Defining Co-Occurring Disorders
CSAT, 2005

A diagnosis of co-occurring disorders occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder.

Take Home Points

- More common than we think
- Complex presentations
- For integration to be effective- needs to occur at the policy, funding, and treatment levels
- Collaboration with key system partners is essential (Courts; Schools; Child Welfare)

Problems are multiple, complex, and persistent

- Multiple problems (5+) are the norm (Dennis)
- Trauma and victimization in 67 to 80% of youth (Dennis; Hussey)
- Most youth have multiple system involvement (juvenile justice; schools)
- Chronic relapsing disorder, requiring multiple treatment attempts over time (White and Dennis)
- 60 to 80% of youth relapse within the first year

Cross-System Involvement JJ and Substance Use
(Hussey et al., 2005)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>SCY (N=188 enrolled)</th>
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<tbody>
<tr>
<td>Substance Abuse</td>
<td>99% of youth qualified for at least one DSM-IV Axis I substance diagnosis.</td>
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<tr>
<td>Mental Health</td>
<td>82% of youth have at least one DSM-IV mental disorder, primarily disruptive disorders (54%), mood disorders (30%), and generalized anxiety disorder (14%). 14% reported current use of psychotropic medications.</td>
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<td>Education</td>
<td>23% of SCY youth reported receiving special education classes.</td>
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<tr>
<td>Child and Family Services</td>
<td>18% of SCY youth have at least one allegation of maltreatment, including physical abuse (59%), sexual abuse (13%), neglect (63%) or emotional abuse (12%). 18% of SCY youth had a history of one or more out-of-home placements.</td>
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Court Involvement & Substance Use
(Hussey et al., 2007)

- 75% of youth had a DSM-IV Cannabis Dependence Diagnosis
- Youth reported they were, on average, 13.1 years old the first time they got drunk or used any drugs
- 18% of youth reported ever receiving substance abuse treatment
- Nearly ¾ of youth (74%) had low or no confidence that they could resist relapse in different situations
Victimization: JJ and SU Youth
(Hussey et al.)

- 64% of youth report any victimization on the GAIN
- 47% of youth had a substantiated/indicated incident of maltreatment
- If considered together, 80% of all SCY youth have a history of some type of victimization

Multiple-Occurring Conditions
Need term that more comprehensively accounts for the complexity of these youth-in-context

I. Diagnoses: youth who meet the criteria for both MH and SU diagnoses

II. Contextual Functioning: Degree of functional impairment per life domain

III. Developmental Functioning: (cognitive functioning, emotional, & behavioral maturity)

IV. Risk and Recovery Environments: Environmental risk and recovery conditions (e.g. trauma, safety, negative influences, family conflict, poverty)

Influence, Interaction, and Manifestation of Co-Occurring Disorders

Service to Science Development
- Naturalistic progression
- Responsive to family and community need
  - Youth with multiple safety, risk, and functional impairments
- Multiple consumer and community feedback
- High family and community saliency

Integrated Co-Occurring Treatment (ICT) Phase I Development
- Collaborative development process beginning in 1999 (U. Akron; ODMH)
- Goal: design a developmentally appropriate, integrated treatment model for youth with co-occurring disorders
- Utilized information from multiple sources:
  - Consumer feedback
  - Practice-based knowledge
  - Review of the literature
- Conducted focus groups informed by youth, parents, juvenile justice, mental health, substance abuse, and school professionals to assist with model development

Integrated Co-Occurring Treatment (ICT) Guidelines for model development
- System of Care service philosophy; partnerships with youth and family; cultural mindfulness
- Integrated treatment approach
- Home-based Intervention service delivery mechanism
- Developmentally appropriate
- Grounded in prior empirical research
- Theoretically and conceptually driven
Integrated Co-Occurring Treatment Definition

An integrated treatment approach embedded in an intensive home-based method of service delivery, which provides a set of core services to youth with co-occurring disorders of substance use and serious emotional disability and their families.

ICT: Components

1. Intensive home-based service delivery grounded in system of care service philosophy
2. Integrated contextual approach to assessment, case conceptualization & intervention
3. Comprehensive service array matched to need
4. Systemic engagement across systems & cultural discovery orientation to providing integrated treatment
5. Risk, resiliency, and developmental focus

ICT Core Services

- Crisis Intervention and Stabilization
- Case management-oriented activities to meet basic needs
- Individually-Focused Interventions
- Family-Focused Interventions
- Cross-System Interventions
- Facilitation of resiliency-focused supports and activities

Home-Based Service Delivery Model

- Location of Service: Home & Community
- Intensive: 2-5 sessions/wk
- Crisis Response: 24/7
- Small caseloads: 3-6 families
- Flexible: Access and availability
- Treatment Duration: 12-24 weeks
- Cross-system collaboration: Child & Family Team Mtgs.

Service Matching & Need Hierarchy (Shepler)

- Recovery & Resiliency
- Ecosystemic Functioning
- Basic Skills
- Basic Needs & Safety

Integrated Co-Occurring Treatment Logistics

- Dually certified agency; dually licensed supervisor
- 2 to 4 FTE clinical staff either dually licensed or dually trained, with mix of SU and MH expertise on the team
- Consultation, training, and technical support to:
  - Provide initial and booster trainings
  - Provide regular monitoring and coaching of ICT
- Years 3+:
  - ICT Supervisor Monitors Fidelity
  - Consultation negotiated based on need
  - Yearly fidelity review
Phase II Initial Implementation

- Pilot site: Mental Health Agency with dually certified supervisor
- Initial implementation funding partner was juvenile justice (JAIBG and Byrne Grants from 2001 to 2004)
- Utilized feedback from implementation team to refine and enhance model

Phase III Multiple Site Piloting

- Multiple site piloting, 2005 to present: (Akron, Ohio; Cleveland, Ohio; Kalamazoo, Michigan; Salinas, California; & McHenry County, Illinois)
- Further model refinement
- Quasi-experimental comparison study (Akron site)

Phase IV: Increasing research rigor

- Apply for R34 with focus model components and fidelity to control diffusion of ICT allowing cross-site comparison with other treatments
- Randomized controlled study (R01)
- Sustainability and durability of results

Results of ICT Study (2001-2002)

<table>
<thead>
<tr>
<th>ICT Youth</th>
<th>Usual Services Comparison Group</th>
<th>Size of Difference in commitment and/or recidivism rates</th>
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<tbody>
<tr>
<td>56 youth</td>
<td>19 Youth</td>
<td>Chi Square (1, 19): 3.338 Level of significance: (p one-tailed = .034)</td>
</tr>
</tbody>
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Ohio Scales Gain Scores (2005 – October 2006)

- General Clinical Population (Statewide)
- ICT Participants
- Total = 27 youth; 3 ODYS Commitments

Balancing Risk, Reward, and Responsiveness

- There is risk to innovation
- Pros and cons
  - Not as tightly controlled
  - Allows for ongoing innovation and adaptation as you go
- Risk – Learn - Respond pathway
- Community Responsiveness: Letting the community set the bar for who needs served
Comparisons of Groups at Admission: ICT vs TSS

<table>
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<tr>
<th>Variable</th>
<th>ICT</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td>Degree of Offense (e.g., Felony 1 vs 5)</td>
<td>Higher</td>
<td>.033</td>
</tr>
<tr>
<td>Age of First Offense</td>
<td>Younger</td>
<td>.001</td>
</tr>
<tr>
<td>Non-Lethal Suicide Intent (SPPI)</td>
<td>Greater</td>
<td>.026</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>Greater</td>
<td>.003</td>
</tr>
<tr>
<td>Variety of AOD</td>
<td>Greater</td>
<td>.001</td>
</tr>
<tr>
<td>Chemically Dependent</td>
<td>Greater</td>
<td>.01</td>
</tr>
<tr>
<td>Substance Use/Abuse (GRAD)</td>
<td>Greater</td>
<td>.001</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Greater</td>
<td>.04</td>
</tr>
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ICT 2005-2008 Study

- Quasi-experimental - not randomized
- Real world
- All youth were involved in local co-occurring court
- All youth received intensive probation as a part of enrollment in Co-Occurring Court
- Compared ICT to Typical Services

Both groups had significantly reduced substance use over time (p < .001); with significantly greater improvement of ICT compared to TSS (p < .001)

Implementation success from a community perspective

- Credibility: Is service meaningful and helpful to community and family?
- Predictability: Can family and community rely on service?
- Liability and risk management: Does the program help community manage safety?

What we have learned

- Think trajectory of wellness not cure
- Continuing care needs: “For chronic medical conditions, relapse would be an expected outcome if the treatment were discontinued ... further supporting the efficacy of the treatment (Dennis)”
- Risk reduction versus abstinence as an outcome result
- Picking the right outcome tools
- Resolve infrastructure issues prior to implementation (integrated funding and paperwork requirements)
- Juvenile justice collaboration is critical (referral source; weekly teaming)

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