Co-Occurring Mental Health & Substance Abuse Disorders

Knowledge Synthesis, Product Development, & Technical Assistance

www.coce.samhsa.gov
Co-Occurring Disorders and Justice-Involved People

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April 13, 2010
On June 30, 2005, approximately 7 million people were under correctional supervision in the U.S.

- Jail: 747,529
- Prison: 1,446,269
- Probation: 4,162,536
- Parole: 784,408
In 2005, there were 14 million bookings into U.S. jails.
### Prevalence of Current Substance Abuse Among Jail Detainees with Severe Mental Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Males Alcohol Abuse/ Dependence</th>
<th>Males Drug Abuse/ Dependence</th>
<th>Females Alcohol Abuse/ Dependence</th>
<th>Females Drug Abuse/ Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>59%</td>
<td>42%</td>
<td>56%</td>
<td>60%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>56%</td>
<td>26%</td>
<td>37%</td>
<td>57%</td>
</tr>
<tr>
<td>Mania</td>
<td>33%</td>
<td>24%</td>
<td>39%</td>
<td>64%</td>
</tr>
<tr>
<td>Any Severe Disorder</td>
<td>58%</td>
<td>33%</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Detainees with severe mental disorder plus either alcohol or drug abuse/dependence = 72%  


6/17/98
# Trauma History

## Interview Data (n=978)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Experiencing Lifetime</th>
<th>Percent Experiencing in Last 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness of Violence</td>
<td>65.4%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>55.2%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>90.2%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Any Trauma</td>
<td>94.0%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Any Abuse</td>
<td>92.9%</td>
<td>61.1%</td>
</tr>
</tbody>
</table>

1 – For Those Respondents Experiencing Trauma in Lifetime
Repeated Cycles

INCARCERATION

ARREST

Private Home
Group Residence
S.A. Residential Treatment
Street
Shelter
Mental Health Inpatient
Private Home
Group Residence
S.A. Residential Treatment
Street
“Treatment-Resistant” Clients

OR

“Client-Resistant” Services
• Critical features of all IDDTs have been identified as the capacity to conduct state-of-the-art assessments followed by combinations of individual, group, and family treatment modalities (Mueser et al., 2003)

• Drake and colleagues reviewed 36 studies on the effectiveness of integrated treatment for persons with SMI and co-occurring substance use disorders

• Rates of stable remission of substance abuse were higher; rates of substance use in general were lower and some support for reduced arrests were found in the integrated programs

* Integrated Mental Health/Substance Abuse Response to Justice-Involved Persons with Co-Occurring Disorders, Fred Osher, GAINS Center, 2005

PDF File (www.gainscenter.samhsa.gov)
They concluded that integrated treatment, when delivered over a sufficient length of time (18 months was proposed) to persons with SMI, result in significant reductions of substance use and improvement in a range of other outcomes.

*Integrated Mental Health/Substance Abuse Response to Justice-Involved Persons with Co-Occurring Disorders, Fred Osher, GAINS Center, 2005

PDF File (www.gainscenter.samhsa.gov)
There is little data to inform the discussion on the impact of IDDT on public safety outcomes for justice-involved persons with COD.

Forensic dual diagnosis clients often have less psychosis, more depression, more trauma, more childhood conduct disorder, more adult antisocial personality disorder, more violent behavior, and more severe substance abuse than the typical dual diagnosis study samples.

Substance abuse treatment, integrated or non-integrated, sometimes has little effect on criminal behavior over many years…These clients may need a specific intervention, such as cognitive behavioral treatment, that addresses their antisocial behavioral tendencies.

Merely extending integrated dual disorders treatment or assertive community treatment to this population without focusing an intervention specifically on the criminal behavior is unlikely to succeed.

Modified TC for MICA Offenders*

Sample: N=185

Site: San Carlos Correctional Facility, Pueblo, CO

Design: Random assignment to MTC (N=92) or MH (N=93)

Programs:

- MTC – Cognitive-based to change attitudes and lifestyles on SA, MI, and criminal thinking
- MH – Intensive services of meds, individual therapy, counseling, and specialized groups
- Post-Prison MTC – 20 bed TC-oriented residential

## Modified TC for MICA
### Offenders Results

<table>
<thead>
<tr>
<th></th>
<th>MTC</th>
<th>MH</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent Incarceration</td>
<td>9%</td>
<td>33%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Modified TC for MICA Offenders Results

<table>
<thead>
<tr>
<th></th>
<th>MTC + Aftercare</th>
<th>MTC</th>
<th>MH</th>
<th>p value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent Incarcerations</td>
<td>5%</td>
<td>16%</td>
<td>33%</td>
<td>&lt;.02</td>
</tr>
<tr>
<td>Subsequent Criminal Activity</td>
<td>42%</td>
<td>53%</td>
<td>67%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Subsequent CA Related to Alcohol and Drug Use</td>
<td>30%</td>
<td>44%</td>
<td>58%</td>
<td>&lt;.03</td>
</tr>
</tbody>
</table>

* MTC + Aftercare compared to MH
• MTC only NS compared to MH
Co-Occurring Disorders and Justice-Involved People

Treatment Considerations

Merrill Rotter, M.D.
Community Forensic Treatment Principles

- Clear treatment goals
- Liaison with CJ agencies
- Comfort with authority
- Need for structure
- Supervision
- Outreach services
- Violence risk management
- Supportive and structured living arrangements
- Family involvement

BUT - WHAT TREATMENT?

Lamb, Weinberger, Gross 1999
Co-occurring Treatment: SAMHSA Evidence-based Practices

- Illness Management and Recovery
- Integrated Treatment
- Assertive Community Treatment
- Supported Employment
- Family Psycho-education

- Many adapted/implemented in CJ Populations
  - Primary treatment focus Mental Illness, Substance Abuse
  - NOT CJ Contact
• Decreased re-arrest NOT related to decreased symptoms (measured by CSI)
  ▪ Steadman
    ▪ Group with 2 or more subsequent arrests had largest symptom reduction
    ▪ Primary predictor of subsequent re-arrest was criminal history
  ▪ Skeem
    ▪ No difference in symptom reduction
      ▪ Between specialized and routine probation
    ▪ No difference in symptom reduction distribution
      ▪ Between re-arrested and not re-arrested group
CJ contact is not only about MI

- Jurginger (2006)
  - 4% MI direct
  - 4% MI indirect
  - 25% SA direct or indirect
- Peterson (2009)
  - 7% “Active psychotic”
  - 90% “Emotionally disturbed,” i.e. hostile/impulsive
- Fisher (2000)
  - No decreased jail MI prevalence in Mass. County with increased MH services
CJ Recidivism-Focused Principles

- **Risk**
  - Focus on High Risk Individuals

- **Need**
  - **Treatment focus**
    - Recidivism factors

- **Responsivity**
  - Treatment delivered in setting and manner in which clients can respond

*Andrews, 2006*
Need: The Big Eight

- History of antisocial behavior
- Antisocial personality pattern
  - Pleasure seeking, restless, aggressive
- Antisocial cognitions
  - Attitudes supportive of crime
- Antisocial Associates
- Family support
- Leisure Activities
- School/work
- Substance Abuse

The Big Eight
Overrepresented in MI

• General and specific recidivism risk higher
  (Skeem, 2008)
  - Antisocial personality pattern

• 5/8 PICTS items higher in state hospital
  subjects
  (Carr, 2008)
  - Antisocial cognitions, such as externalization, rationalization and entitlement
Community Forensic Treatment

- Clear treatment goals
  - *Treating the Big Eight*
  - *Engagement*
- Liaison with CJ agencies
- Comfort with authority
- Need for structure
- Supervision
- Outreach services
- Violence risk management
- Supportive and structured living arrangements
- Family involvement

*Lamb, Weinberger, Gross 1999*
Treating The Big Eight

- History of antisocial behavior
- Antisocial Associates
  - Supervision Issue: People, Places, Things
- Family support
  - Family Psycho-education
- Leisure Activities
  - IMR
- School/work
  - Supportive Employment
- Substance Abuse
  - Integrated Treatment
- Antisocial personality pattern
- Antisocial cognitions
Cognitive-Behavioral Treatment

- **Cognitive focus**
  - Internal mental processes
    - Behavior follows thought
  - Beck, Ellis
- **Behavioral focus**
  - External behavior
    - Behavior is all; thought does not matter
  - Pavlov, Skinner
Traditional Cognitive-Behavioral Treatment

• **Cognitive**
  - Changing thinking
    - Automatic thoughts
    - Disputation

• **Behavioral**
  - Skills training
  - Role Playing
  - Desensitization

• **Symptom relief**
  - Anxiety
  - Depression
Cognitive-Behavioral Adaptations
CJ-Involved Populations

• Intrapersonal (symptom relief)

+ • Interpersonal (skills building)
  ▪ Problem Solving
  ▪ Community Responsibility

• Engagement Challenges
  ▪ Motivation
    ▪ Motivational Interviewing
  ▪ CJ culture Adaptation
    ▪ SPECTRM RAP Intervention
Cognitive-Behavioral Adaptations
General Components

- Introspection
- Cognitive Restructuring
  - Problem Solving
    - Identification of cognitions
    - Cost-benefit analysis
- Social Skills
- Moral Reasoning
- Didactic Education
- Modeling
- Role Playing
- Written Work
Cognitive-Behavioral Adaptations Outcomes

• Meta-analysis: 8.2% reduction in re-arrest (Aos, 2006)

• Confounds
  ▪ Study variable
    ▪ Controlled vs. naturalistic
    ▪ Program Fidelity
  ▪ Recidivism-related variables
    ▪ Rearrest vs. Reconviction vs. Reincarceration
    ▪ High vs. low risk offender
    ▪ Intensity and length of intervention
  ▪ Clinical variables
    ▪ Trauma
    ▪ Mental Illness
Thinking for A Change (T4C)
National Institute of Corrections

CoOccurring Disorders Initiative

Stress + Beliefs

Problem

Consequences

Actions

Feelings Thoughts

http://www.nicic.org
Adaptations for Mentally Ill Offenders

- Mental Health Intervention Adaptations
- Criminal Justice Intervention Adaptations
• **Target symptoms** (Gallietta, 2008)
  - Frustration intolerance
  - Social skills
  - Misperception of environment

• **Examples**
  - **Forensic DBT** (Rosenfeld, 2009)
    - Jail - decreased anger, aggression and incidents
    - Community - decreased re-arrests in stalker-focused program
  - **Schema-focused Therapy** (Bernstein, 2009)
    - Forensic hospital - earlier release approvals
Criminal Justice Intervention Adaptations

- **Reasoning and Rehabilitation**
  - Manhattan Psychiatric Center STAIR Program
- **Moral Reconciliation Therapy**
  - Bonneville County Mental Health Court (Idaho)
- **Lifestyle Change**
  - NYC TASC Mental Health Diversion Program (Brooklyn)
Reasoning and Rehabilitation

- Problem Solving
- Social Skills
- Negotiation Skills
- Managing Emotions
- Creative thinking
- Values Enhancement
### Program and 1 year Post Release Outcomes of CST (R&R) Participants

<table>
<thead>
<tr>
<th>Outcome</th>
<th>General Population % (n=1444)</th>
<th>Psychiatric Population % (n=32)</th>
<th>Waiting List Controls % (n=366)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Drop out</td>
<td>16.9</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>New Readmission</td>
<td>46.9</td>
<td>29.2</td>
<td>51.4</td>
</tr>
<tr>
<td>New Conviction</td>
<td>21.3</td>
<td>4.2</td>
<td>24.3</td>
</tr>
<tr>
<td>Actuarial risk high</td>
<td>50.6</td>
<td>51.7</td>
<td>53.4</td>
</tr>
</tbody>
</table>

Robinson & Rotter, 1996
NY State OMH – STAIR Program

• R & R plus
  ▪ Comprehensive Assessment
  ▪ Pharmacologic Consultation
  ▪ Token Economy
  ▪ Follow-up Community Case Management

• Outcome (n=85 completers)
  ▪ 6 month re-arrest rate: 20%
    ▪ 1/3 re-arrests for violent offense
  ▪ Caveats
    ▪ approx. 50% did not complete program
    ▪ 35 patients re-hospitalized at some point
Engagement

• Motivation
  ▪ Motivational Interviewing
• Incarceration Acculturation
  ▪ SPECTRM RAP Intervention
Engagement

• Client Empowerment
  ▪ Holistic Approach
    ▪ Engaging the person, not the patient
    ▪ Meeting the client where he is

• Collaborative Problem Solving
  ▪ Specialized Probation
Motivational Interviewing

• Principles
  ▪ Stages of change
  ▪ Elicit change statements
    ▪ Expressing empathy, Avoiding arguing, Working on ambivalence

• Outcomes - CJ Population
  ▪ Retention
    ▪ Other enhancers may be more helpful
  ▪ Improve motivation to change
  ▪ Change behavior
    ▪ Substance Abuse
    ▪ Decreased reconvictions

McMurrnan, 2009
Those of us who do assessment research in correctional settings must continually remember that we are dealing with atypical, highly biased samples of people exposed to massive situational influences specifically designed to alter their attitudes, personality and behavior. Incarceration is a massive intervention that affects every aspect of a person’s life for extended periods of time.

Megargee, 1995
SPECTRM RAP Intervention

• Principles
  - Distrust of staff
  - Hypervigilance
  - Mind your business

• Research foundation
  - Incarceration acculturation negatively associated with working alliance
    - Even when controlling for acute symptoms and psychopathy

Rotter, 2008
Purpose of the RAP Group

• Promote Cultural Re-adaptation by
  ▪ Developing trust through shared experience
  ▪ Challenging prison and jail attitudes
  ▪ Introducing new problem solving skills
SPECTRM RAP Interventions

CONNECTING
- War stories
  - Be willing to listen and learn: Where were you and what was it like?

EXPLORING
- Psycho-Education: Setting Differences and Similarities
  - Be aware of differences and similarities in the CJ and clinical cultures: What are the cues?

CHANGING
- Cognitive Behavioral Technology: Script and Disputation
  - Is it working for you here?
• Good News
  ▪ Jail Diversion - (Steadman, 2009)
    ▪ Decreased arrests and symptoms
  ▪ Specialized Probation - (Skeem, 2009)
    ▪ Decreased re-arrests and revocation

• Community Forensic Treatment
  ▪ Problem solving approach to supervision and treatment
    ▪ Engages the person
    ▪ Collaborative
    ▪ Teaches skills