# Effective Providing Treatment for Youth with Co-occurring Disorders

## Advancing Juvenile Drug Treatment Courts: Policy and Program Briefs

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The presence of co-occurring mental disorders among court-involved youth with substance use disorders creates unique challenges for juvenile drug treatment courts. Research consistently finds that these youth present with the greatest impairment in individual and academic functioning, have elevated risk of suicide, and consistently have the poorest treatment outcomes. Policy and practice changes are necessary to successfully address youth with co-occurring disorders in juvenile drug treatment courts.

Given the growing recognition that most youth who come in contact with the juvenile justice system have both substance use and mental disorders, the National Center for Mental Health and Juvenile Justice and the National Council for Juvenile and Family Court Judges have developed a series of three briefs that

- outline policies that should be reviewed and modified,
- describe emerging program models with demonstrated evidence of effectiveness, and
- identify treatment practices that increase the likelihood of achieving positive outcomes for these youth.

This brief focuses on the promise of integrated treatment for youth with co-occurring disorders. Juvenile drug courts should be familiar with this approach and promote access to integrated treatment programs if youth are to be effectively served.

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## Introduction

A co-occurring disorder exists when an individual experiences mental and substance use disorders at the same time. Although these disorders may exist independently, they interact within the individual to the extent that one exacerbates the other. In youth with co-occurring disorders, this interaction underpins the complexity of symptom patterns and behaviors, which adversely affects youth's functioning in developmentally important life domains. To further complicate matters, the presence of co-occurring disorders in youth, particularly substance use, impacts brain development. Contextual factors – such as peers, family, school, neighborhood, and the risk and protective factors associated with them – play a mediating role in youth behaviors, use patterns, and the recovery trajectory. As a result, youth with co-occurring disorders are an extremely diverse group, making sustained recovery a significant challenge.

### Complicating Factors in Treating Youth with Co-occurring Disorders

- Treatment engagement typically takes longer.
- There is variability of onset, diagnostic presentation, interaction, and severity of symptoms.
- Youth with co-occurring disorders are at greater risk for out-of-home placements, runaway, and homelessness.

## Rates of Co-occurring Disorders Among Youth

With the growing body of literature, there is increasing evidence that the prevalence of co-occurring disorders is higher than previously thought (Hawkins, 2009; SAMHSA, 2011). Among youth with a substance use disorder, it is estimated that 50 to 75 percent also experience a co-occurring mental illness (Armstrong & Costello, 2002; Chan, Dennis & Funk, 2008; Hawkins, 2009). Youth in the juvenile justice system present with particularly high rates of co-occurring disorders. Depending on the

study, between 37.5 and 63 percent of youth in these settings have co-occurring disorders (Skowyra & Cocozza, 2006; Teplin et al., 2002). Further studies suggest higher rates of serious mental illness and substance use disorders should be expected as youth become more deeply involved with the juvenile legal system (Teplin et al., 2013; Abrantes et al., 2005; Golzari et al., 2006; Timmon-Mitchell et al., 1997; Robertson et al., 2004; Wasserman et al., 2010).

## History of Treatment

Historically, treatment for adolescents with co-occurring disorders has been delivered in one of two ways, either in a sequential manner, where one type of treatment follows the other (e.g., substance abuse treatment is delivered subsequent to mental health treatment ), or in a parallel fashion, where both services are delivered concurrently but by different providers, frequently from different agencies. Youth were often required to be abstinent to receive psychiatric services or psychiatrically stable to enter drug treatment. Intervention research, however, indicates that treating one disorder (mental health or substance use disorder) in isolation is neither sufficient nor effective (Geller et al., 1998). Due to the complex interaction of both, a unified approach is necessary.

## Current Trends

Youth with co-occurring disorders are best served through an integrated screening, assessment, and treatment planning process that addresses both mental and substance use disorders, each in the context of the other (CSAT Overview Paper 2, 2006). This is best accomplished by providers who are competent in delivering both mental health and substance abuse treatment services and who can develop a unified service plan unique to the individual to address both sets of conditions (CSAT Overview Paper 1, 2006). Because of the very complex and multisystem-involved nature of co-occurring disorders in youth, a comprehensive and multi-method treatment approach is recommended (Hills, 2007; Hawkins, 2009). Emerging research has supported this recommendation (Shepler et al., 2013).

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## A Promising Approach: Integrated Co-occurring Treatment (ICT) Model

*ICT is an intensive in-home treatment approach that utilizes a comprehensive set of mental health and substance use interventions within a single, multifaceted assessment and treatment plan for each youth and family.*

Despite the recognition of the need for integrated treatment for youth with co-occurring disorders, there are few available research-based options. One promising approach, however, is the Integrated Co-occurring Treatment (ICT) model (Shepler et al., 2013; Cleminshaw, Shepler, & Newman, 2005). ICT is an intensive in-home treatment approach that utilizes a comprehensive set of mental health and substance use interventions within a single, multifaceted assessment and treatment plan for each youth and family. ICT addresses how each disorder affects the other, especially within the context of the youth's family, culture, peers, school, and greater community. Treatment is therefore directed by the most salient symptom or need presented by the youth.

The central goals of ICT for the individual are risk reduction, appropriate developmental functioning in major life domains, symptom reduction, improved family functioning, relapse prevention, and ongoing recovery and resilience. To accomplish these, ICT utilizes a comprehensive approach that addresses current safety issues; risk behaviors; managing symptoms; applying new skills at home, in school, and in the community; and strategies to support recovery and resiliency over time. These goals are achieved through the use of best practices with a focus on enhancing the youth and family resiliency and recovery environments. Indeed, enhancing youth and family resiliency and recovery environments is a hallmark of ICT. This component is achieved through the provider's understanding of each family's unique culture, life perspectives, and assets.

Treatment teams are composed of a supervisor who is dually licensed in substance abuse and mental health treatment and master's level therapists who have, or are pursuing, dual licensure. ICT providers take a lead role in the coordination of formal and informal services and supports, as guided by the youth and family. Collaboration balances the mandates of other service providers and systems with the needs and rights of the involved youth. Small caseloads of four–six families and 24/7 availability of the ICT team, allow for the level of intensity needed to address the complexity of

this population. To ensure competent delivery of services, weekly telephone coaching and consultation is provided by an ICT Consultant at the Center for Innovative Practices, the Begun Center for Violence Prevention Research and Education at Case Western Reserve University. In addition, ICT clinicians receive periodic booster trainings targeting specific aspects of treatment or needs of the team.

In a recent comparison study of youth with co-occurring disorders with juvenile justice involvement, youth receiving ICT showed significant improvement across time on multiple variables, including mental health problem severity, substance use, prosocial activities, family functioning (youth rating), and prosocial peers (parent rating), compared to youth receiving treatment as usual (Shepler, et al, 2013). ICT is currently considered a promising practice. The majority of current ICT programs (nine sites across Ohio, Michigan, Illinois, and Montana) will be participating in a cross-site evaluation. There are further plans to advance the research to determine its efficacy in a randomized clinical trial.

*The central goals of ICT for the individual are harm and risk reduction, appropriate developmental functioning in major life domains, symptom reduction, relapse prevention, and ongoing recovery and resilience.*

## Discussion

Despite evidence that strongly suggests that integrated treatment is more effective than sequential or parallel treatment, states and counties are struggling to implement widespread integrated models. To develop a strategy to move toward further implementation, state or countywide symposia should be planned that would bring experts in the field together with key stakeholders, including representatives from child welfare, mental health, substance abuse, and juvenile justice agencies; parents and guardians; and community leaders. These systems could then collaborate to help bridge the gap in the application of research to practice.

It would be beneficial to discuss funding for this treatment model at such symposia, funding being a key challenge for many localities. ICT is typically funded through a combination of Medicaid and cross-system ”pooled” funding. Multiple funding streams are required to support intensive home and community-based service delivery models, in part due to the extensive supervision and consultation time involved, small caseloads, and travel

time required to deliver the service in the community, all of which decrease the amount of time in a week for billable services. With this understanding, states and counties can work together to develop a creative means of ascertaining sustainable funding sources.

## Key Points...

- Treatment for youth with co-occurring disorders is most effective when partnering with courts and leveraging the influence of the court with the access to and effectiveness of treatment.
- Research indicates that optimal effects are more likely to be achieved using interventions that impact youth behaviors, family systems, peer relationships, and school functioning.
- Treatment programs for this higher risk population need to be intensive, include active safety planning and monitoring, and have 24-hour on-call availability to the youth and family. Programs that treat youth with co-occurring disorders in the community can help communities effectively manage risk and safety of the youth.
- Treatment programs that offer both substance use and mental health approaches, such as ICT, Multisystemic Therapy, Functional Family Therapy-CMT, and Multidimensional Family Therapy, delivered in home and community environments are most effective.

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