants report serious mental health symptoms and roughly one-quarter have a diagnosed Axis I psychiatric disorder, most commonly major depression, bipolar disorder, PTSD, or other anxiety disorder.

(Cissner et al., 2013; Green & Rempel, 2012; Peters et al., 2012).



Gaps in Services



## Gap in Services

Despite these high rates of Co Occurring Disorders, 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)



## Gap in Services

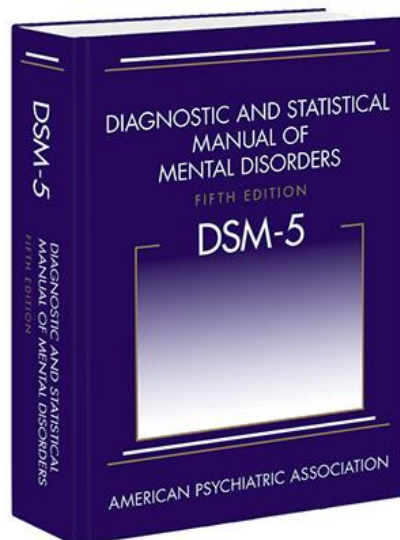
According to anecdotal reports from a number of judges, if you think you aren't seeing these cases, you are mistaken.

## 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).”*

## DSM-5



# Mental Disorders

## Neurodevelopmental Disorders

- Intellectual Disability
- Communication Disorders
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Specific Learning Disorder
- Motor Disorders

## Schizophrenia Spectrum & Other Psychotic Disorders

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Catatonia

## Bipolar & Related Disorders

- Bipolar I & II
- Depressive Disorders
  - Major Depressive Disorder

## Anxiety Disorders

- Agoraphobia
- Specific Phobia
- Social Anxiety Disorder
- Panic Attack
- Panic Disorder and Agoraphobia
- Separation Anxiety Disorder
- Selective Mutism
- Excoriation
- Substance/Medication Induced OCD
- Other Related disorders



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## Obsessive-Compulsive & Related Disorders

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania

## Trauma & Stress-Related Disorders

- Acute Stress Disorder
- Adjustment Disorders
- Posttraumatic Stress Disorder (PTSD)
- Reactive Attachment Disorder

## Dissociative Disorders

## Somatic Symptom & Related Disorders

- Somatic Symptom Disorder
- Medically Unexplained Symptoms
- Hypochondriasis & Illness Anxiety Disorder
- Pain Disorder
- Psychological Factors Affecting Other Medical Conditions & Factitious Disorder
- Conversion Disorder

## Feeding & Eating Disorders

- Pica and Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Elimination Disorders

## Sleep-Wake Disorders

- Breathing-Related Sleep Disorders
- Circadian Rhythm Disorders
- Rapid Eye Movement Sleep Behavior Disorder
- Restless Leg Syndrome

## Sexual Dysfunctions

## Gender Dysphoria

## Disruptive, Impulse-Control, & Conduct Disorders

- Oppositional Defiant Disorder
- Conduct Disorder
- Intermittent Explosive Disorder

## Substance-Related & Addictive Disorders

## Neurocognitive Disorders

## Personality Disorders

## Paraphilic Disorders

# Mental Disorders

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



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## Mental Disorders

It's not just a matter of prevalence  
– it's that the behavioral  
manifestations of these disorders  
are more likely to result in  
encounters with the criminal  
justice system.



## Etiology



## Etiology

In cases of pre-existing mental illness, the individual may abuse alcohol or drugs as a form of self-medication. Unfortunately, research findings indicate that substance abuse only exacerbates mental illness.



## Etiology

Drug and alcohol abuse can also bring about mental illness, due to the effects of the substances on brain chemistry and how it is manifested in thoughts, emotions, and behavior.



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## Identification & Diagnosis



## Identification and Diagnosis

Co-occurring disorders present with a complex range and mix of symptoms, making diagnosis difficult.



## Identification and Diagnosis

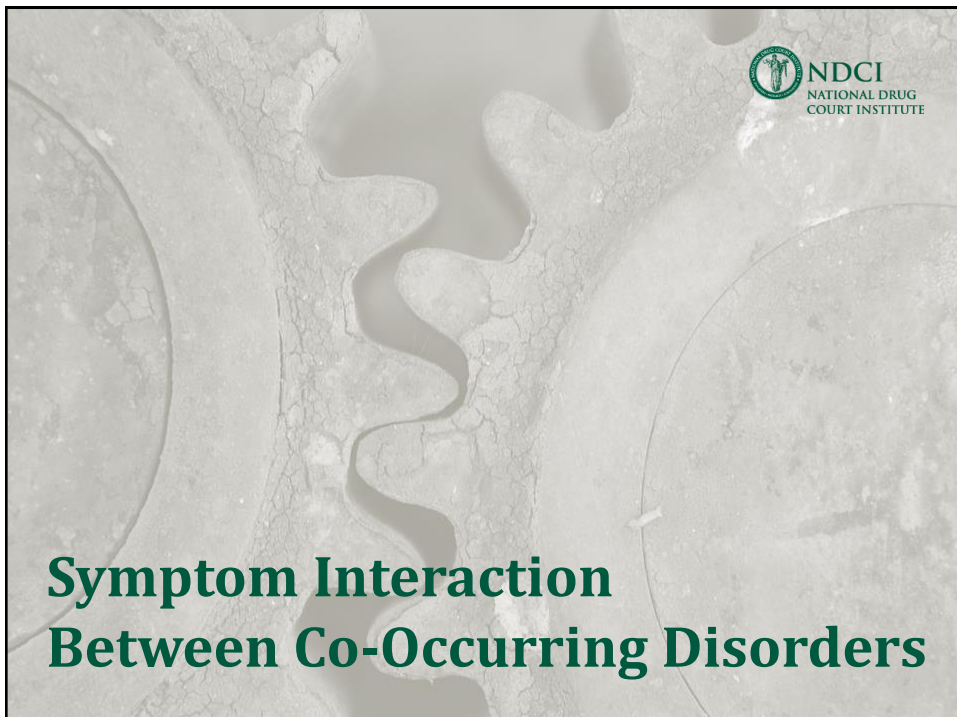
Often, one or the other disorder is treated, leaving the other untreated. This may be due to a host of reasons, such as overlap of symptoms, inadequately trained clinicians, or the need to address other complicated health issues.



## 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



## Symptom Interaction Between Co-Occurring Disorders

## Symptom Interactions

Screening and assessment of co-occurring mental and substance use disorders are complicated by symptom interactions, symptom mimicking, masking, precipitation, and exacerbation

Ongoing observation of the above is needed for differential diagnosis



## Symptom Interactions

If unresolved, these issues may contribute to:

- Substance abuse relapse
- Recurrence of mental health symptoms
- Both simultaneously



## Symptom Interactions

Drug and alcohol abuse can create  
or make worse mental health  
symptoms

Alcohol and drug use may  
precipitate mental illness



## Symptom Interactions

Mental illness can precipitate  
substance use disorders - most  
individuals with co-occurring  
disorders report that mental health  
symptoms preceded substance  
abuse



## Symptom Interactions

Mental health symptoms or disorders are sometimes mimicked by the effects of alcohol and drug abuse

Alcohol and drug use may mask or hide mental health symptoms or disorders



## Symptom Interactions

**These interactions make correct diagnosis a very challenging endeavor!**







## Treatment for Co Occurring Disorders

### Treatment for Co Occurring Disorders

Recognize and account for the interactive nature of the disorders and the need for ongoing assessment of the relationship between Mental Health and Substance Use disorders.



## Treatment for Co Occurring Disorders

Attend to the interactive nature of the disorders via ongoing assessment, individualized treatment planning, and service provision.



## Treatment for Co Occurring Disorders

The focus should be on the extent of functional impairment caused by the two disorders and their interaction, with treatment sequence determined by the extent and severity of specific impairments.

(Peters et al.)



## Treatment for Co Occurring Disorders

Integrated Treatment (as recommended by SAMHSA) addresses mental and substance use disorders simultaneously, each within the context of the other disorder. Similar to the drug court team approach, integrated treatment requires interdisciplinary collaboration.

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>



## Treatment for Co Occurring Disorders

Treatment planning is collaborative and client-centered, in that it addresses clients' goals using treatment strategies and methods that are acceptable to them. Often treatment modality is provided according to the ASAM criteria

<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria/about>



# Treatment Levels

Treatment is based on the nature, extent, and severity of symptoms and may include the following:

Inpatient Detoxification

Inpatient Rehabilitation

Supportive Housing

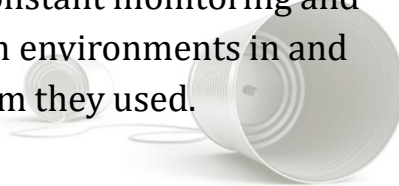
Intensive Outpatient

Outpatient



# Inpatient Detoxification

The individual is monitored 24/7 by trained medical staff for up to seven days. During this phase of treatment tapering amounts of the substance (or its medical alternative) are provided as a means of weaning the individual off the drug and in many cases lessening the effects of withdrawal. This is generally more effective than outpatient detoxification, due to the constant monitoring and removal of the person from environments in and people with whom they used.



## Inpatient Rehabilitation

This setting provides intensive integrated care that typically provides medical therapy, counseling and support with the aim of treating mental illness, substance abuse, and the underlying causes of both disorders.



## Supportive Housing

Often known as group homes or sober houses, this form of residential treatment is often a step-down from inpatient treatment, suited for newly-sober persons and those attempting to avoid relapse. These facilities provide for more freedom for participants, while at the same time providing 24/7 care and support.



## Intensive Outpatient/ Partial Hospitalization

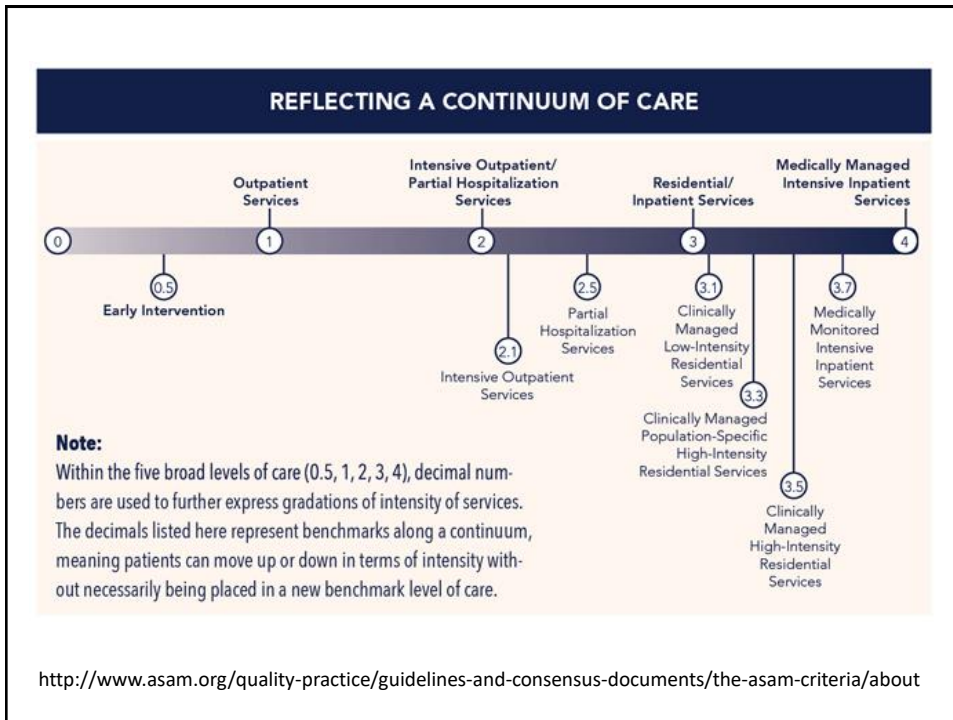
This setting provides a further step-down from residential, allowing yet more freedom while continuing delivery of comprehensive treatment for a number of hours each week.



## Outpatient

This is the least intensive treatment option, suitable for those who have completed the above continuum or those with less serious symptomatology and presentation.

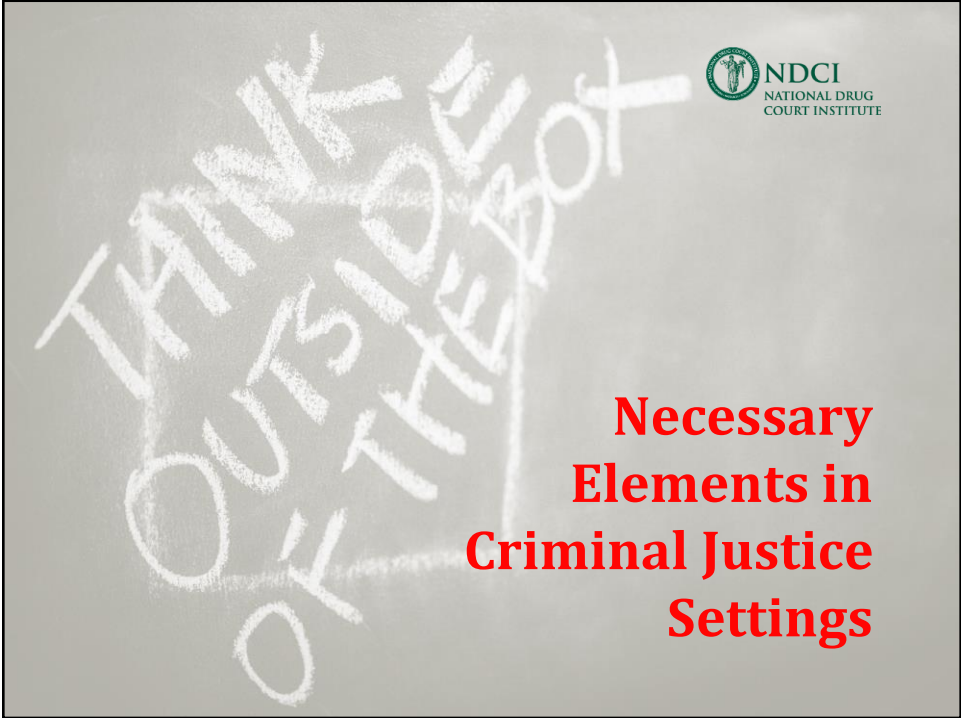




## Treatment Components

- Medication-based approaches
- Counseling/Psychotherapy (CBT)
- Mutual Help Support Groups
- Family Involvement
- Individualized treatment plans
- Intensive case management
- Frequent, random drug screens





## Necessary Elements in Criminal Justice Settings

### Necessary Elements in Criminal Justice Settings

- Routine screening at each of the intercepts
- Use of standardized screening measures
- CJ 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



## Necessary Elements in Criminal Justice Settings

- Options for incarcerated individuals who are experiencing an acute or crisis episode, medical crisis, or suicidal thinking (suicide attempts are five times more likely among persons who have mental disorders within the CJ system [\(Goss et al., 2002\)](#))
- Ongoing suicide screening is particularly important for individuals with Co Occurring Disorders



## Benefits of Integrated Treatment

- Reduced substance use
- Reduced hospitalizations
- Reduced contacts with criminal justice authorities
- Improved psychiatric symptoms and functioning
- Increased housing stability
- Improved quality of life



## Adapting Adult Drug Court for Co Occurring Disorders

**Step 1:** Know Who Your Participants Are and What They Need – proper assessment is critical

**Step 2:** Adapt Your Court Structure - consistent, predictable structures, individualized treatment plans



Steadman et al. (2013). Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders. National Drug Court Institute, Alexandria, VA.

## Adapting Adult Drug Court for Co Occurring Disorders

**Step 3:** Expand Your Treatment Options – add MH professionals, establish partnerships with MH providers, provide a complete continuum of care for MH and SA issues, address wider range of issues holistically, including housing, education, employment, and general health care



## Adapting Adult Drug Court for Co Occurring Disorders

**Step 4:** Target Your Case Management and Community Supervision – intensive case management, involve family, use support groups, housing, financial management



Steadman et al. (2013). *Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders*. National Drug Court Institute, Alexandria, VA.

## Adapting Adult Drug Court for Co Occurring Disorders

**Step 5:** Expand Mechanisms for Collaboration – rely on a more comprehensive group of professionals



Steadman et al. (2013). *Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders*. National Drug Court Institute, Alexandria, VA.

## Adapting Adult Drug Court for Co-Occurring Disorders

**Step 6:** Educate Your Team - cross-disciplinary training is critical, as the MH systems are very different in many ways from CJ systems



Steadman et al. (2013). Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders. National Drug Court Institute, Alexandria, VA.

## Resources

- NIC clearinghouse:  
<http://nicic.gov/library/topic/79-co-occurring-disorders>
- SAMHSA GAINS Center:  
<http://www.samhsa.gov/gains-center>
- National Alliance on Mental Illness: <http://nami.org/>
- Adult Drug Court Best Practice Standards Vol II  
<https://www.ndci.org/standards/>

