EBP Part II: Evidence-Based Clinical Interventions

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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**
Substance Use Screening Instruments

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

Simple Screening Instrument (SSI)

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)
Screening for Trauma and PTSD

• 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)
- Primary Care PTSD Screen (PC-PTSD)
- Posttraumatic Symptom Scale (PSS-I)
- Posttraumatic Diagnostic Scale (PDS)
- PTSD Checklist for DSM-5
Instruments to Assess and Diagnose Co-Occurring Disorders

- Personality Assessment Inventory (PAI)
- Structured Clinical Interview for DSM-5 (SCID-5)
- MINI International Neuropsychiatric Interview (MINI)
- Alcohol Use and Associated Disabilities Interview-IV (AUDADIS-IV)
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)
Evidence-Based Models to Guide COD Treatment

- Integrated Dual Diagnosis Treatment (IDDT)
- Risk-Need-Responsivity (RNR) Model
- Cognitive-Behavioral Treatment (CBT)
- Social Learning Model

- Combining several models produces larger reductions in recidivism (26-30%; Dowden & Andrews, 2004)
Common Features of CBT and Social Learning Models

- Focus on skill-building (e.g., coping strategies)
- Use of role play, modeling, feedback
- Repetition of material, rehearsal of skills
- Behavior modification
- Interpersonal problem-solving
- Cognitive strategies used to address ‘criminal thinking’
Evidence-Based Treatment Interventions for Offenders

- Integrated MH and SA treatment
- Cognitive restructuring – “criminal thinking”
- Relapse prevention
- Motivational interventions (MI/MET)
- Contingency management
- Behavioral skills training
- Medications (for both disorders)
- Trauma-focused treatment
- Family interventions (psychoeducational)
COD Treatment Curricula

Integrated Treatment for CODs
- Illness Management and Recovery (IMR)
- Integrated Group Therapy for Bipolar Disorder and Substance Abuse

Substance Abuse and Trauma/PTSD
- Integrated Cognitive Behavioral Therapy
- Seeking Safety
Illness Management and Recovery (IMR)

- Major Components of IMR
  - Psychoeducation
  - Behavioral tailoring
  - Relapse prevention
  - Coping skills training
  - Social skills training

- Related Programs
  - Social and Independent Living Skills (SILS)
  - Wellness Recovery and Action Plan (WRAP)
Criminal Thinking Curricula

- Criminal Conduct and Substance Abuse Treatment
- Reasoning and Rehabilitation
- Thinking for a Change
Models of Outpatient COD Services

- **Enhanced services** (e.g., COD group, medication clinic)
- **Embed COD track** within drug court
- **COD court docket** (should include all MH court programs)
- **Intensive case management** (e.g., ACT/FICM, specialized probation) - could augment COD docket
Program Adaptations for CODs

- Dually credentialed staff
- Increased length of services
- Slower pace of treatment
- Emphasis on education and support vs. compliance and sanctions
- Enhanced motivational interventions
- Cognitive and memory enhancement strategies
- Focus on housing, employment, medication needs
Adaptations for Jurisdictions with Limited Resources

- Blended screening and assessment to address MH, SA, and PTSD/trauma
- Education about CODs for all participants
- Add one COD group 1-3 times weekly
- Individual counseling for participants with CODs
- Engage participants in COD-specific 12-step groups (Dual Recovery Anonymous, Double Trouble)
- Modify approaches for status hearings and supervision
- Liaison with community provider(s) re. medications
Adapting Court Hearings

- More frequent hearings
- Opportunity to recognize and reward positive behavioral change
- Less formal, smaller, more private
- More interaction between judge and participants
- Involvement of mental health professionals