

Co-occurring Disorders

*Michigan Judicial Institute
Family Division Judicial Symposium:
Enhancing Judicial Decision-Making and
Practices in Delinquency and Domestic
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Addressing Co-occurring Disorders

*Principles of success for families,
justice systems, and communities*

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Topics

- The connection between mental health and substance use disorders
- Systemic barriers to effective practice
- Overcoming the Challenges
- Example of Denver Model

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Definition

- The term *co-occurring disorders* describes two independent medical disorders that occur at the same time. Within the mental health and substance abuse fields, the term typically describes the simultaneous presence of a mental health and a substance use disorder.

Terms that are used interchangeably with co-occurring disorders are:

- Dual Diagnosis - Coexisting Disorders
- Double Jeopardy - MICA - Mentally ILL, Chemically Abusing

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The Mental Health / Substance Abuse Connection

- Biological Factors
(Examples: genetics, substance use during pregnancy, brain trauma, etc.)
- Environmental Factors
(exposure to violence, parental substance use, peers, abuse and/or neglect, etc.)

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The Mental Health Substance Abuse Connection

- CREATE
- EXACERBATE
- MASK
- TRIGGER
- MIMIC
- INDEPENDENCE

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The Mental Health Substance Abuse Connection

- Is the mentally ill youth *self-medicating* with alcohol and drugs?
- Is drug and alcohol use a major risk factor in the development of psychiatric symptoms?
- Are they both caused by the same underlying factor?

The *exact* relationship between mental illness and substance use is unclear. However, what is clear is that a youth with co-occurring disorders is at greater risk for multiple problems.

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Barriers to Success

- Differences in Knowledge, Attitudes, & Philosophy
- Duplication and/or Fragmentation of Services
- No Provision for Multiple Needs
- No Accountability
- Lack of Training

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Mental Health and Substance Abuse systemic barriers to coordination

Substance Abuse Treatment:

(Confrontational, peer driven, abstinence based, client centered, counseling vs. therapy, "no cure")

Mental Health Treatment:

(Strengths based, harm reduction, expert model, systems based, use of medications, must be sober to participate, systems / family centered)

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Characteristics That Complicate Treatment

- Lack of stable housing
- School will not allow youth to return
- Lack of supportive adult
- Removal of current coping strategy/self-medication
- Deviant peers
- Family members with mental illness/ substance abuse

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Characteristics That Complicate Treatment

- Episodic nature of mental health/substance abuse disorders
- Cognitive limitations
- Lack of school/vocational involvement
- Multiple psychiatric diagnoses
- Multiple drugs of abuse
- Recurrent suicidal and/or self-mutilating behavior
- Repeated incarcerations
- Potential for violent behavior

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Barriers and Obstacles for Minorities to Access Mental Health and Substance Abuse Services

- Financial
- Help-seeking behavior
- Language
- Stigma
- Geographical location/distance
- Unawareness of available services
- "Expert" model of treatment
- System resistance to working with "angry" youth

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**Characteristics of Culturally
Competent Treatment Programs**

- Family (as defined by culture) is seen as the primary support system
- Clinical decisions are culturally driven (not culture-free)
- Dynamics within cross-cultural interactions are discussed explicitly and accepted
- Cultural knowledge is built into all practice, programming, and policy decisions
- Providers explore youth's level of assimilation/acculturation
- There is respect for cultural differences

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**Characteristics of Culturally
Competent Treatment Programs**

- Creative outreach services reach underserved populations of youth
- There is awareness of different cultural views of treatment and help-seeking behaviors
- Treatment program staff work collaboratively with support system in community (e.g., neighbors, churches, shaman, extended family, coach)
- Treatment approaches build on cultural strengths and values of minority youth and their families
- There is ongoing diversity training for all staff working with youth of color
- Treatment providers are similar to the youth of color they serve

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**Instruments That Measure Mental Health
and Substance Use Disorders**

- Adolescent Self-Assessment Profile (ASAP) (*Wanberg, 1991*)
- Substance Use Survey IA (SUS IA) (*Wanberg, 1992*)
- The Massachusetts Youth Screening Instrument: MAYSI-2, *Second Version* (*Grisso et al., 2000*)
- The Child and Adolescent Functional Assessment Scale (CAFAS) (*Hodges, 1995*)

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Instruments That Measure Mental Health and Substance Use Disorders, Continued

- The Diagnostic Interview Schedule for Children (DISC) (*Shaffer et al., 1993*)
- The Problem Oriented Screening Instrument for Teenagers (POSIT) (*Rahdert, 1991*)
- Personal Experience Inventory (PEI) (*Winters & Henly, 1989*)
- Comprehensive Addiction Severity Index for Adolescents (CASI-A) (*Meyers, 1996*)

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The juvenile drug court model offers several benefits:

- Consistent and coordinated response to juvenile crime
- Timely and comprehensive assessments of youth & family
- Referral to appropriate treatment services
- Reduction in time between arrest and assessment
- Collaborative funding opportunities

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The juvenile drug court model offers several benefits:

- Reduced duplication of information
- Increased information sharing and communication
- More holistic approach to case management/treatment planning
- Accountability
- Family involvement

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The Drug Court Model & Effective Service Delivery for Co-occurring Disordered Youth

- Immediate Intervention by the court and continuous supervision of the juvenile / family by one judicial officer.
- Development of programming addressing family and youth needs.
- Judicial oversight and coordination of services needed for treatment, accountability, and reduced duplication of effort.
- Immediate court response to family needs and/or non-compliance issues.
- Judicial leadership in coordinating multi-disciplinary partnerships.

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Our Evaluator



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Overcoming the Challenges

- Appropriate Case Identification & Information
- Comprehensive Screening and Assessment
(Qualified Staff, Standardized assessment tool combined with motivational interviewing and drug testing, holistic approach to needs and solutions)
- Integrated Service planning
- Appropriate and timely referral to services
- Intensive case management
- Utilization of the Least Restrictive Environment Principle
- Frequent court reviews addressing the nature of co-occurring disorders

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Overcoming the Challenges

- Random drug testing with immediate response methods
- Consistent service plan modification as needed
- Adequate lengths of stay in treatment & drug court
- Continuity of Care
- Flexibility
- Recognition of natural support systems
- Provision of supportive services for an indefinite duration

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Tanya

- 16 year old Latina female / lives with mom & dad
- Placed on probation for PCS
- Suspected child abuse as a child however CWS case closed successfully
- Medium Supervision- 2 contacts per month w/ drug tests.
- Court reviews- every 6 months
- Based on history, referred to mental health services along with AOD groups.
- Ordered to engage in education and/or employment, abide by curfew.

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Tanya 1 year post sentence

- Non-compliance: no employment and/or school.
- Positive UA for THC
- Poor attendance MH & AOD appointments
- Horrible attitude
- Family resistance
- Suspected prostitution
- DDHS will not open a case

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Scientifically based evidence is confirming that the most promising interventions for adolescents with co-occurring disorders are those that:

- Integrate cognitive-behavioral intervention approaches in both individual and group formats
- Provide psychopharmacologic management where necessary
- Create active partnerships

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Multicomponent Behavior Therapy (MBT)

- MBT is used as a behavioral strategy to affect drug dependency (*Higgins, Budney, & Bickel, 1994*). MBT interventions are individualized and focused on well-defined problems and stress behavioral and multi-systemic intervention. Individual treatment plans are derived from a functional analysis of the youth's substance use. Youth are taught to identify the triggers (people, places, time of day, smells, sight, sounds, activities, and thoughts) that lead to the youth's use of substances. When triggers are identified, consequences both positive and negative are described.

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Multisystemic Therapy (MST)

- MST (*Henggeler et al., 1998*) is a family-based approach that views the youth and their environment interactively and pays attention to the role that multiple systems play in either maintaining or decreasing behaviors that promote positive outcomes.

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Parent Management Training

- Parent management training was developed by Gerald Patterson (*Patterson, Reid, & Dishion, 1992*). This approach teaches strategies that disrupt the coercive cycle that develops between parents and their behaviorally disordered child. The intervention emphasizes negotiation and behavioral contracting. Intensive, highly structured interventions are conducted with parents in the home, school, and community settings.

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Functional Family Therapy

- Functional family therapy is an approach in which strategies are emphasized to help families alter interactions and communication patterns that reinforce maladaptive behavior. The fundamental goal of treatment is to increase positive noncoercive interactions and positive reinforcement among family members (*Alexander, Holtzworth-Munroe, & Jameson, 1994*).

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Medication Concerns

Drug Interaction

- The use of illicit/nonprescription drugs can significantly impair the action of prescribed medications
- Toxic and life-threatening conditions can occur if the youth uses alcohol or illicit drugs while taking lithium, tricyclic antidepressants, or monoamine oxidase inhibitors (*Sederer, 1990*)
- Drug interaction complications are a major concern among youth who may potentially experience a substance abuse relapse

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Medication Concerns

Drug Concerns

- Parent and community bias against psychotropic medications
- The decision to prescribe a medication with addictive potential is highly controversial and, if used at all, should be closely monitored and used only when absolutely necessary
- Youth in substance abuse self-help programs are sometimes challenged by other group members for their use of prescribed psychiatric medications

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Engaging youth & families

- Disclose expectations of each system and the resulting consequences if those expectations are not met
- Clarify what treatment "is" and "is not"
- Help set recovery goals that are realistic and meaningful to youth and their family
- Create positive and negative incentives that are meaningful to youth and their family
- Provide immediate and appropriate responses to positive and negative behavior
- Follow through on all promises made to youth and their family
- Treat youth and their family with respect at all times
- Acknowledge/attempt to address other problems with which the youth and family are concerned
- Mental health, substance abuse, and juvenile justice staff should speak with a single voice on critical issues
- One system's response to key incidents should be supported by the other two systems

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Engaging youth and families

- Provide assistance in gaining economic benefits, housing, and other basic living needs
- Remove barriers to treatment
- Increase incentives to participation and make treatment more accessible and acceptable
- Provide indirect services such as appropriate educational opportunities, childcare, vocational and recreational services
- Require youth to participate in treatment (i.e., coercion)
 - involuntary commitment
 - involuntary detoxification
 - court-mandated treatment

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Coordinating Systems

- Regular meetings between systems
- Letters of agreement developed at the front end of the process designed to:
 - Clearly define roles and responsibility
 - Lay out specific criteria for admission and other conditions
 - Define boundaries between juvenile justice and treatment systems
- Assessment of resources available between the systems: a snapshot of where the systems stand in their capacity to provide necessary services to youth with co-occurring disorders

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Coordinating Systems

- Directory of agencies and settings providing services to help players become aware of services other than their own
- Quarterly summaries of current programming and youth progress
- Education of other staff members/agencies about programs by giving them copies of program manuals
- Orientation program for staff working with youth in the juvenile justice system who have co-occurring disorders
- Joint training programs on issues related to youth with co-occurring disorders
- Open houses and tours of treatment and juvenile justice programs

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