



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

# Co-Occurring Disorders: Expanding your Court's Treatment Options

Developed by:  
Kevin Baldwin, PhD

©NDCI, September 2023

The following presentation may not be copied in whole or in part without the written permission of the author or the National Drug Court Institute. Written permission will generally be given upon request.

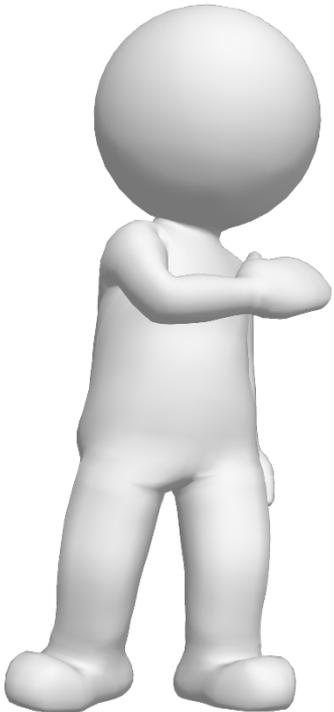
# What is a co-occurring disorder (COD)?



A condition in which a person experiences a mental illness and a substance abuse problem simultaneously.



CODs represent a very broad category and extent of disorder, ranging from someone with mild, situational depression due to their substance abuse all the way to a person with bipolar disorder who uses meth during acute episodes of mania.



# Incidence and Prevalence

SAMHSA's 2021 National Survey on Drug Use and Health (NSDUH), indicates that about 9.2 million adults in the US had co-occurring disorders.



# Incidence and Prevalence

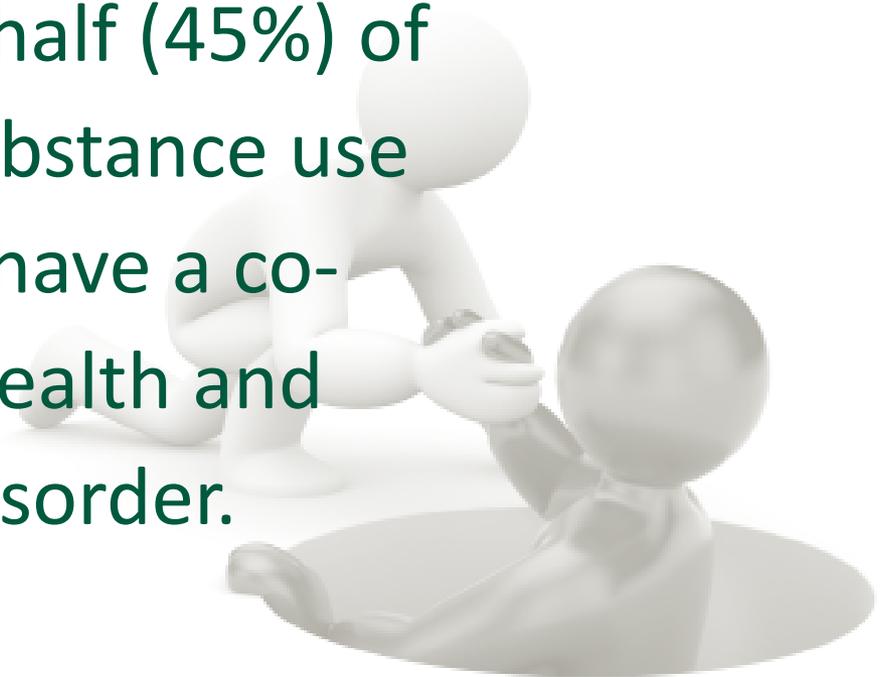
People with mental health disorders are more likely than others to also have an alcohol or substance use disorder



Persons with a substance use disorder are more likely to have a mental disorder when compared with the general population

# Incidence and Prevalence

Data from the National Survey of Substance Abuse Treatment Services (N-SSATS): just under half (45%) of Americans seeking substance use treatment actually have a co-occurring mental health and substance use disorder.



# Incidence and Prevalence



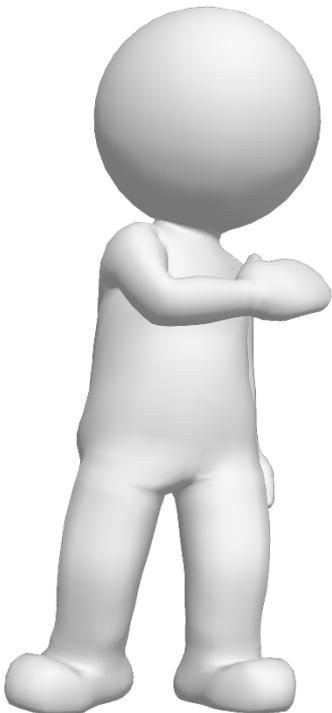
One study found that about 80 percent of individuals on probation and sentenced to participate in substance abuse treatment have co-occurring mental disorders

(Hiller, Knight, Broome, & Simpson, 1996)



In another study, fully half of justice-involved women had co-occurring disorders

(Jordan, Schlenger, Fairbank, & Caddell, 1996)



# Incidence and Prevalence

Other studies have found that between 72 and 87 percent of justice-involved individuals with severe and persistent mental illness (SPMI) have co-occurring substance use disorders.



(Abram & Teplin, 1991; Abram, Teplin, & McClelland, 2003; Chiles, Cleve, Jemelka, & Trupin, 1990; James & Glaze, 2006).

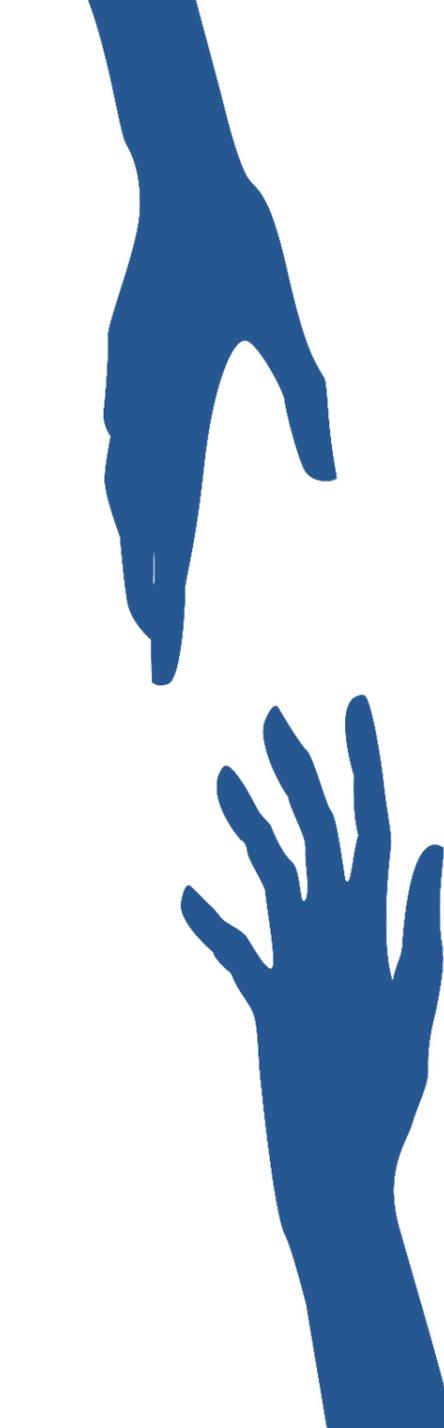
# Incidence and Prevalence



According to the Veterans Affairs (VA), about 33% of veterans seeking substance abuse treatment also meet the diagnostic criteria for PTSD.



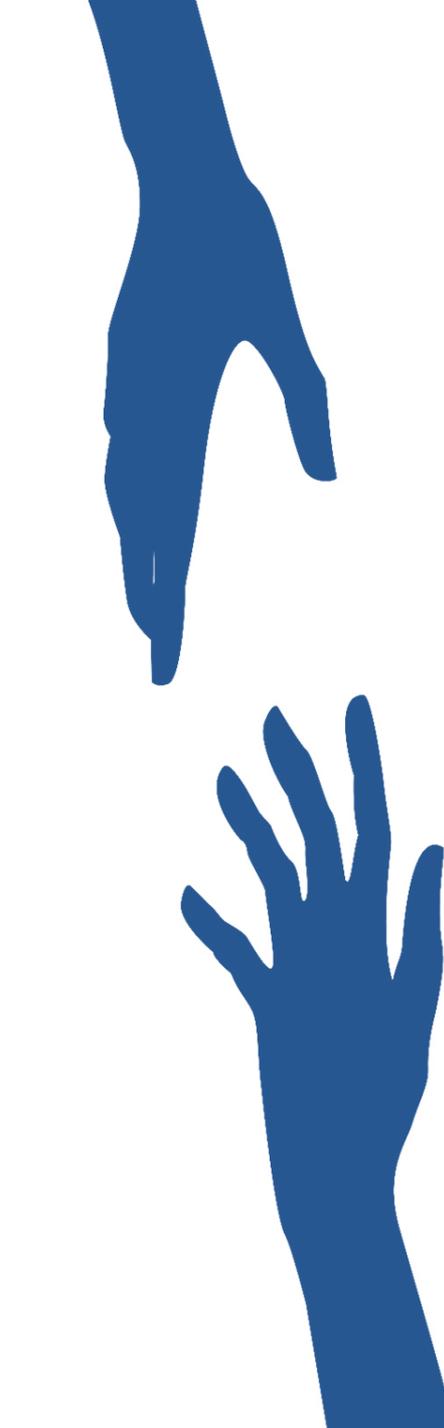
Men are more likely than women to be diagnosed with a co-occurring disorder. Others at high risk for co-occurring disorders include persons of lower socioeconomic status, military veterans, and those with general medical illnesses.



# Gap in Services

Despite these high rates of COD, relatively few justice-involved individuals report receiving adequate treatment services for these disorders in jails, prisons, or other justice settings.

(National GAINS Center, 2004; Peters, LeVasseur, & Chandler, 2004)



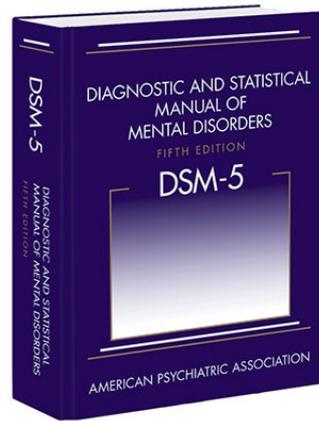
# Gap in Services

According to anecdotal reports from a number of judges, if you think you aren't seeing these cases, you are mistaken.

# Our Challenges

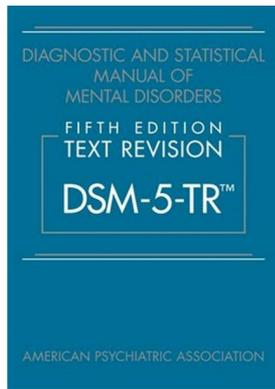
*“Persons with co-occurring disorders present numerous challenges within the justice system. These individuals exhibit greater impairment in psychosocial skills, are less likely to enter and successfully complete treatment, and are at greater risk for criminal recidivism and relapse. The justice system is generally ill equipped to address the multiple needs of this population, and few specialized treatment programs exist in jails, prisons, or court or community corrections settings that provide integrated mental health and substance abuse services.”*

*(Peters, LeVasseur, & Chandler, 2004).”*



# DSM-V (2013)

The most significant of many changes is that this version did away with the Multiaxial system of diagnosis, in which the diagnostician addresses five axes or areas.



# DSM-V-TR (2022)

The DSM-V-TR (Text Revision) was released in March 2022. Changes include the addition of a new disorder, prolonged grief disorder, as well as the inclusion of symptom codes for suicidal behavior and non-suicidal self-injury.

# Mental Health Disorders

You are most likely to encounter substance-related and addictive disorders, personality disorders, psychotic disorders, and mood disorders in court.

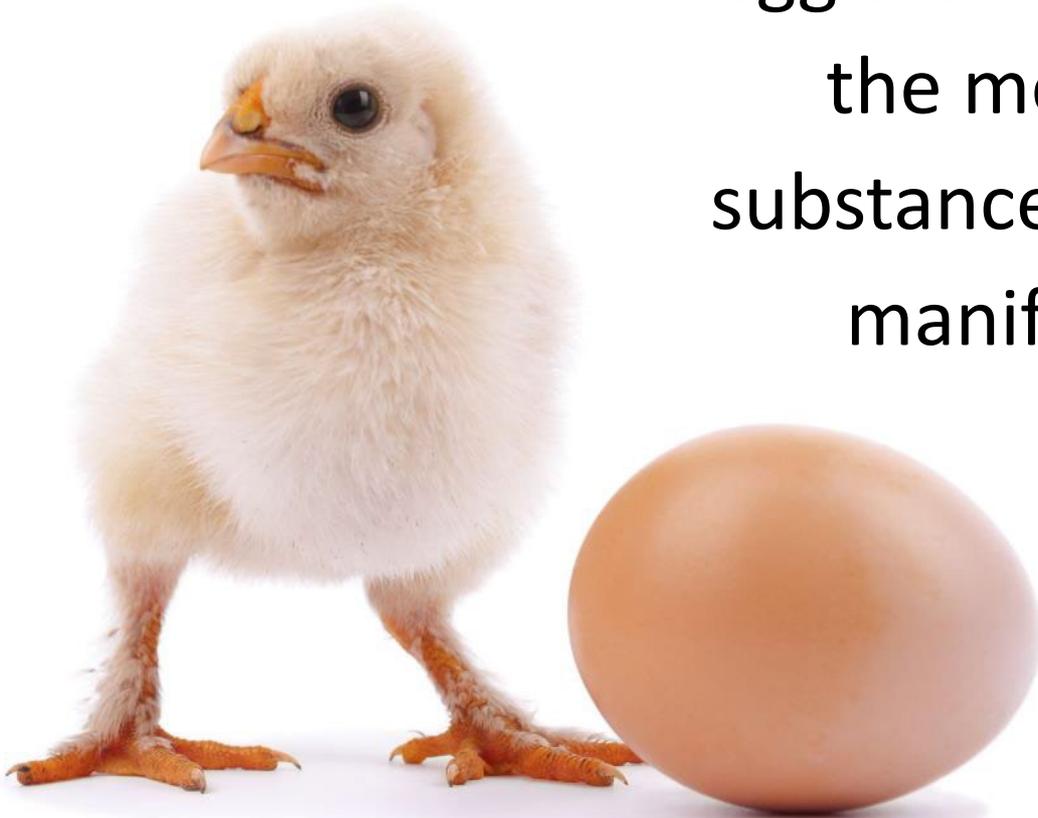
# Mental Health Disorders

It's not just a matter of prevalence – it's that the behavioral manifestations of these disorders are more likely to result in encounters with the criminal justice system.



# Etiology

This tends to be a chicken-or-egg scenario, in that either the mental illness or substance use disorder can manifest itself first.



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE

# Etiology

In cases of pre-existing mental illness, the individual may abuse alcohol or drugs as a form of self-medication. Unfortunately, research findings indicate that substance abuse only exacerbates mental illness.





# Etiology

Drug and alcohol abuse can also bring about mental illness, due to the effects of the substances on brain chemistry and how it is manifested in thoughts, emotions, and behavior.



# Identification & Diagnosis



# Identification and Diagnosis

Co-occurring disorders present with a complex range and mix of symptoms, making diagnosis difficult.



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE

# Identification and Diagnosis

Often, one or the other disorder is treated, leaving the other untreated. This may be due to a host of reasons, such as overlap of symptoms, inadequately trained clinicians, or the need to address other complicated health issues.



# Identification and Diagnosis

Unfortunately, undiagnosed, untreated, or undertreated co-occurring disorders can result in increased risk for poor outcomes such as:

Return of symptoms

Incarceration

Homelessness

Suicide





**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE

# **Symptom Interaction Between Co-Occurring Disorders**

# Symptom Interactions

Screening and assessment of co-occurring mental and substance use disorders are complicated by symptom interactions, symptom mimicking, masking, precipitation, and exacerbation

Ongoing observation of the above is needed for differential diagnosis

# Symptom Interactions

If unresolved, these issues may contribute to:

- Substance abuse relapse
- Recurrence of mental health symptoms
- Both simultaneously

# Symptom Interactions

Drug and alcohol abuse can create or make worse mental health symptoms

(e.g., recent findings on marijuana and schizophrenia)

Alcohol and drug use may precipitate mental illness

# Symptom Interactions

Mental illness can precipitate substance use disorders - most individuals with co-occurring disorders report that mental health symptoms preceded substance abuse

# Symptom Interactions

Mental health symptoms or disorders are sometimes mimicked by the effects of alcohol and drug abuse

Alcohol and drug use may mask or hide mental health symptoms or disorders

# Symptom Interactions

**These interactions make  
correct diagnosis a very  
challenging endeavor!**



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE



**Treatment for COD**

# Treatment for COD

Recognize and account for the interactive nature of the disorders and the need for ongoing assessment of the relationship between MH and SA disorders.



# Treatment for COD

Attend to the interactive nature of the disorders via ongoing assessment, individualized treatment planning, and service provision.



# Treatment for COD

The focus should be on the extent of functional impairment caused by the two disorders and their interaction, with treatment sequence determined by the extent and severity of specific impairments.

(Peters et al.)



# Treatment for COD

Integrated Treatment (as recommended by SAMHSA) addresses mental health and substance use disorders simultaneously, each within the context of the other disorder. Similar to the drug court team approach, integrated treatment requires interdisciplinary collaboration.

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>



# Treatment for COD

Treatment planning is collaborative and client-centered, in that it addresses clients' goals using treatment strategies and methods that are acceptable to them. Often treatment modality is provided according to the ASAM criteria

<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria/about>



# Treatment Components

- Medication-based approaches
- Counseling/Psychotherapy (CBT)
- Self-help and Support Groups
- Family Involvement
- Individualized treatment plans
- Intensive case management
- Frequent, random drug screens



# Necessary Elements in CJ Settings

- Routine screening at each of the intercepts
- Use of standardized screening measures
- CJ staff receive regular training in the diagnosis and treatment of persons with co-occurring disorders
- A range of service referral options representing a continuum of care

# Necessary Elements in CJ Settings

- Options for incarcerated individuals who are experiencing an acute or crisis episode, medical crisis, or suicidal thinking (suicide attempts are five times more likely among persons who have mental disorders within the CJ system) *(Goss et al., 2002)*
- Ongoing suicide screening is particularly important for individuals with CODs

# Benefits of Integrated Treatment

- Reduced substance use
- Reduced hospitalizations
- Reduced contacts with criminal justice authorities
- Improved psychiatric symptoms and functioning
- Increased housing stability
- Improved quality of life

# Adapting Adult Drug Court for COD

**Step 1:** Know Who Your Participants Are and What They Need – proper assessment is critical

**Step 2:** Adapt Your Court Structure - consistent, predictable structures, individualized treatment plans

# Adapting Adult Drug Court for COD

**Step 3:** Expand Your Treatment Options  
– add MH professionals, establish partnerships with MH providers, provide a complete continuum of care for MH and SA issues, address wider range of issues holistically, including housing, education, employment, and general health care

# Adapting Adult Drug Court for COD

**Step 4: Target Your Case Management and Community Supervision – intensive case management, involve family, use support groups, housing, financial management**

# Adapting Adult Drug Court for COD

**Step 5: Expand Mechanisms for Collaboration – rely on a more comprehensive group of professionals**

# Adapting Adult Drug Court for COD

**Step 6:** Educate Your Team - cross-disciplinary training is critical, as the MH systems are very different in many ways from CJ systems

# Resources

- NIC clearinghouse:  
<http://nicic.gov/library/topic/79-co-occurring-disorders>
- SAMHSA GAINS Center:  
<http://www.samhsa.gov/gains-center>
- National Alliance on Mental Illness:  
<http://nami.org/>

# Resources

Co-occurring disorders in the incarcerated population: Treatment needs (Fabian, Shively, and Aufderheide, 2021)

[https://www.aca.org/common/Uploaded%20files/Publications\\_Carla/Docs/Corrections%20Today/2021%20Articles/CT Jan-Feb 2021 Co-occurring%20Disorders.pdf](https://www.aca.org/common/Uploaded%20files/Publications_Carla/Docs/Corrections%20Today/2021%20Articles/CT_Jan-Feb_2021_Co-occurring%20Disorders.pdf)

# Contact Information

**Kevin Baldwin, PhD**

**Senior Researcher**

**Applied Research Services, Inc.**

**[kbaldwin@ars-corp.com](mailto:kbaldwin@ars-corp.com)**

**[www.ars-corp.com](http://www.ars-corp.com)**

**770-286-8312**