Evidence-Based Screening Instruments for Co-Occurring Disorders in the Justice System

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center – Quarterly Meeting
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Lifetime Treatment History among Arrestees (ADAM II: 2007-2010; n = 18,421)

- No Treatment: 62%
- Substance Use Treatment: 27%
- Mental Health Treatment: 4%
- Substance Use & Mental Health Treatment: 7%

(Hunt, Peters, & Kremling, in press)
## Severity of Substance Use and Treatment History

(Hunt, Peters, & Kremling, in press)  

### Severity of Drug Use Severity

<table>
<thead>
<tr>
<th></th>
<th>No Treatment</th>
<th>Mental Health Treatment</th>
<th>Substance Use Treatment</th>
<th>Substance Use &amp; Mental Health Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Use Severity</strong></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>F (df)</td>
</tr>
<tr>
<td>2.6 (1.9)</td>
<td>3.1 (2.0)</td>
<td>3.7 (2.1)</td>
<td>4.2 (1.9)</td>
<td>318.9 (3)***</td>
</tr>
</tbody>
</table>

### Severity of Alcohol Use Severity

<table>
<thead>
<tr>
<th></th>
<th>No Treatment</th>
<th>Mental Health Treatment</th>
<th>Substance Use Treatment</th>
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<tr>
<td><strong>Alcohol Use Severity</strong></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>F (df)</td>
</tr>
<tr>
<td>2.3 (2.0)</td>
<td>3.2 (2.0)</td>
<td>3.5 (2.1)</td>
<td>3.9 (2.0)</td>
<td>290.7 (3)***</td>
</tr>
</tbody>
</table>

*** p < .001
Importance of Screening and Assessment for CODs

- **High prevalence** rates of behavioral health and related disorders in justice settings
- Persons with undetected disorders are likely to **cycle back through** the justice system
- Allows for **treatment planning** and linking to appropriate treatment services
- Offender programs using comprehensive assessment have **better outcomes**
2015 Monograph: “Screening and Assessment of Co-Occurring Disorders in the Justice System”
Goal: Universal Screening Across Key Domains

- Mental disorders
- Substance use disorders
- Trauma/PTSD
- Suicide risk
- Motivation
- Criminal risk
Use of Screening for Triage

- **Common vocabulary** for court-based teams
- **Avoid excluding from programs** based on serious mental illness
- **Adaptive functioning level** more important for placement than diagnoses
- **Don’t use screening** in place of level-of-care assessment
- **Identify persons needing** MH assessment
Challenges in Selecting Screening Instruments

- **Proliferation** of screening instruments
- Use of **non-standardized instruments**
- Instruments **not validated in justice settings**
- Absence of **comparative data**
- **Direct to consumer marketing** of instruments with poor psychometric properties (e.g., SASSI)
How to Select Screening and Assessment Instruments

- **Reliability and validity** of instruments
- **Ease of use** and training requirements
- **Cost** and availability
- Examine use and psychometric properties in justice settings
Substance Use Screening Instruments

- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Simple Screening Instrument (SSI)
- Texas Christian University Drug Screen V (TCUDS V)
Mental Health Screening Instruments

- Brief Jail Mental Health Screen (BJMHS)
- Correctional Mental Health Screen (CMHS)
- Mental Health Screening Form-III (MHSF-III)
Correctional Mental Health Screen (CMHS) and Texas Christian University Drug Screen V (TCUDS V)

Screening Instruments for Co-Occurring Disorders

MINI International Neuropsychiatric Interview-Screen (MINI Screen)
Screening for Trauma and PTSD

- All offenders should be screened for trauma history; rates of trauma > 75% among female offenders and > 50% among male offenders

- The initial screen does not have to be conducted by a licensed clinician

- Many non-proprietary screens are available

- Positive screens should be referred for more comprehensive assessment
Trauma and PTSD Screening Issues

- PTSD and trauma are **often overlooked** in screening
- **Other diagnoses** are used to explain symptoms
- Result - lack of specialized treatment, symptoms masked, **poor outcomes**
Trauma and PTSD Screening, Assessment, and Diagnostic Instruments

- Trauma History Screen (THS)
- Life Stressor-Checklist (LSC-R) or Life Events Checklist for DSM-5 (LEC-5)
- Primary Care PTSD Screen (PC-PTSD)
- PTSD Checklist for DSM-5 (PCL-5)
- Posttraumatic Diagnostic Scale (PDS)
- Posttraumatic Symptom Scale (PSS-I)
Instruments to Assess and Diagnose Co-Occurring Disorders

- Personality Assessment Inventory (PAI)
- Structured Clinical Interview for DSM-5 (SCID-5)
- MINI International Neuropsychiatric Interview (MINI)
- Alcohol Use and Associated Disabilities Interview-IV (AUDADIS-IV)
Screening for Criminal Risk

- **Goals**: Select offenders with “high risk/high need” to engage in intensive services; identify low risk offenders for less intensive services.
- ‘**Static’ factors** (e.g., criminal history)
- ‘**Dynamic’ or changeable factors** - targets of interventions in the criminal justice system.
Risk Screening Instruments

1. Historical-Clinical-Risk Management - 20 (HCR-20)
2. Level of Service Inventory - Revised – Screening Version (LSI-R-SV)
3. Ohio Risk Assessment System (ORAS)
4. Psychopathy Checklist - Screening Version (PCL-SV)
5. Risk and Needs Triage (RANT)
6. Short-Term Assessment of Risk and Treatability (START)
7. Violence Risk Scale (VRS): Screening Version

Screening Instruments for Adolescents

- CAFAS
- GAIN
- MAYSI-2
- PESQ
- POSIT
Target Areas for Assessment - I

- **Scope and severity** of MH and SU disorders
- **Pattern of interaction** between the disorders
- **Conditions associated with occurrence and maintenance** of the disorders
- **Antisocial attitudes, peers, personality features**
- **Motivation** for treatment
- **Family and social relationships**
- **Physical health** status and medical history
Target Areas for Assessment - II

- Education and employment history
- Personal strengths and skills
- Areas of functional impairment:
  - Cognitive capacity
  - Communication and reading skills
  - Capacity to handle stress
  - Ability to participate in group interventions
- Level of care required (e.g., ASAM)
Creating Differentiated Tracks for Co-Occurring Disorders (CODs)

- **Treatment Tracks**
  - Specialized residential COD treatment
  - Intensive outpatient COD treatment
  - COD track within drug court

- **Supervision Tracks**
  - High intensity supervision (focus on dynamic risk factors, frequent judicial hearings, drug testing, home visits, etc.)
  - Medium intensity supervision (regular monitoring, case management)
Summary of Key Points

- Several **key challenges** in screening and assessing for co-occurring disorders in the justice system
- Screen across **multiple domains** related to co-occurring disorders: MH, SA, trauma/PTSD, **criminal risk**
- Focus on **functional impairment vs. diagnoses** in screening for program eligibility
- Many **evidence-based instruments** available for:
  - Mental disorders
  - Substance use disorders
  - Co-occurring disorders
  - Criminal risk