



# An Overview of Co-occurring Disorders and the Criminal Justice System

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# Prevalence in General U.S. Population

**43.8 million  
adults will  
experience  
mental illness  
in a given year  
(NAMI, 2019)**

- 1 in 5 adults experience a mental illness
- Nearly 1 in 25 (10 million) adults will live with a serious mental illness
- ½ of all chronic mental illness begins by age 14; ¾ by age 24

**19.7 million  
adults have a  
substance  
abuse disorder  
(NSDUH, 2017)**

- 74% alcohol use disorder
- 38% illicit drug use disorder
- 1 out of 8 experience both an alcohol and illicit substance use disorder

# Other Important General Statistics

10.2 million adults have co-occurring Mental Health and Addiction Disorders

26% of homeless individuals live with a serious mental illness

60% of adults and 50% of youth, in need, did not receive mental health services last year

# Mental Illness in Forensic Settings

Mental Illness: 4-6x higher in jails and 3-4x higher in prisons compared to the general population

Substance Use Disorder (SUD): More than two-thirds of jail detainees and half of prison inmates have an SUD, compared to only 9% in the general population

# Diathesis-Stress Model

The theory has existed since the 1960's and is often is a common conceptualization of mental illness in psychology

Theory explains behavior as both a result of biological and genetic factors ("nature") and life experiences ("nurture")

This model assumes a disposition towards a certain disorder may result from a combination of one's genetics and early learning or life events

The term "diathesis" is used to refer to a genetic predisposition toward a disorder or disease

According to the model, this predisposition, in combination with certain kinds of environmental stress, results in maladaptive behavior

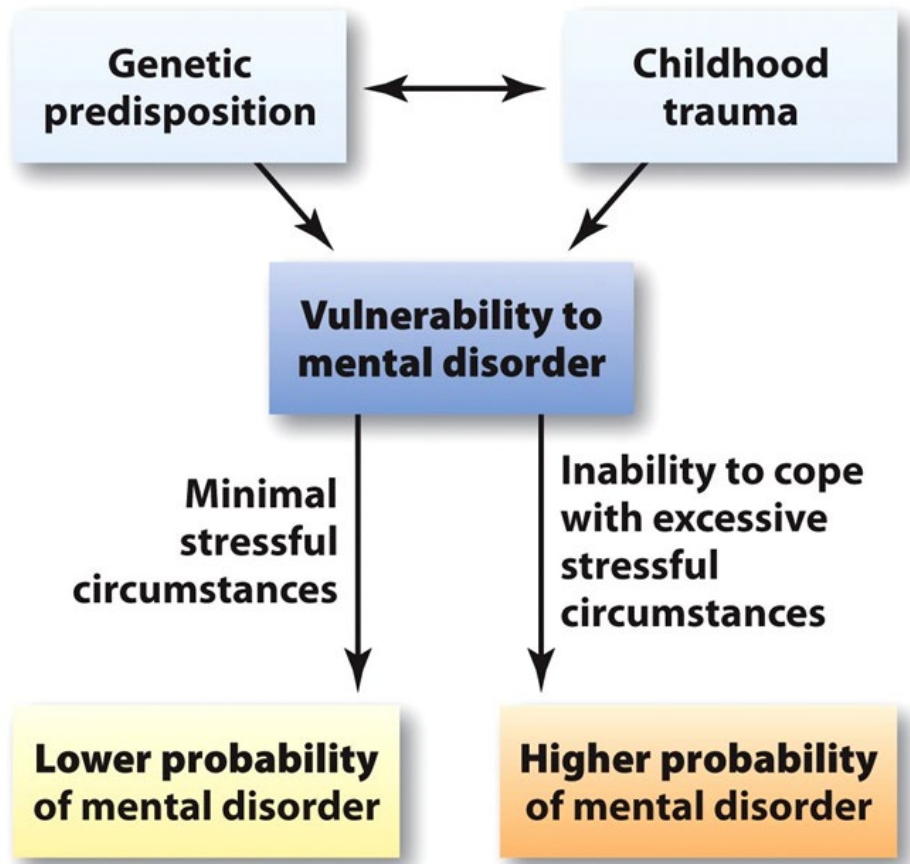
# Diathesis-Stress Model

Diathesis = a vulnerability or predisposition (can be biological, psychological)

Stress = Environmental, biological, interpersonal, psychological

Higher amount of vulnerability the less stress it takes to spark a mental illness

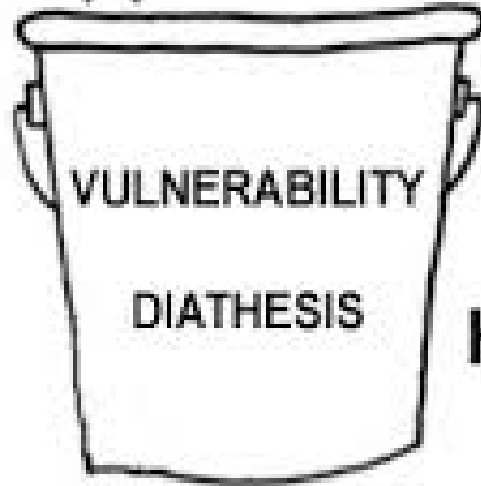
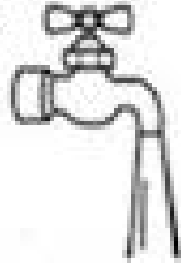
Offenders often start life with a lot of vulnerability (genetic predisposition towards mental illness/ substance use) and stress (housing/food instability, trauma)



*Psychological Science, 4/e* Figure 14.7  
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# STRESS

PHYSICAL  
MENTAL  
SOCIAL  
ENVIRONMENTAL



# DISEASE

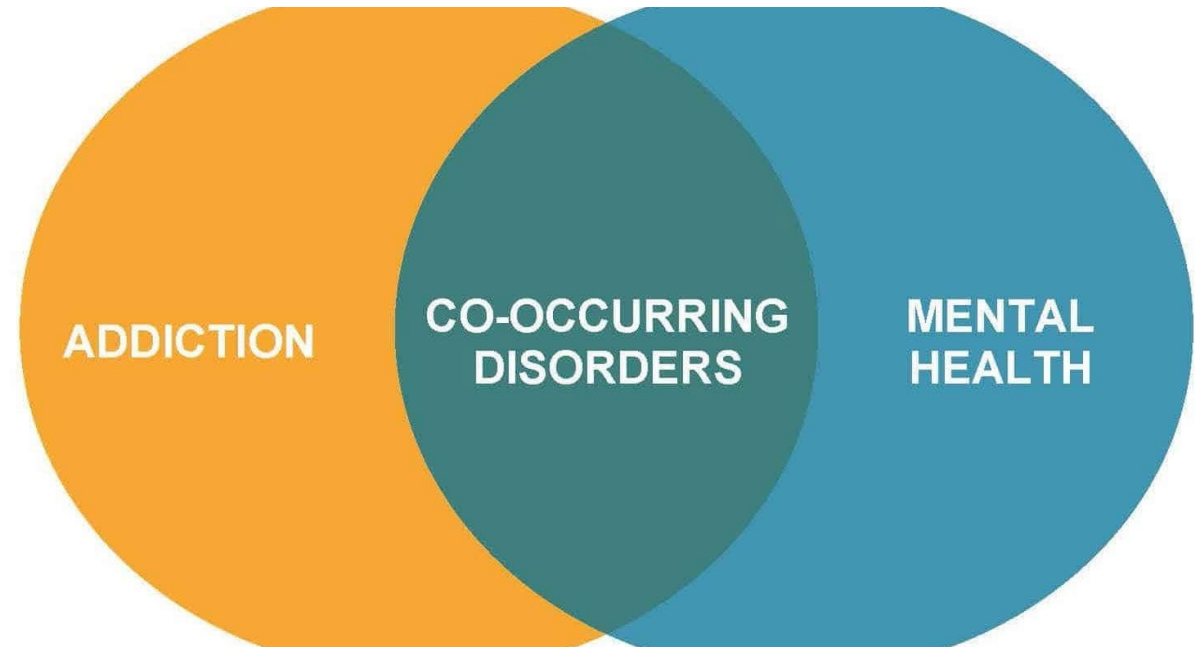
➔ SYMPTOMS  
&  
SIGNS

# HEALTH



## Co-occurring Disorders (CODs)

- Co-occurring Disorders (CODs) denotes an individual with both a mental illness and a Substance or Alcohol Use Disorder



# Co-Occurring Disorders

01

Mood disorders (e.g., Major Depressive Disorder, Bipolar Disorder) co-occur most frequently with substance use

- 30-40% of individuals with a substance use disorder also have comorbid mood disorder

02

In forensic settings, we often also see co-occurrence with personality disorders (ASPD, BPD)

03

Substance use disorders can and do occur with any other type of mental illness, including, psychotic spectrum disorders, anxiety disorders, and PTSD

# Rates of CODs

- 72% of male and female detainees with a mental illness will also have a SUD
  - Meaning, roughly, 7 out of every 10 inmates with a mental illness also have a substance use disorder.
- CODs can include more than one mental disorder and more than one substance use disorder as well



## Consequences of CODs



More likely to be re-incarcerated within a year of discharge than those with only mental illness or SUD (48% vs. 31%)



More likely to violate conditions of parole/probation



More likely to commit violent acts



In jail/prison for longer



More challenging to manage behavior in correctional setting

# Symptoms Interact

SUD could begin or be made worse by a mental health disorder and vice versa.

Health conditions may affect or bring on mental illness or SUDs.

Alcohol/drugs may elicit, mimic, or mask symptoms of a mental disorder.

Substance use withdrawal can cause and/or mimic psychiatric symptoms.

People may use substances to alleviate symptoms of a serious mental illness

Maladaptive coping with substance use may lead to criminal justice involvement.

# In an ideal world...

An individual with COD is screened and identified at start of legal process (i.e., during pre-trial)

Individual is funneled to an integrated treatment program that treats the co-occurrence of the mental illness and SUD

Individual moves from treatment program to intensive case management and re-entry

# Screening Challenges



Symptoms interact in different ways



Multiple combinations of mental illness and substance use presentations (example; an individual with schizophrenia and cocaine use will present differently from an individual with depression and alcohol use)



Lack of staff, trainings, and established protocols



Limited/no access to electronic medical records across settings



Detainee non-disclosure of symptoms

# Treatment Challenges

- Different modes of treatment exist for CODs:
  - Treat the “primary” disorder first with hopes the “secondary” disorder will abate.
  - Treat both disorders simultaneously, but by different treatment teams
  - Treat one disorder (e.g., detox/residential) then refer to treat other mental illness
  - Integrate treatment– treat both disorders at the same time by the same treatment team
  - Treat while in jail



The background features several sets of concentric, curved lines in the top-left and bottom-right corners. These lines are a mix of solid and dashed grey lines, creating a sense of motion or a stylized circular pattern.

Question ???

- **Which of these modalities do you think works the best and why?**



Another Important Consideration....

PTSD in Criminal Justice System

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault



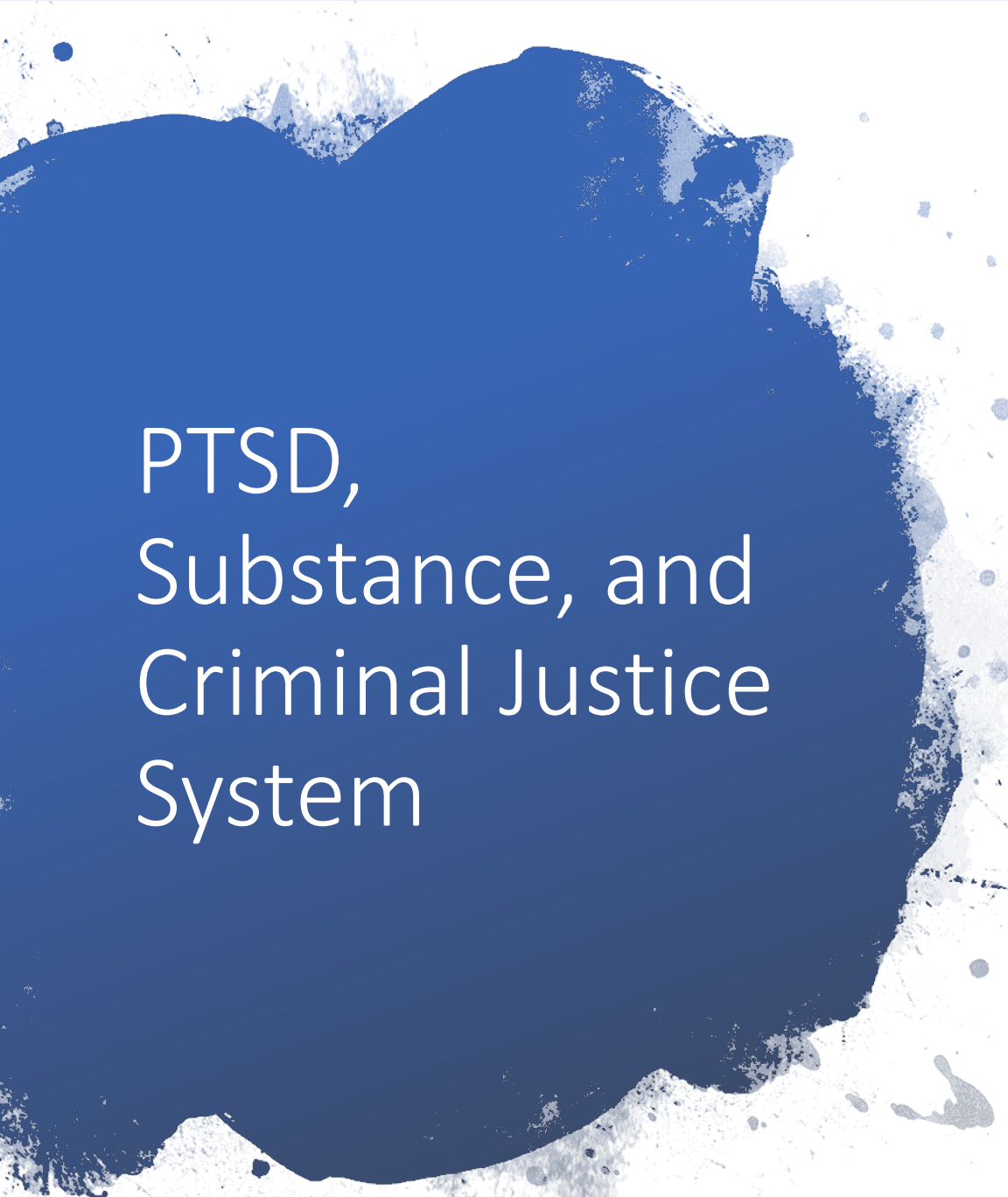
# PTSD SYMPTOMS

- **Symptoms:**
  - **Intrusive thoughts** such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.
  - **Avoiding reminders** of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.
  - **Negative thoughts and feelings** may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.
  - **Arousal and reactive symptoms** may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.



# PTSD CONSIDERATIONS

- Research suggests that PTSD mediates the relationship between trauma and heavy substance use
- In prison population the rates of PTSD are:
  - Point prevalence = 6% in men and 21% in women
  - 1-year prevalence = 10% in men and 26% in women
  - Lifetime prevalence = 18% in men and 40% in women
- An example of an integrated treatment is called “Seeking Safety”
  - Treatment protocol specifically made to treat Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder



# PTSD, Substance, and Criminal Justice System

- PTSD symptom severity is positively correlated with frequency of arrest and increases risk of recidivism
- Research suggests that PTSD often precedes the development of SUDs (using to cope theory)
- Incarceration may trigger trauma symptoms and/or person may be re-traumatized while incarcerated

# Victimization in Justice System

- People who have CODs are more likely to be victimized while incarcerated
- Exhibit greater behavioral problems leading to greater use of force
- More likely to be put into isolation → can cause trauma reactions, impairment, and psychiatric decompensation
- Especially for individuals with PTSD and substance use, re-victimization while incarcerated can be especially harmful





Future directions