TREATMENT OF YOUTH WITH CO-OCCURRING DISORDERS

FINANCING EFFECTIVE, COMMUNITY-BASED BEHAVIORAL HEALTHCARE SERVICES AND SUPPORTS FOR YOUTH DIVERTED FROM THE JUVENILE JUSTICE SYSTEM

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Co-Occurring Disorders in Youth:
Definition

- The presence of one or more substance use disorders (SUD) & one or more mental health disorders (MHD)
- Interact differently from person to person but at least one disorder of each type (MHD-SUD) can be diagnosed independent of the other (SAMHSA Report to Congress, 2002)
- The severity of the co-occurring disorders are such that the youth experiences decreased functioning in multiple life domains
Special Focus: Juvenile Justice

Any contact with the Juvenile Justice system:

- 70%+ at least one MH Disorder
  - Externalizing disorders most prominent
  - Followed by: Mood, Anxiety and PTSD
- 50%+ substance use
- Trauma and victimization in 62 to 80% of youth (Higher rates in females)
- 60%+ Co-Occurring Disorders
- Youth with co-occurring disorders had more juvenile court charges (misdemeanors, felonies, and adjudicated delinquencies), than youth without co-occurring disorders (Kretschmar & Butcher, BHJJ)

Sources: Cocozza 2006; Kretschmar and Butcher, BHJJ, Teplin 2013; Hussey 2007; Turner 2004
Youth with Co-Occurring Disorders have Multiple and Complex Concerns

<table>
<thead>
<tr>
<th>Multiple</th>
<th>Complex</th>
<th>Persistent</th>
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<tbody>
<tr>
<td>• 5+ problems are the norm</td>
<td>• Trauma and victimization in 62 – 80%</td>
<td>• Chronic relapsing disorder</td>
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<td>• Numerous systems involved</td>
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<td>• Multiple treatment attempts over time</td>
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Influence, Interaction, and Manifestation of Multiple Occurring Conditions

- Contexts (Home, School, Peers, Community, etc.)
- Substance Use Disorder
- Mental Health Disorder
- Trauma Factors
- Risk & Resiliency Factors
- Developmental Factors
- Youth
- Safety Concerns
- Salient Behavior/Symptom

Family
Realistic Outcomes and Expectations

- Think trajectory of wellness not cure
- Think abstinence-orientation (Mee-Lee)
- Chronic relapsing disorder, requiring multiple treatment attempts over time (White and Dennis)
  - Completion rates low/High rate of treatment drop-out.
  - About half of adolescents treated report no use after treatment
- Measure what you do: risk reduction across life domains
  - Track multiple outcomes
- Conversation with key stakeholders about realistic outcome expectations (increased functioning; decreased level of care needs; etc.)
3 Types of Treatment for Co-Occurring Disorders

- Sequential
- Parallel
- Integrated
Necessity of Multiple Interventions to Counter Multiple Risks (Sameroff, Gutman, and Peck, 2003)

- “Interventions need to be as complex as the multiplicity of risk factors and contexts (388).”
- “Most interventions in single domains have not produced major reductions in problem behaviors (364).”
- “Most youth experience multiple risks in multiple social contexts (388).”
  - Interventions need to address all the social contexts in which the risks occur
- Target factors that promote resiliency and healthy development – not just risk factors and illness (Hobfoll)
Categories of Effective Substance Use Practices

NIDA has identified four categories of effective practices for Adolescents (SAMHSA, 2013)

1. Behavioral and Cognitive Treatments
2. Family Based Treatments
3. Recovery Support Services
4. Addiction Medications
Behavior and Cognitive Treatments

- Adolescent Community Reinforcement Approach
- Contingency Management
- Cognitive Behavior Therapy
- Motivational Enhancement Therapy
Family-Based Treatment

- Brief Strategic Family Therapy
- Family Behavior Therapy
- Family Support Network
- Functional Family Therapy-CM
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy-SU
- Family-based interventions are highly effective – even superior to individual and group formats (especially with ‘higher-end need’ youth)
Recovery Support Services

- Intended to reinforce gains made in treatment and improve quality of life
- Assertive Continuing Care
- Mutual Help Groups
- Peer Recovery Support Services
- Recovery High Schools
- High Fidelity Wraparound (HFWA)
Recovery Support Process

- In addition to the recovery supports listed by NIDA, **High Fidelity Wraparound (HFWA)** is a planning process that matches up well to the unique needs of youth with COD.

- HFWA is designed to facilitate ongoing planning and monitoring of the unique ongoing mental health and recovery support needs of youth with complex needs.

- For youth with COD these supports might include both formal and informal supports including: recovery mentors, positive activities, positive peers, positive adults and connections, family recovery environment and supports, positive school connections, etc.
### Substance use programs that impact mental health

<table>
<thead>
<tr>
<th>Multi-dimensional Family Therapy</th>
<th>SU EBP</th>
<th>Psychotherapy around problem behaviors</th>
<th>Addresses problem behaviors in context of family and eco-systemic context</th>
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<tbody>
<tr>
<td><strong>Seven Challenges</strong></td>
<td>SU Promising Practice</td>
<td>Skill building for substance use behaviors that also benefits MH behaviors (e.g., problem solving; stress reduction etc.); underlying trauma that affects SU is addressed</td>
<td>Curriculum based, skill building focused. Typically implemented in group setting</td>
</tr>
<tr>
<td><strong>Adolescent Community Reinforcement Approach (ACRA)</strong></td>
<td>SU-EBP</td>
<td>Emphasizes development of prosocial replacement activities and behaviors</td>
<td>Implemented in outpatient, intensive outpatient, and residential treatment settings.</td>
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<tr>
<td>EBP Treatment</td>
<td>Tx Focus</td>
<td>Treatment Modality</td>
<td>Level of MH and SU integration</td>
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<tr>
<td><strong>Multi-systemic Therapy (MST)</strong></td>
<td>Externalizing Behavior EBP</td>
<td>Family therapy (office based or home based)</td>
<td>Does not address internalizing disorders or how they impact externalizing behaviors (and vice versa)</td>
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<tr>
<td></td>
<td></td>
<td>Contingency management for SUD</td>
<td></td>
</tr>
<tr>
<td><strong>Functional Family Therapy (FFT)</strong></td>
<td>Externalizing Behavior EBP</td>
<td>Parent skills training</td>
<td>Does not address internalizing disorders or how they impact externalizing behaviors (and vice versa)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive safety planning</td>
<td></td>
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<tr>
<td></td>
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<td>Contingency management for SUD</td>
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Intentional Integration vs. Combined Treatment

- Important to differentiate between intentional integrated treatment and combined treatment

- **Combined treatment**: EBPs designed for one area of focus (SU; MH; or JJ) are combined together with a secondary focus into one treatment.

- **Intentional integrated treatment** addresses the interaction patterns and mutual effects of MH on SU and SU on MH

- Formulate integrated conceptualization of the interaction between SU and MH behaviors in context of the youth’s family, culture, peers, school, and greater community
Treatment programs specifically designed to treat youth with co-occurring MH and SU

<table>
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<tr>
<th>Program</th>
<th>Level of Evidence</th>
<th>EBP’s incorporated</th>
<th>Level of integration</th>
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<tbody>
<tr>
<td><strong>FIT</strong> (Family Integrated Transitions) Target: youth being transitioned from incarceration</td>
<td>Promising for Co-occurring</td>
<td>MST with elements of DBT, MI, Relapse Prevention</td>
<td>Component-based; one clinician provides all services</td>
</tr>
<tr>
<td><strong>ICT</strong> (Integrated Co-Occurring Treatment) Youth diagnosed with SU (Abuse and Dependency) and MH (internalizing and externalizing disorders)</td>
<td>Promising for co-occurring</td>
<td>Comprehensive evidence-informed treatments based on need</td>
<td>One clinician provides all the services; Comprehensive contextual integration that addresses the reciprocal interaction of mental health, substance use, trauma, development, and contextual factors</td>
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System of Care Principles

ICT Model Components

- Home-Based Service Delivery Modality
- Multidimensional and Integrated Assessment and Conceptualization
- Comprehensive and Integrated Treatment Array Matched to Needs and Strengths
- Systemic Engagement and Change

Resiliency-Oriented Developmental Perspective
Contextual Assessment

- School
- Family
- Peers
- Community
- Informal Supports

Youth

+ = Protective Factors
- = Risk Factors

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Integrated and Comprehensive Treatment Matched to Need

Recovery & Resiliency

Eco-systemic Functioning

Basic Skills and Coping

Basic Needs, Safety, and Stabilization

Youth and Family Need Hierarchy (Shepler, 1991, 1999)
Resiliency & Recovery

ICT Treatment Foci

Build Protective Factors: Pro-Social Recovery Environments, Asset Building; Supports
Establish Positive Connections & Functional Success through Relational Supports and Strategic Accommodations
Solidify Structure, Supervision, & Monitoring

Build Adaptive Skills & Emotional Coping Across Settings; Psycho-education

Engagement; Readiness to Change

Safety, Stabilization, Risk & Symptom Reduction

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# ICT Comparison Study

## All Youth Considered Together
- Substance use variables (GRAD; Drug Screens)
- Mental health variables: (Ohio Scales; GRAD)
- Family/Parenting (GRAD)
- Pro-Social Activities (GRAD)
- Educational Functioning (GRAD)

## ICT Did Better than TAU
- Substance Use Variables (GRAD; Drug Screens)
- Mental Health Problem Severity: (GRAD only)
- Pro-Social Activities (GRAD)
- Pro-Social Peers (GRAD-Parent Rating)
- Family/Parenting (GRAD-Youth Rating)
Human Resource Challenges

- Finding and attracting professionals who have co-occurring skill sets is challenging.

- Most staff come with skills and perspectives specific to one area (mental health or substance use).

- We have a shortage of professionals trained in substance abuse assessment and treatment.

- Community-based and co-occurring skill sets are typically not covered in pre-service graduate programs.

- Burden falls on community agencies and clinical supervisors to train staff with the least amount of experience to work with the most at-risk populations.
## Example of Funding Sustainability for Integrated Co-Occurring Treatment Program

<table>
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<tr>
<th>Location</th>
<th>Initial Funding Sources</th>
<th>Ongoing Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit County, Ohio (2001 to present)</td>
<td>Federal Juvenile Justice Grants: Byrne; JAIBG 2001-2004;</td>
<td>Behavioral Health Juvenile Justice (BHJJ) state funding; Medicaid and Insurance; Local Court funding (RECLAIM- state ODYS funding); MHRS Board</td>
</tr>
<tr>
<td>Cuyahoga County, Ohio (2006 - present)</td>
<td>SAMHSA System of Care (2006-2008) &amp; CSAT funding: 2006-2007;</td>
<td>Medicaid and insurance; State BHJJ; ADAMH Board Funding</td>
</tr>
<tr>
<td>Kalamazoo County, Michigan (2006 - present)</td>
<td>SAMHSA System of Care: 2006- 2009</td>
<td>Medicaid and insurance</td>
</tr>
<tr>
<td>McHenry County, Illinois (2008 - present)</td>
<td>SAMHSA System of Care: 2008-2012</td>
<td>Medicaid and insurance</td>
</tr>
<tr>
<td>Franklin County, Ohio (2011 to present)</td>
<td>Federal Bureau of Justice Affairs (BJA) Re-Entry Implementation Grant: 2011-2012</td>
<td>BHJJ (State) Medicaid and insurance; ADAMH Board funding</td>
</tr>
<tr>
<td>Montana (Helena, Missoula, Billings) 2013 - present</td>
<td>State Adolescent Treatment Enhancement &amp; Dissemination Grant (SAT-ED) 2013-current</td>
<td>Medicaid and insurance</td>
</tr>
<tr>
<td>Lorain County, Ohio (2014 - present)</td>
<td>BHJJ Medicaid Mental Health Board</td>
<td>BHJJ Medicaid Mental Health Board</td>
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Lessons Learned

- Intensive clinical supports are needed to help manage risk and safety (active safety planning and monitoring, and 24-hour on-call availability)
- Engagement and motivation to change is slower
- Optimal effects are more likely to be achieved using interventions that impact youth behaviors, family systems, peer relationships, and school functioning together
- Ongoing treatment and supports may be needed
- For integration to be effective- needs to occur at the policy, funding, and treatment levels
- Collaboration with key system partners is essential (especially Courts & Schools)
- Education of referral sources about prevalence of youth with co-occurring disorders and need for integrated treatment
Take Home Points

- We are already serving these youth
- How do we this more intentionally and integrated?
- It is possible to build and sustain co-occurring treatment programming
- Co-occurring skill sets are teachable and many are in your tool kit already and can be translated to use with SU
Resources

Briefs:
- Providing Effective Treatment for Youth with Co-Occurring Disorders
- Prevalence of Youth Drug Use, Mental Health and Co-Occurring Disorder
  http://www.scribd.com/doc/246378645/Case-Western-Brief-1
- Screening and Assessment for Substance Use, Mental Health and Co-Occurring Disorders in Adolescents
- Overview of Evidence-Based Promising Treatment Practices for Youth With Substance Use and Co-Occurring Disorders
  http://www.scribd.com/doc/254697414/Case-Western-Brief-3
- Implementing Treatments for Youth with Co-Occurring Mental Health and Substance Use Disorders: Opportunities and Challenges
- Expected Outcomes in Substance Use Disorder Treatment for Youth
  http://www.scribd.com/doc/254014789/Case-Western-Brief-4#scribd

Websites:
- National Center for Juvenile Justice and Mental Health: http://www.ncmhjj.com
- Center for Innovative Practices: http://begun.case.edu/cip/practices/integratedtreatment
References


- Joint CMCS and SAMHSA Informational Bulletin (2015). Coverage of Behavioral Health Services for Youth with Substance Use Disorders.
References


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