Individuals with Dual Diagnosis (Co-occurring disorders/mental health diagnosis and addiction)

**Needs/Characteristics of the Population:**

- The criminal justice system sees high prevalence of Co-occurring Disorders (COD).
- Individuals with COD tend to have poor outcomes, including increased criminal activity associated with addiction and poverty (i.e. crimes of survival amongst homeless persons) and higher arrest rates.
- It is difficult to determine cause/effect relationship (i.e., has years of drug abuse led to mental health issues, or was client self-medicating existing mental health issues with alcohol and drugs?).
- Reentry services for COD populations are limited.
- Individuals with substance use disorders are more likely to have a mental illness than those without a substance use disorder, and individuals with mental illnesses are more likely to have a substance use disorder than those without a mental illness.
  - Individuals with schizophrenia have been shown to be more than four times more likely to have had a substance use disorder during their lifetime than individuals without schizophrenia, and those with bipolar disorder have been shown to be more than five times as likely to have had such a diagnosis.

**Principles for Working with Clients who have a Dual Diagnosis:**

- Typically, individuals with dual diagnoses must be treated in a format that is more slowly paced and breaks the lessons into small components due to processing issues. Treatment can take much longer for this population.
- Use integrated treatment programs that include:
  - Individualized treatment plans
  - Within the treatment context, both co-occurring disorders are considered primary
  - Comprehensive, long-term, staged approach to recovery
  - Anticipate that clients will have COD and incorporate this into all screening, assessment, and treatment planning
  - Assertive outreach
  - Close monitoring
  - Motivational interventions
  - Help to clients in acquiring skills and supports to manage both illnesses and to pursue functional goals
  - Cultural sensitivity and competence
  - Harm Reduction Strategies
  - Stable living situation

**Approaches/Curricula that Address Dual Diagnosis:**

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- Integrated Dual Disorder Treatment (IDDT) (see http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367)
- Modified Therapeutic Community (MTC) for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders (see https://www.crimesolutions.gov/ProgramDetails.aspx?ID=90)
- Hazelden Cognitive Behavioral Therapy for People with Co-occurring Disorders (see http://www.hazelden.org/web/go/cooccurring)

**Possible Gaps in Programming:**

If you are interested in increasing your program’s adherence to evidence-based practices, consider whether you incorporate the following elements:

- Acquiring risk scores or assessing risk for recidivism and using this information to drive programming.
- Using a validated screening and assessment tool to confirm client diagnoses.
- Providing adequate dosage based on client need and risk for recidivism.
- Including staff with advanced degrees and knowledge of mental health needs of clients.
- Ensuring that all staff have an understanding of the unique and challenging conditions of this population through training, coaching, and technical assistance.
- Having in place HIPAA/consent forms to allow information sharing between program and mental health providers.
- Ensuring clients who should be taking medication have access to insurance, prescribers, and pharmacies.
- Using an evidence-based curriculum to treat clients, such as Integrated Dual Disorder Treatment.

**Sources and Additional Resources:**

- SAMHSA Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) Kit (see http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367)
- SAMHSA Overarching Principles To Address the Needs of Persons With Co-Occurring Disorders (see http://store.samhsa.gov/shin/content//PHD1132/PHD1132.pdf)