Screening and Assessment - Part I: Co-Occurring Disorders

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Goals of this Presentation

Review:

- Challenges in screening and assessment of CODs
- Assessing for program eligibility
- Risk assessment approaches
- Blended screening and assessment strategies
- Validated screening and assessment instruments
CODs: Clinical Considerations

- Cognitive impairment
- Reduced motivation
- Impairment in social functioning

(Bellack, 2003)
Cognitive Features of CODs

- Limited attention span
- Difficulty understanding and remembering information
- Not recognize consequences of behavior
- Poor judgment
- Disorganization
- Not respond well to confrontation
Importance of Screening and Assessment

- **High prevalence** rates of mental and substance use 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** (Shaffer, 2011)
Challenges in Selecting Screening Instruments

- **Proliferation** of screening instruments
- Use of **non-standardized instruments**
- Instruments **not validated** in CJ settings
- Absence of **comparative data**
- **Direct to consumer marketing** of instruments with poor psychometric properties (e.g., SASSI)
Assessing for Program Eligibility – an Overview

- Excluding offenders with CODs is NOT a viable option
- Target ‘high risk’ and ‘high need’ offenders
- Determine eligibility for services
- Triage to specialized COD services
Assessing for Program Eligibility

1. Identify ‘high risk’ and ‘high need’ offenders
   - Target moderate to high criminal risk
   - Target moderate to high severity of MH and SA disorders
Quadrant Model for Prioritizing Offender COD Services

Source: Adapted from a figure developed by the NASADAD and NASMHPD, 1999
Assessing for Program Eligibility

2. Review existing program resources to work with co-occurring disorders

- Staff with MH and SA treatment experience
- Linkages with institutional and community-based MH and SA services
- Specialized “tracks”, groups, or other services for co-occurring disorders
- Psychiatric/medication consultation
Assessing for Program Eligibility

3. Determine functioning level required for program participation

- Treatment group participation
- Court hearings
- Community supervision requirements
- Employment and peer support programs
Assessing for Program Eligibility

4. Examine broad categories of functioning

- Cognitive functioning
- Acute mental health symptoms
- Unusual behaviors
- Ability to interact with staff and participants (e.g., group settings)
- Response to stress
- Reading and language abilities
Targeting Offender Risk and Needs to Guide Eligibility and Programming

• Focus resources on high **RISK** cases

• Target criminogenic **NEEDS**: antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers

• **RESPONSIVITY** – Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Address the issues that affect responsivity (e.g. mental illnesses).
Criminogenic Needs

“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior”

Offenders with Mental Illness have Higher 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
Risk Assessment

- Includes examination of ‘Criminogenic Needs’
  - Dynamic or changeable factors that contribute to the risk for engaging in crime
Recidivism outcomes in targeting criminogenic vs. non-criminogenic needs

Increased Recidivism

More Criminogenic Needs

Reduced Recidivism

More Non-Criminogenic Needs

(Andrews et al., 1999; Carey, 2011; Dowden, 1998)
Risk Assessment Instruments

- Historical-Clinical-Risk Management-20 (HCR-20)
- Lifestyle Criminality Screening Form (LCSF)
- Level of Service Inventory-Revised (LSI-R)
- 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

(Adapted from Peters, SAMHSA 2011)
Integrated Screening for CODs - Domains

Mental Disorders
- Symptoms of major mental disorders
- Suicidal thoughts and behavior and risk of violence
- History of mental health treatment and use of medications
- History of trauma, victimization, and violence

Substance Use Disorders
- Diagnostic indicators of substance dependence
- Frequency and type of substance use
- History of substance abuse treatment
- Acute health risk related to intoxication or withdrawal
Mental Health Screening Instruments

- Brief Jail Mental Health Screen
- Global Appraisal of Need (GAIN-SS)
- MINI-Screen
- Mental Health Screening Form-III
Substance Use Screening Instruments

- Global Appraisal of Need (GAIN-SS)
- TCU Drug Screen - II
- Simple Screening instrument (SSI)
- ASI - Alcohol and Drug Abuse sections
COD Assessment Domains

- Substance Use Disorders
- Mental Disorders
- Interactive Nature of Disorders
- Functional Impairment
- Risk Assessment
- Psychosocial Background and History
Target Areas for Assessment - I

- **Scope and severity** of MH and SA 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
• Focus on 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)
Assessment Instruments for CODs

- Addiction Severity Index (ASI)
- Global Appraisal of Needs (GAIN)
  - GAIN-Quick
  - GAIN-Initial
- Texas Christian University - IBR
  - Brief Intake Interview
  - Comprehensive Intake
Enhancing Accuracy of Screening and Assessment

- Maintain **high index of suspicion** for both disorders
- Use **non-judgmental approach and motivational interviewing techniques**
- Gather substance abuse information **before** mental health information
- Supplement self-report with **collateral information**
Assessment Considerations

- Substance abuse can *mimic* all major mental health disorders
- Several strategies will help to gauge the potential effects of SA on MH disorders
  - 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
Summary of Key Points

- Persons -w- CODs are a **good target population**
- **Blended** screening and assessment approach needed
- Key domains: **MH, SA, trauma, criminal risk**
- Many **evidence-based instruments** available
- **Eligibility assessment**
  - Target high risk/high need offenders
  - Review existing program resources
  - Determine necessary level of functioning
  - Examine broad categories of functioning
- **Risk assessment**
- Several strategies to **enhance accuracy**