Clinical Skills for Evidence-Based Substance Abuse Treatment Practices with Offenders

“Treatment of Co-Occurring Disorders”

National TASC Conference, Columbus, Ohio; May 8, 2013

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
- Antisocial beliefs similar to other offenders
- More criminal risk factors than other offenders
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></td>
<td>5%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Sources: General Population (Kessler et al., 1996), Jail (Steadman et al., 2009), Prison (Ditton 1999)
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
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
Conceptual Model of COD Treatment Services for Offenders

Select High Risk Population
- Co-occurring disorders
- Higher levels of risk and need

Optimize the Treatment Process
- Matching to treatment and supervision (by risk and need)
- Address special needs
- Continuing care and reentry services

Blended Screening and Assessment Strategies

Specialized Supervision
- Judicial hearings
- Community supervision

COD Treatment
- Integrated treatment services
- Cognitive-behavioral treatment
- Medications
- Contingency management
- MET/motivational interventions
- Relapse prevention
Blended Screening and Assessment for CODs

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
Evidence-Based COD Treatments

- Integrated treatment for CODs (e.g., IDDT)
- Cognitive-behavioral treatment
- Medications (for mental and SA disorders)
- Contingency management
- Motivational enhancement
- Relapse prevention
- Trauma-focused treatment
- Assertive Community Treatment (ACT)
- Modified Therapeutic Communities
Cognitive-Behavioral Treatment

- Focus on skill-building (e.g., coping strategies)
- Self-control and self-management
- Problem-solving approaches
- Cognitive restructuring
- Use of role play, modeling, feedback
- Curriculum-based
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
Criminal Thinking Curricula

- Criminal Conduct and Substance Abuse Treatment
- Reasoning and Rehabilitation
- Thinking for a Change
Features of COD Treatment

Highly structured treatment services

• Destigmatize mental illness
• Focus on symptom management vs. cure
• Education regarding individual diagnoses and interactive effects of CODs
• “Criminal thinking” groups
• Basic life management and problem-solving skills
Adaptations to Offender COD Treatment - I

- Higher staff-to-participant ratio
- Special ‘tracks’ for different levels of CODs/risk
- **Increased length** of services
  - Pace of treatment slower
  - Flexible progression through treatment allowed
  - Ongoing tracking and case monitoring
  - Extended exit and re-entry policies
  - Treatment may last for more than one year
Adaptations to Offender COD Treatment - II

- **Integrated treatment** to address MH and SA issues
- More emphasis on **education and support** rather than compliance and sanctions
- **Motivational interventions** in both group and individual settings
- **Cognitive and memory enhancement** strategies
- **Case management** and outreach services
- **Focus on housing, employment, medication needs**
Program Modifications for CODs

- **Supplementary services** (COD treatment groups, medication clinic, case management/crisis intervention)
- **Tracks** within programs (e.g., drug courts)
- **Embedded** within larger SA/MH programs
- **COD dockets**
- Extended program **duration** (e.g., 18 mos.)
- **Specialized supervision teams**
Specialized Supervision Caseloads

- Specialized MH/COD caseloads
- **Smaller caseloads** and more intensive services
- **Dual focus** on treatment and surveillance
- **Problem-solving approach** vs. reliance on sanctions
- Flexibly apply sanctions
- Higher revocation threshold
- Ongoing and specialized officer training
- Improved outcomes (Skeem et al., 2009)