Effective Approaches for Screening and Assessment of Co-Occurring Disorders among Offenders

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Roger H. Peters, Ph.D., University of South Florida
rhp@usf.edu
Persons with CODs

- Repeatedly cycle through the criminal justice and treatment systems
- Experience problems when not taking medications, not in treatment, experiencing mental health symptoms, using alcohol or drugs
- Small amounts of alcohol or drugs may trigger recurrence of mental health symptoms
- Poor outcomes in traditional treatment programs
For Persons with Mental Illness, only 8% of Arrests are Attributable to Mental Illness

Junginger, Claypoole, Laygo, & Cristina (2006); National Reentry Resource Center
Offenders with Mental Illness have High Levels of Criminogenic Risk

Key Criminogenic Risks

- Antisocial attitudes and beliefs
- Antisocial peers
- Antisocial personality features
- Substance use disorders
- Family/marital problems
- Lack of education
- Poor employment history
- Few prosocial/leisure skills

Skeem, Nicholson, & Kregg (2008), National Reentry Resource Center, 2012
Implications for Screening and Assessment of CODs

- **Target CODs during screening and assessment** – offender programs are uniquely suited to address ‘high risk’ and ‘high need’ participants who have CODs.
- For offenders identified as having CODs, treating mental disorders is insufficient to reduce recidivism.
- However, mental health services enhance participants’ responsiveness to evidence-based treatments that address key criminogenic risk areas (substance abuse, criminal beliefs/attitudes, criminal peers, education, employment, family discord, leisure skills).
- Therefore, assessment should address CODs and other areas of criminogenic risk.
Prevalence of Mental Illness in Jails and Prisons

Serious Mental Disorders among Offenders and the General Population

<table>
<thead>
<tr>
<th>Percentage of Population</th>
<th>General Population</th>
<th>Jail</th>
<th>State Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: Male and Female</td>
<td>5%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>31%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Sources: General Population (Kessler et al., 1996), Jail (Steadman et al., 2009), Prison (Ditton 1999)
Prevalence of Mental Disorders among State and Federal Inmates

Prisoners' mental health issues

- Depressive Disorder: 21%
- Manic-Depression, Bipolar Disorder, Mania: 12%
- Schizophrenia or Another Psychotic Disorder: 5%
- Post-Traumatic Stress Disorder: 7%
- Another Anxiety Disorder: 8%
- Personality Disorder: 6%

Source: US Department of Justice, Bureau of Justice Statistics 2007
Co-Occurring Substance Use Disorders

74% of state prisoners with mental problems also have substance abuse or dependence problems

Source: U.S. Department of Justice, 2006
Lifetime Treatment History among Arrestees (ADAM II: 2007-2010; n = 18,421)

(Hunt, Peters, & Kremling, in press)
# Severity of Substance Use and Treatment History

<table>
<thead>
<tr>
<th></th>
<th>No Treatment</th>
<th>Mental Health Treatment</th>
<th>Substance Use Treatment</th>
<th>Substance Use &amp; Mental Health Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Use Severity</strong></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>F (df)</td>
</tr>
<tr>
<td></td>
<td>2.6 (1.9)</td>
<td>3.1 (2.0)</td>
<td>3.7 (2.1)</td>
<td>318.9 (3)***</td>
</tr>
<tr>
<td><strong>Alcohol Use Severity</strong></td>
<td>2.3 (2.0)</td>
<td>3.2 (2.0)</td>
<td>3.5 (2.1)</td>
<td>290.7 (3)***</td>
</tr>
</tbody>
</table>

(Hunt, Peters, & Kremling, in press)  

*** p < .001
Discontinuity of Mental Health Treatment in Correctional Settings

- **High prevalence** rates of mental disorders in prisons – 19% on MH meds at reception
- Only 52% on MH meds at reception received meds in federal prison (42% in state prison)
- Less than half received MH counseling in prison
- **Predictors of MH meds** in prison:
  - Received health/medical screening
  - Diagnosis of schizophrenia

(Reingle-Gonzalez & Connell, 2014)
Reasons for Discontinuity of MH Services in Corrections

• **Poor** screening for mental disorders
  - Instruments aren’t standardized/validated
  - Inadequate staff training

• **Financial incentives** to reduce classification of prisoners as mentally disordered, particularly in contract-for-service settings

• Depression and PTSD disorders may not be evident at reception - targeted and ongoing screening is needed
Importance of Screening and Assessment for CODs

- **High prevalence** rates of behavioral health and related disorders in justice settings
- Persons with undetected disorders are likely to cycle back through the justice system
- Allows for treatment planning and linking to appropriate treatment services
- Offender programs using comprehensive assessment have better outcomes
2015 Monograph: “Screening and Assessment of Co-Occurring Disorders in the Justice System”
Goal: Universal Screening Across Key Domains

- Mental disorders
- Substance use disorders
- Trauma/PTSD
- Suicide risk
- Motivation
- Criminal risk
Use of Screening for Triage

- **Common vocabulary** for court-based teams
- **Avoid excluding from programs** based on serious mental illness
- **Adaptive functioning** level more important for placement than diagnoses
- **Don’t use screening in place of level-of-care assessment**
- **Identify persons needing MH assessment**
Screening and Assessment of CODs

Don’t exclude persons based on serious mental illness, severity of substance use problems, or active substance use

**Screening**

- Blended and routine screening for MH, SA, and trauma/PTSD
- Identify acute symptoms
- Focus on areas of functional impairment that would prevent effective program participation

**Assessment**

- Examine longitudinal interaction of disorders
- Review participant motivation over time
- Periodic reassessment

Peters, 2014; Council of State Governments Justice Center
Challenges in Selecting Screening Instruments

- Proliferation of screening instruments
- Use of non-standardized instruments
- Instruments not validated in justice settings
- Absence of comparative data
- Direct to consumer marketing of instruments with poor psychometric properties (e.g., SASSI)
How to Select Screening and Assessment Instruments

- Reliability and validity of instruments
- Ease of use and training requirements
- Cost and availability
- Examine use and psychometric properties in justice settings
Substance Use Screening Instruments

- Simple Screening Instrument (SSI)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Texas Christian University Drug Screen V (TCUDS V)
Mental Health Screening Instruments

- Brief Jail Mental Health Screen (BJMHS)
- Correctional Mental Health Screen (CMHS)
- Mental Health Screening Form-III (MHSF-III)
Screening Instruments for Co-Occurring Disorders

- Correctional Mental Health Screen (CMHS) and Texas Christian University Drug Screen V (TCUDS V)
- MINI International Neuropsychiatric Interview-Screen (MINI Screen)
- Texas Christian University Drug Screen V (TCUDS V)
All offenders should be screened for trauma history; rates of trauma > 75% among female offenders and > 50% among male offenders.

The initial screen does not have to be conducted by a licensed clinician.

Many non-proprietary screens are available.

Positive screens should be referred for more comprehensive assessment.
Trauma and PTSD Screening Issues

- PTSD and trauma are often overlooked in screening
- **Other diagnoses** are used to explain symptoms
- Result - lack of specialized treatment, symptoms masked, **poor outcomes**
Trauma and PTSD Screening, Assessment, and Diagnostic Instruments

- Trauma History Screen (THS)
- Life Stressor-Checklist (LSC-R) or Life Events Checklist for DSM-5 (LEC-5)
- Primary Care PTSD Screen (PC-PTSD)
- PTSD Checklist for DSM-5 (PCL-5)
- Posttraumatic Diagnostic Scale (PDS)
- Posttraumatic Symptom Scale (PSS-I)
Instruments to Assess and Diagnose Co-Occurring Disorders

- Personality Assessment Inventory (PAI)
- MINI International Neuropsychiatric Interview (MINI)
- Alcohol Use and Associated Disabilities Interview-IV (AUDADIS-IV)
- Structured Clinical Interview for DSM-5 (SCID-5)
Screening for Criminal Risk

- **Goals**: Select offenders with “high risk/high need” to engage in intensive services; identify low risk offenders for less intensive services
- ‘**Static**’ factors (e.g., criminal history)
- ‘**Dynamic’ or changeable factors** - targets of interventions in the criminal justice system
Risk Screening Instruments

- Historical-Clinical-Risk Management - 20 (HCR-20)
- Level of Service Inventory - Revised – Screening Version (LSI-R-SV)
- Ohio Risk Assessment System (ORAS)
- Psychopathy Checklist - Screening Version (PCL-SV)
- Risk and Needs Triage (RANT)
- Short-Term Assessment of Risk and Treatability (START)
- Violence Risk Scale (VRS): Screening Version
Monograph Reviewing Criminal Risk Instruments


Screening Instruments for Adolescents

- CAFAS
- GAIN
- MAYSI-2
- PESQ
- POSIT
Assessment Considerations – Psychosocial Functioning

- Cognitive impairment
- Reduced motivation
- Impairment in social functioning

(Bellack, 2003)
Assessment Considerations – Substance Use

- Substance use can **mimic** all major mental disorders
- Strategies to gauge the potential effects of substance use on psychiatric symptoms:
  - Use **drug testing** to verify abstinence
  - Take a longitudinal history of MH and SA symptom interaction
  - Compile **diagnostic impressions** over a period of time
  - **Repeat assessment** over time
Enhancing Accuracy of Screening and Assessment

- Maintain high index of suspicion for mental disorders
- Use non-judgmental approach and motivational interviewing techniques
- Gather substance use information before mental health information
- Supplement self-report with collateral information
Target Areas for Assessment - I

- **Scope and severity** of MH and SU disorders
- **Pattern of interaction** between the disorders
- Conditions associated with **occurrence and maintenance** of the disorders
- **Antisocial attitudes, peers, personality features**
- **Motivation** for treatment
- Family and social **relationships**
- **Physical health** status and medical history
Target Areas for Assessment - II

- Education and employment history
- Personal strengths and skills
- Areas of functional impairment:
  - Cognitive capacity
  - Communication and reading skills
  - Capacity to handle stress
  - Ability to participate in group interventions
- Level of care required (e.g., ASAM)
Creating Differentiated Tracks for Co-Occurring Disorders (CODs)

- **Treatment Tracks**
  - Specialized residential COD treatment
  - Intensive outpatient COD treatment
  - COD track within drug court

- **Supervision Tracks**
  - High intensity supervision (focus on dynamic risk factors, frequent judicial hearings, drug testing, home visits, etc.)
  - Medium intensity supervision (regular monitoring, case management)
Summary of Key Points

• Several **key challenges** in screening and assessing for co-occurring disorders in the justice system

• Screen across *multiple domains* related to co-occurring disorders: MH, SA, trauma/PTSD, **criminal risk**

• Focus on **functional impairment vs. diagnoses** in screening for program eligibility

• Many **evidence-based instruments** available for:
  - Mental disorders
  - Substance use disorders
  - Co-occurring disorders
  - Criminal risk