Evidence-Based Screening and Assessment for Co-Occurring Disorders in the Justice System

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Roger H. Peters, Ph.D., University of South Florida
rhp@usf.edu
Goals of this Presentation

Review:
- Challenges in screening and assessment of co-occurring disorders in the justice system
- Eligibility screening
- Evidence-based screening and assessment instruments
- Risk assessment approaches
- Strategies to enhance accurate assessment of co-occurring disorders
2014 Monograph: “Screening and Assessment of Co-Occurring Disorders in the Justice System”
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**
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
Use of Offender Self-Report Data

- Provides **unique information** regarding substance use, mental health, and CODs
- Accuracy of self-report information from offenders is **moderately good**
- Increased accuracy when **collateral sources** (e.g., drug tests) compiled before self-report
- **Mediators of accuracy**: Type of substance use, age, race/ethnicity, gender, perceived consequences of reporting, prior SA tx
Eligibility Screening and Co-Occurring Disorders

- Excluding offenders with mental disorders is NOT a viable option
- You already work with these individuals AND can be more effective
- Determine eligibility for services
- Triage to specialized COD services
Screening for Program Eligibility

(1) Review objective criteria and risk screening
(2) Determine functioning level required for program participation

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

(3) 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
Key Screening Domains for Co-Occurring Disorders

• Mental disorders
• Substance use disorders
• Trauma/PTSD
• Suicide risk
• Motivation
• Criminal risk level
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

**Substance Use Screening Instruments**

- Simple Screening Instrument (SSI)
- Texas Christian University Drug Screen-V (TCUDS-V)
Mental Health Screening Instruments

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-II (TCUDS-II)
- 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 and Assessment Instruments

- Trauma History Screen (THS)
- Life Stressor-Checklist (LSC-R)
- Primary Care PTSD Screen (PC-PTSD)
- PTSD Checklist – Civilian Version (PCL-C)
- Posttraumatic Diagnostic Scale (PDS)
- Posttraumatic Symptom Scale (PSS-I)
Motivation and Readiness for Treatment

- Texas Christian University Motivation Form (TCU-Mot)
- University of Rhode Island Change Assessment (URICA)
Screening for Suicide Risk

- Adult Suicidal Ideation Questionnaire (ASIQ)
- Beck Scale for Suicide Ideation (BSS)
- Interpersonal Needs Questionnaire (INQ) and Acquired Capability Suicide Scale (ACSS)
Screening and Assessment of Criminal Risk Level

• Goal is to **match level of services** to risk level
• **Improved outcomes** if focus on moderate to high risk offenders
  - Providing intensive treatment and supervision for low risk offenders can **increase recidivism**
  - **Mixing risk levels** is contraindicated
• Higher risk offenders require greater structure, and **more intensive treatment and supervision**
How is Level of Risk Determined?

- Risk for **criminal recidivism**
- Use of **risk assessment**
  - ‘Static’ factors (e.g., criminal history)
  - ‘Dynamic’ or changeable factors that are targets of interventions in the criminal justice system
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 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
Recent Monograph Reviewing Risk Assessment Instruments

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)
Clinical Assessment Domains for CODs

- Substance Use Disorders
- Mental Disorders
- Interactive Nature of Disorders
- Functional Impairment
- Risk Assessment
- Psychosocial Background and History
Substance Use Assessment Instruments

Addiction Severity Index (ASI)

Global Appraisal of Individual Needs (GAIN)
- GAIN-Quick
- GAIN-Initial

Texas Christian University - IBR
- Short Forms
- Brief Intake Interview
- CJ Comprehensive Intake
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)
Creating Differentiated Tracks for CODs - Case Planning Approaches

• Treatment Tracks
  - Specialized residential COD treatment
  - Specialized outpatient COD treatment
  - COD programs embedded within SA or MH treatment programs

• Supervision Tracks
  - High intensity supervision (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 assessment
• Screen across **multiple domains** related to co-occurring disorders: MH, SA, trauma/PTSD, **criminal risk**
• Many **evidence-based instruments** available for:
  - Mental disorders
  - Substance use disorders
  - Co-occurring disorders
  - Criminal risk
• Several strategies to **enhance accuracy** of screening and assessment