The Forum

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On Co-Occurring Mental Health and Substance Abuse Disorders

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Co-Occurring Disorders Committee

Treatment of Co-Occurring Disorders and the Criminal Justice System

By Gary Lupton, LPC, LMFT, LSATP

Providing professional psychological services to clients involved in the criminal justice system can be a challenging task for even the most seasoned clinician. This is especially true for those clients with co-occurring disorders (COD).

Practically speaking, the completion of a forensic evaluation requires specialized training, experience with the criminal justice system (CJS), and a clinical understanding of a variety of psychological disorders. A forensic evaluation may include a battery of IQ and psychological tests and personal history-taking that addresses concerns such as competency, capacity, and other legal mitigating factors. When assessing clients involved with the CJS, practitioners need to be thorough in assessing the various aspects of the client's life. One should assess criminal history, education/employment history, income/resources, family dynamics, living arrangements, recreation, friends/companions, substance abuse, mental health issues, attitude, and physical health. This is often accomplished by means of a thorough clinical assessment or through an assessment instrument specifically designed to look at these factors.

A thorough review of all antisocial and criminal behavior should be completed. Generally speaking, the more thorough the assessment, the less likely the client will re-offend. Often, explicit questions that solicit detailed facts about specific incidents are required to obtain this valuable information. Taken together, obtaining such a history can provide a context within which to develop a treatment plan complementary to the mental and emotional capacity and attitudinal nature of the client.

Criminal behavior, like substance abuse and mental illness, is cyclical in nature. Simply put, there are specific opportunities or "triggers" that can cause an offender to re-offend. Similar to relapse prevention for substance abusers or specific strategies for addressing mental illness symptoms, the psychological and situational stressors that contribute to the possibility of engaging in criminal behavior can be affected and thereby diminish the potential for future criminality.

Justice, continued on page 5

Detoxification to Treatment: An Outreach Opportunity

By Peggy Cook, LPC, LSATP

In our post 9/11 world, many law enforcement agencies are finding it difficult to keep up with their increasing police demands. Psychological treatment programs are also inundated with a significant number of people with addictions and mental health treatment needs.

The *Diversion to Detox* program of Fairfax County, Virginia offers a win-win solution for both law enforcement and treatment agencies. Most individuals who are drunk in public (DIP) do not pose a significant threat to the community. It is through public intoxication, however, that many substance dependent or dually diagnosed individuals come the attention of the "system." It is estimated that for each individual who is arrested for DIP, more than 3-4 hours of law enforcement time is involved in the arrest, transport and charging process. During this time, the officer is not able to address more serious crimes. Furthermore, this law enforcement "intervention" does not often result in an individual discontinuing use of alcohol or to assisting the individual in receiving needed services.

Outreach, continued on page 2

INSIDE

Outreach, continued from page 1

Diversion to Detox programs offer an alternative to arrest that saves law enforcement time and gives the individual an opportunity to receive services for their addiction and/or co-occurring disorder. Upon identification of an intoxicated individual, police officers have the option to either criminally arrest or refer the individual to a short-term detoxification program. Individuals who have committed other crimes, have outstanding arrest warrants, or are combative and uncooperative are not eligible for this diversion. Needless to say, when given this choice, most individuals choose detoxification services over arrest. The police department also appreciates this time-saving community service.

Once a client enters the detoxification program, the door is open for treatment professionals to begin the psychological process of "engagement." Many of the individuals arrested for DIP have had no prior exposure to treatment. In fact, many of these individuals would not have come to the attention of treatment professionals if it were not for programs like this. The diversion program offers a near-perfect opportunity for meaningful interventions that assist both the individual and the community.

In this way, treatment professionals have an opportunity to develop a therapeutic relationship and gradually encourage participants to consider the need for formal substance abuse and/or co-occurring treatment. Since many individuals have multiple DIP arrests, any one person accepting treatment and achieving stability can have a tremendous positive impact on the community and police. The goal of a diversion program is to assist the individual in moving through the "stages-of-change" with the eventual goal of engagement in the appropriate level of care. Each contact with an individual is seen as a therapeutic opportunity that would likely not be present otherwise.

Diversion programs are also able to provide services to cultural groups that may not otherwise seek treatment. Diversion teams have the unique opportunity to provide outreach services to some of the community's most disenfranchised individuals. It is important, therefore, to ensure that diversion team members and police are culturally

competent. Ideally, team members reflect the cultural and ethnic make up of the community they serve. Bi-lingual capability is extremely useful as the police often call upon the diversion team to help with language translation in other cases. This further promotes a positive working relationship with the local police department.

Diversion programs can be designed to meet the differing needs of the jurisdictions they serve. It is important to consider the demographics and layout of the community when designing services. For instance, Fairfax County is a large suburban area with a population over one million. In the Fairfax Diversion Program, mobile diversion teams respond to calls from the police and other community agencies. Teams of professionals travel to the location of the intoxicated individual, provide an on-site assessment, and (if appropriate) transport the individual to a detoxification program. This mobile model is especially helpful in a jurisdiction with a large geographic area with considerable traffic issues. Teams operate during the hours of high-incidence of public intoxication, typically Tuesday through Sunday 5:00 pm–3:00 am. Police may drop off intoxicated individuals at the detoxification center at any time.

This model is effective in that, approximately 40% of the individuals referred to the diversion program accept further services. The provision of mobile diversion teams means that law enforcement can "hand-over" an intoxicated individual almost immediately. Police officers do not have to transport individuals to the jail or wait at hospitals for a medical assessment. This model allows the officer to get "back on the street" as soon as possible. Additionally, the assessment by trained clinicians ensures that the individual is medically and psychiatrically stable enough to enter the detoxification program. This aspect also promotes positive working relationships between treatment professionals and the police department.

There are several other components that are necessary in a successful diversion program. For instance, "outreach" in the community is a major factor. The community at-large must be aware of and comfortable with the members of the diversion team**.** In fact, many referrals for services come from the community itself. Homeless shelters, homeless outreach teams, PACT teams, drop-in

Outreach, continued on page 6

Not Guilty by Reason of Insanity and Co-Occurring Disorders

By Leslie Weisman, LCSW

When individuals are deemed ***not guilty by reason of insanity*** (NGRI), they pose a unique challenge to the mental health system. These cases are the legal result of an individual pleading "insanity" at the time of the offense. It is interesting and important to note that these individuals must be competent at the time they plead this defense. A judge or jury will decide whether the defendant was actually insane at the time the crime was committed. This decision is often based on expert witness testimony and other crucial evidence that supports this type of defense.

Individuals found NGRI have clinical and legal needs that must be addressed in the context of their involvement with the mental health and criminal justice systems. Many of these clients are diagnosed with co-occurring disorders (COD) that create further challenges for the health systems that are required to monitor and serve their needs. The adjudicating court and the mental health and/or substance abuse agency in the jurisdiction where the individual resides are responsible for the management of this person for an indeterminate period of time. The individual begins with inpatient hospitalization in a maximum-security state psychiatric hospital. Eventually, most individuals are transferred to a civil facility. They are then discharged to the community.

While hospitalized, the client moves through a series of "privileging levels," which are earned based on responsible behavior. This process moves from having no hospital-grounds privileges to having grounds privileges; and from escorted community passes to unescorted 48-hour passes. On return from community passes, the patient can be tested for drug or alcohol use. The focus of inpatient treatment is usually on risk factors for psychological de-compensation, particularly as it relates to substance abuse. The challenge for treatment teams is assessing the degree to which an individual comprehends the need for complete drug and alcohol abstinence and understands the link between substance abuse and mental instability.

Research has clearly demonstrated that a person's risk for aggression or criminal activity is heightened when a diagnosis of serious mental illness is coupled with a diagnosis of substance abuse. To help screen for such cases during this inpatient hospitalization period, the treatment team develops an *Analysis of Aggressive Behavior* (AAB). The AAB is a systematic risk assessment of the individual and his or her ability to manage these risks. Substance abuse is a primary concern in any AAB which typically includes a thorough historical assessment for the types and frequency of substances used and age of onset for each substance, as well as prior treatment successes and failures. It also includes the individual's propensity for drug distribution. Similarly, a review of aggressive or dangerous behaviors is conducted in search of behavioral patterns and personality factors.

Once the NGRI client successfully moves through the privileging levels, they are discharged to the community on conditional release. However, in order for this to occur there must be an appropriate level of outpatient monitoring and supervision available. For individuals with a history of substance abuse, this will include urine/blood testing, attendance to self-help groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) and substance abuse counseling. If the client does not follow the recommended treatment plan, they risk revocation of their conditional release and are returned to the hospital. It is important to note that more than two-thirds of NGRI clients revoked from conditional release have relapsed with drugs and/or alcohol.

It is imperative that NGRI individuals understand the importance of remaining completely drug and alcohol-free. Random drug testing coupled with intensive rehabilitation services helps to ensure the success for those clients with COD. All conditional release plans include this general "drug-free" condition. Specifically, the release plan includes a statement acknowledging that the individual agrees not to use any alcoholic beverages, illegal drugs, or medication not prescribed by a doctor. Substance abuse counseling and attendance at AA or NA meetings is often required. These substance abuse education services begin in the hospital setting and continue

NGRI, Continued on page 4

:NGRI, continued from page 3

into the community. Educational material, especially concerning relapse prevention, is a critical ingredient to success.

In many ways, the person adjudicated as NGRI is given an opportunity to truly succeed in the community. Rather than spend time confined in jail for a crime for which they are not criminally responsible, they are provided with professional services and treatment which is often not available in most jail facilities and prison environments. To be effective, the treatment of NGRI clients should be intensive and focus on their personal risk factors and their ability to learn how to minimize their risk of relapse and recidivism when in the community. For clients with COD, the structure of conditional release may resemble a clinical probation period that can be highly effective in ensuring their personal rehabilitation and success in the community.

About the Co-Occurring Disorders Committee

The **Co-Occurring Disorders Committee** of the Metropolitan Washington Council of Governments has been in existence since 1990 and is composed of mental health and substance abuse management and direct service staff from the public and private sector in the metropolitan Washington region. The goals of the committee are as follows:

- To promote effective, evidence-based, and integrated treatment services for individuals with co-occurring mental health and substance use disorders.
- To promote interagency and collegial communication and collaboration among public and private treatment programs and their staff providing these services.
- To provide low cost trainings on dual diagnosis topics for professionals providing treatment for individuals with mental health and substance use disorders.

Upcoming Training Opportunity

Getting to the Root of the Problem: Integrated Treatment for Substance Abuse and Trauma

Friday, October 28, 2005, 8:30am—4:00pm
Metropolitan Washington Council of Governments (COG)
777 North Capitol Street, NE, Suite 300, Washington DC 20002

Featured Speaker: Denise Tordella, LPC

Participants will be able to:

- Increase their understanding of the prevalence of the co-morbidity of substance abuse disorders and posttraumatic stress disorder (PTSD)
- Identify the similarities and differences in the symptoms of substance abuse disorders and PTSD and to assess for each disorder individually and concurrently
- Learn appropriate interventions tailored to each stage of treatment that can be incorporated into a client's treatment plan

CEUs & Contact Hours Available
Registration Fee: $45.00
Continental Breakfast and Lunch included
For more information, please call 202-962-3275

Justice, continued from page 1

To a mental health treatment provider, reducing the diagnosed symptoms is often the major goal and objective of treatment. Similarly, when providing treatment services to a client who also is a criminal offender, the goal is often to reduce the offending behavior. Though mental illness and substance abuse may contribute to offending behaviors, they may not be the primary issue at hand. As such, case management services may be the most effective treatment intervention with this population.

In an outpatient setting, an effective case manager knows how to access specific community resources that can address the multitude of needs many clients experience. Such effective and timely case management may intervene and produce real change on criminal behavior. Identifying and matching resources with a client's needs and redirecting the offender towards socially sanctioned support systems may be the key to interrupting the cycle of criminal behavior. Addressing the symptoms of mental illness and/or substance abuse or dependence alone may not stop criminal behavior, but addressing these issues in conjunction with helping the person meet their basic needs will increase their ability to function and eliminate the need to practice criminal behavior.

For example, consider the conceptual paradigm of Maslow's "hierarchy of needs". If the client is abusing substances or experiences a mental illness that prevents him or her from working, that particular need must be addressed. If family, friends, or lack of opportunity for recreation or social activity is causing criminal behavior, then those needs must be addressed. As such, an ongoing and integrated approach to the circumstances and the character of the individual offender is required. The primary goal of rehabilitating criminal offenders is to ensure public safety; this must remain the primary concern. Since any progress in establishing sobriety and reducing mental health symptoms often requires significant time and effort, these important improvements will not help the client if they continue to offend and become subject to arrest and incarceration.

If dually diagnosed offenders must be treated while in a correctional facility, success can occur if the resources to provide integrated treatment are available. Correctional staff should be familiar with treating both mental illness and substance abuse. Substance abuse and mental health staff working together in teams to address the client's needs would also be effective. If none of these are available, supervision or consultation is necessary to help staff treat the disorders that fall outside their scope of practice. Treating only the substance dependency or only the mental disorder when both are present reduces the chance for successful outcomes.

In outpatient settings, it is important to work with parole and probation staff to identify and address the needs of the client. Probation and parole officers often have access to volumes of information that often predates the offense (known as pre-sentence reports). Additionally, they document behavior and interventions while the individual is in prison. This information is invaluable in developing a clinical picture that will allow clinicians to address the most pertinent issues. A collaborative team approach which included the therapists, case manager, the probation and/or parole officer, and other providers is necessary to address as many needs as possible. There are no exceptions to the confidentiality laws that cover these circumstances. Therefore, signed releases are needed to facilitate communication and an exchange of ideas and views. However, familiarity with confidentiality laws is recommended in these instances. When utilizing a collaborative team approach, it is imperative that each professional stay in their role and not second guess each other. In addition to ethical concerns, a lack of professional boundaries can cause disharmony among the providers, leading to less than optimal care which can result in an increased probability for client relapse and recidivism.

Providing treatment services to clients in the criminal justice system can be complicated. Working with this clinical population is challenging to any treatment provider. However, the professional benefits associated with seeing change occur in an individual's life are especially rewarding. Treating these individuals and assisting in their journey to become productive members of society results in an improvement in the community at large.

State Guidelines for Working with NGRI Clients in the Region

Virginia
www.dmhmrsas.virginia.gov/OFO-NGRI.htm

District of Columbia
http://dmh.dc.gov/dmh/cwp/view,a,3,q,515826,dmhNav,|31250|.asp

Maryland
http://mlis.state.md.us/other/Legislative_Handbooks_2003/Volume_IX.pdf

Outreach, continued from page 2

centers and crisis care programs often encounter intoxicated individuals. A strong working relationship focused on flexibility and coordination is essential to serve this population. For these reasons, diversion programs are sometimes referred to as Detoxification Outreach Programs.

It is important to consider innovative options. Diversion programs offer a unique opportunity to make our neighborhoods safer while providing needed services to substance dependent or dually diagnosed individuals in the community.

New Resource Directory

Coming September 2005

Treatment Services for the Dually Diagnosed: A Resource Directory for Professionals and Consumers in the Metropolitan Washington Region (Third Edition)

The directory features a listing of agencies in the District of Columbia, Northern Virginia and suburban Maryland offering treatment services for individuals with co-occurring substance abuse and mental health disorders, outlining important characteristics of the program such as population served, types of services rendered, fees, and eligibility requirements.

To obtain a copy, please contact 202-962-3275.

The Forum is published twice yearly by the Metropolitan Washington Council of Governments Co-Occurring Disorders Committee.
To become a member of the Co-Occurring Disorders Committee, please contact Cindy Koshatka at (703) 481-4148.
To submit articles, resources, or other information on co-occurring disorders, please contact Robert B. Hordan at (301) 883-3505.

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