LEARNING FROM EACH OTHER: IMPLEMENTING INTEGRATED TREATMENT FOR JUSTICE INVOLVED INDIVIDUALS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS

CLINICALLY INFORMED CASE MANAGEMENT: THINKING DIFFERENTIALLY ABOUT COURT VIOLATIONS

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The Queens TASC Mental Health Program

- Post-plea, pre-sentence diversion program providing assessment, case management and court supervision services to individuals with co-occurring disorders charged with felonies and misdemeanors (both in the Queens Felony and Misdemeanor Mental Health Courts as well as decentralized diversion).

- Individuals take a plea under the condition that they will enter treatment in the community in lieu of incarceration. If individual violates the conditions of release, they receive an alternative prison sentence.

The Queens TASC Mental Health Program

- Although Queens TASC refers individuals to treatment in the community, several steps have been taken to improve treatment outcomes for individuals with Co-occurring disorders:
  - Develop special relationships with treatment providers, both residential and outpatient treatment programs.
  - Train case managers and treatment providers on *Thinking for a Change*: cognitive-behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders (cognitive restructuring, social skills and problem solving skills development)
  - Clinically-informed case management

Importance of Initial Assessment

- Thorough psychological assessment and risk assessment & management conducted by the same agency doing the case management.
- Clear relationship between substance abuse and other psychiatric diagnosis (which one is primary, are psychiatric symptoms always induced by substances, are relapses triggered by psychiatric decompensations): important to get a good history!
- Risk Assessment & Management: what are the risk factors for what: psychiatric decompensation, relapse, violence, recidivism.
- Conditions under which individual may become at increased risk and management plan.

Court Violations

- A challenge when supervising court-mandated individuals with co-occurring disorders (MHCs, probation/parole supervision) is making decisions regarding whether a certain behavior should be considered a violation of the conditions of release.

  - A positive toxicology?
  - An act of violence?
  - Non-compliance with medication?
  - Failure to attend counseling sessions?
  - Lack of motivation for treatment?

Thinking differentially: What may explain this behavior? Cases:

- Diagnosis/Vulnerabilities
  - History!
- Circumstances/Triggers
  - Incident details
- List of possibilities
  - Evidence for and against
- Intervention targets underlying condition
  - Not just overt behavior

Case 1: Mr. B

- 18 y/old Hispanic male, no prior arrests, history of Cannabis abuse and 3 state hospitalizations for depression and suicidal ideation.

- Shortly before his arrest, Mr. B witnessed his cousin being shot in the head in the lobby of his apartment building

Case 1: Mr. B

- Pled guilty to Robbery-II and mandated to attend outpatient MH treatment and school.
- After 2 months, Mr. B stopped attending school, received a violation and was remanded

Case 1. Mr. B: differential thinking

- Differential thinking about this violation

Case 2: Mr. W

- 65 y/o AA veteran male
- Pled guilty to Burglary-II and Criminal Trespass-II in QVC. Mandated to 1 year in treatment
- Reports uneventful childhood, graduated college, no problems in school.
- Reports having held 3 full-time government jobs (sanitation, mail and transit conductor), and 3 years with US Army. Retired 10 years ago: currently spends time watching TV and helping senior citizens in the neighborhood.

Case 2: Mr. W

- Reports being the CEO of a company and having millions of dollars.
- Denies any MH or substance abuse history. However, found unfit, diagnosed with Bipolar Disorder NOS and described as having grandiose delusions and hypomania.
- Initially no collateral information available. Sister finally contacted. According to her, Mr. W left one day in 1997 to go to the store and never returned. He was found 10 years later.

Case 2: Mr. W

- Treatment course: after plea, referred to residential MICA tx through the VA, made intake on 8/16/11. On 8/17/11, he left the premises for a few hours but returned independently.

- On 8/22/11, a violation was submitted to court after leaving on 8/20/11. Mr. W went to his sister's. Judge gave him another opportunity and he went back to program.

Case 2: Mr. W

- On 8/29/11, Mr. W was reported for making rude comments to other veterans, presenting fraudulent resident pass to VA security, appearing grandiose, and not taking medication.

- On 8/30/11 he tested positive for alcohol and was violated.

Case 2: Mr. W: differential thinking

- Differential thinking about this violation