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AMERICAN UNIVERSITY • WASHINGTON, D.C.

3rd Annual Tribal Healing to Wellness Court Enhancement  
Training  
September 8-10 ~ Albuquerque, NM

# What Drug Court Judges Should Know About Drug Court Treatment Services

**BJA Drug Court Technical Assistance Project**  
Justice Programs Office, School of Public Affairs  
American University



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## Presenters:

**Jeffrey Kushner**

**Judge Joe Flies Away**

**Caroline S. Cooper, Moderator**

# What Drug Court Judges and Other Practitioners Should Know About Drug Court Treatment Services

- **Focus of the Panel:**

- Summary overview of critical topics relating to drug court treatment from the perspective of information Judge needs to know:

- As a consumer/user of treatment services
- To provide input and oversight of drug court treatment services
- To ensure that drug court participants are receiving the evidence-based services they need

- **Component of BJA Drug Court Technical Assistance *Judicial Leadership Initiative***



# Judicial Leadership Initiative



## BJA DRUG Court Technical Assistance Project

### JUDICIAL LEADERSHIP INITIATIVE: OVER-RIDING PRINCIPLES

[DRAFT: 4/22/14]

While the role of the judge in initiating the formation of a Drug Treatment Court may be readily acknowledged, as these programs have become part of the mainstream, we often lose sight of the importance that continued judicial leadership must play in sustaining these programs, keeping the many “moving parts” working together and moving coherently forward. A few – but by no means all – aspects of the continued judicial leadership role needed – identified by a committee of drug court judges and others who have been working over the years to implement, expand, and sustain drug court programs in a wide range of jurisdictional environments – are described below:

#### LEADERSHIP OF THE DRUG COURT TEAM

- I. The judge needs to continue to renew the team’s commitment to the mission of the drug court and to assure adherence to the Key Components. As procedures become routine, people often start to lose that sense of mission that was important in the initial decision to take this path.
- II. The judge must promote the team’s understanding of the therapeutic principles underlying the drug court model and their application in a drug treatment court, particularly when the roles of the team members can become blurred as people or personnel change. In that leadership role the judge must reinforce with program personnel and team members the nature of their role and that of the judge. The judge should also ensure that the team receives cross-discipline training, updates regarding best practices, effective responses to behaviors, and training regarding other relevant topics to enhance the program.
- III. The Judge and team should develop a working knowledge of all relevant issues, including “addiction”, “mental illness” and other “co-occurring disorders”, “pharmacology” and “drug testing”. This knowledge is particularly relevant to responses to the behavior of participants and interpretation of that behavior within the context of the recovery process, and appropriate therapeutic responses.
- IV. The judge must provide the leadership to ensure that the Drug Court follows evidence based practices and National Standards and protects participants’ constitutional rights. The judge must lead the team in frank discussions about court operations and improvements, as needed. It requires the judge to create an atmosphere inviting opinions from the team and valuing constructive ideas. While the Judge should foster a team concept he/she must not abdicate his/her role as the ultimate “decision maker”



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Justice Programs Office

Bureau of Justice Assistance Drug Court Technical Assistance Project

## A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services

Lead Authors:

Jeffrey N. Kushner, MHRA  
State Drug Court Coordinator, Montana Supreme Court

Roger H. Peters, Ph.D.  
University of South Florida

Caroline S. Cooper  
BJA Drug Court Technical Assistance Project  
School of Public Affairs  
American University

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# Purpose of the Guide and How it Differs from Other Resources

- **Target Audience:**
  - Judges newly assigned to a drug court program to serve as a quick primer on
    - Identifying key elements and evidence-based practices that drug/Healing to Wellness court treatment services should reflect
    - Working with local treatment provider(s) to ensure these services are provided.
  - Other judges and others involved with drug court programs to promote common understanding of the treatment services required
- **Why we developed the guide: To address problems noted in the course of technical assistance services to drug courts that entail:**
  - Gaps in the continuum of services needed
  - Disconnects in communication between the court and treatment
  - Lack of use of evidence-based practices
  - Special challenges faced by drug courts in rural areas
- **Foundation for referencing other resources (NIDA, SAMHSA, etc.)**



# What Does the Guide Cover?

- **Key concepts relevant to drug court treatment and related services, including:**
  - ***Drug court*** treatment services: how do they differ from drug treatment services in a ***non-drug court setting***?
  - Addiction as a chronic disease of the brain: implications for drug court program services, operations and aftercare services
  - Making a diagnosis of alcohol/other drug addiction: screening (eligibility) assessment
  - Determining level of care needed
  - Ensuring drug/Healing to Wellness court treatment services use evidence-based practices
  - Use of medicated assisted treatment
  - Addressing the needs of special populations
  - “Incentives and sanctions”: the underlying concept and how it is applied
  - Confidentiality and communication
  - Drug testing in a drug court environment
  - Implications of the ACA (Affordable Care Act)
- **The role of the drug court judge in ensuring effective treatment services for participants**



# Evidence-based and best practices—maximize effectiveness of Drug/Healing to Wellness Courts

but require flexibility and adaptation for diverse populations



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# DRUG COURT: Judge Herbert Klein

- To engage the public health system in dealing with a criminal justice problem

*“...What we are doing is a statement of our belief in the redemption of human beings. It is a pronouncement from those in authority to some of our least powerful and most ignored citizens that we care about you and want to reach out and help you: your lives and well-being are important to us. The truth of the matter is that this may be the first time in the lives of many of these people that someone is actually listening to them - hearing what they are saying and telling them that they care about them and what happens to them is important. You know, there is a mathematical equation that for every action there is an opposite and equal reaction. I believe this is also true in human affairs. We tell them we care about them and they begin to feel worthwhile. Some pretty important people (judges, lawyers, and others in authority) are telling them we don't want them to fail- they begin to believe they can transcend...”*

\* Judge Herbert Klein, Senior Judge, Circuit Court for Miami-Dade County, credited for creating the drug court concept. Keynote Speech, “The Power of Connection: Fuel for Drug Courts”. 1996 Florida Drug Court Conference.



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# Why Judges Need to Understand About Treatment

- Need to know enough to ask the right questions
- Need to ensure that services being offered are supported by research with appropriate **flexibility** and **adaptability** for diverse population who need services
- Need to use treatment (**therapeutic response**) rather than automatic jail sanctions especially for drug use early on in program (brain disease)
- Need to develop realistic expectations of what alcoholic/drug dependent persons can accomplish after years of drug use at different stages of a drug court program



# Importance of Screening in Healing to Wellness Courts

- High prevalence rates of behavioral health and related disorders in the CJS
- Persons with **undetected disorders** are likely to **cycle back through** the justice system
- The process of determining the appropriateness of and eligibility for admission to drug court

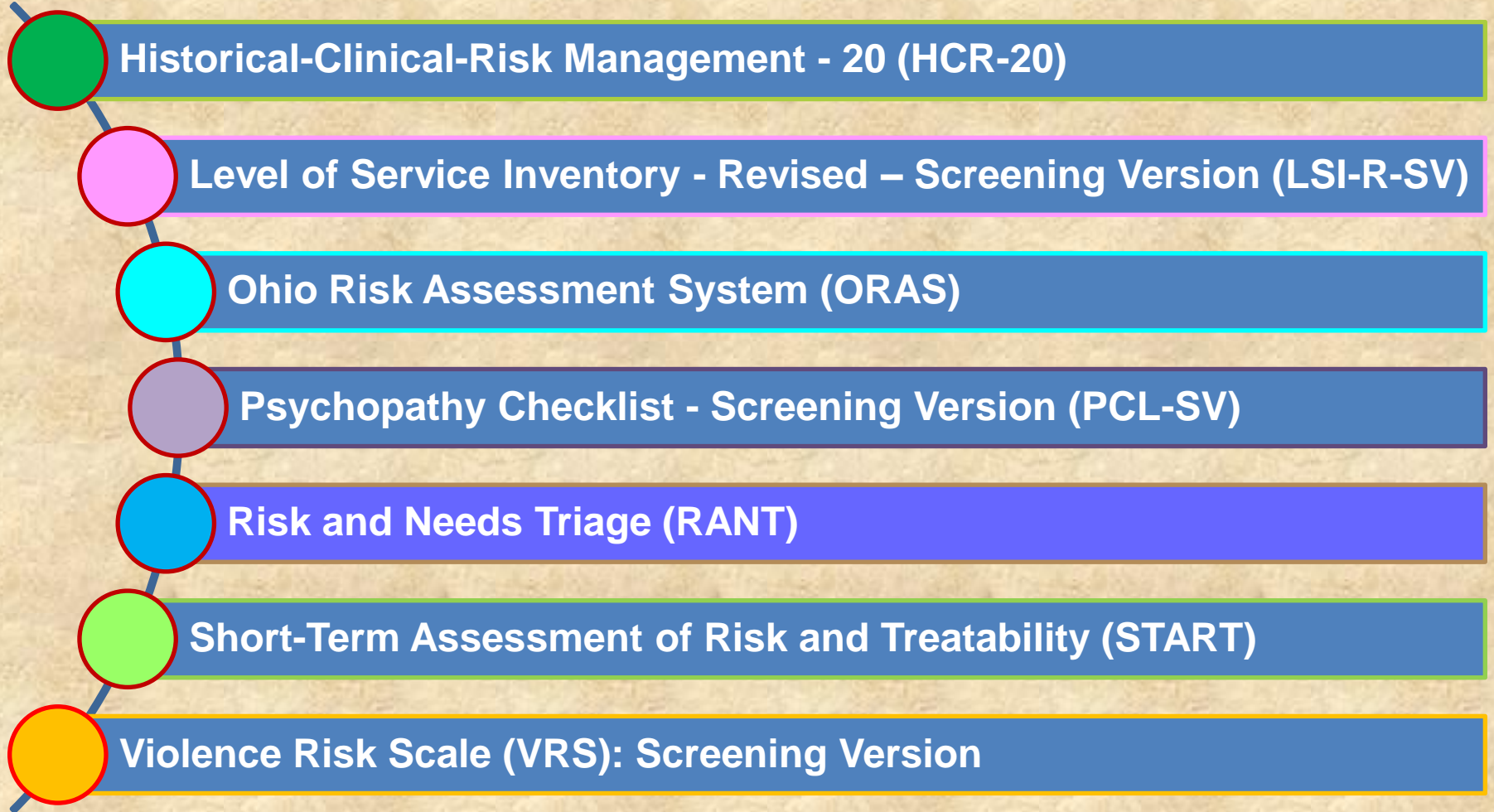


# Importance of Assessment in Drug Courts

- Intensive bio-psychosocial analysis of both current and historical situation
- Drug courts using comprehensive assessment have **better outcomes** (Shaffer, 2011)
- Identifies clinical/criminogenic needs for development of individualized treatment plan
- Includes specialized needs (trauma mitigation, criminal thinking, special case management, co-occurring disorders)
- Updated periodically to reflect progress or lack thereof and new issues



# Risk Assessment



# Fidelity and Quality Assurance Strategies

- **Visit treatment provider agencies** to review evidence-based services and adaptations
- Use **structured checklists** to identify evidence-based treatment practices
- Implement **manualized treatment curricula with adaptations**
- **Exit interviews** with participants



# Services For Co-Occurring Disorders



- Integrated MH and SA treatment
- Cognitive-behavioral treatments
- Contingency management
- Behavioral skills training
- Medications (for both mental and SA disorders)
- Trauma-focused treatment
- Family interventions (psychoeducational)



# 6

## ASAM Criteria Six Assessment Dimensions

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral or cognitive conditions and complications
4. Readiness to change
5. Relapse/continued use, continued problem potential
6. Recovery environment

*The ASAM Criteria (2013) Pages 43-53*

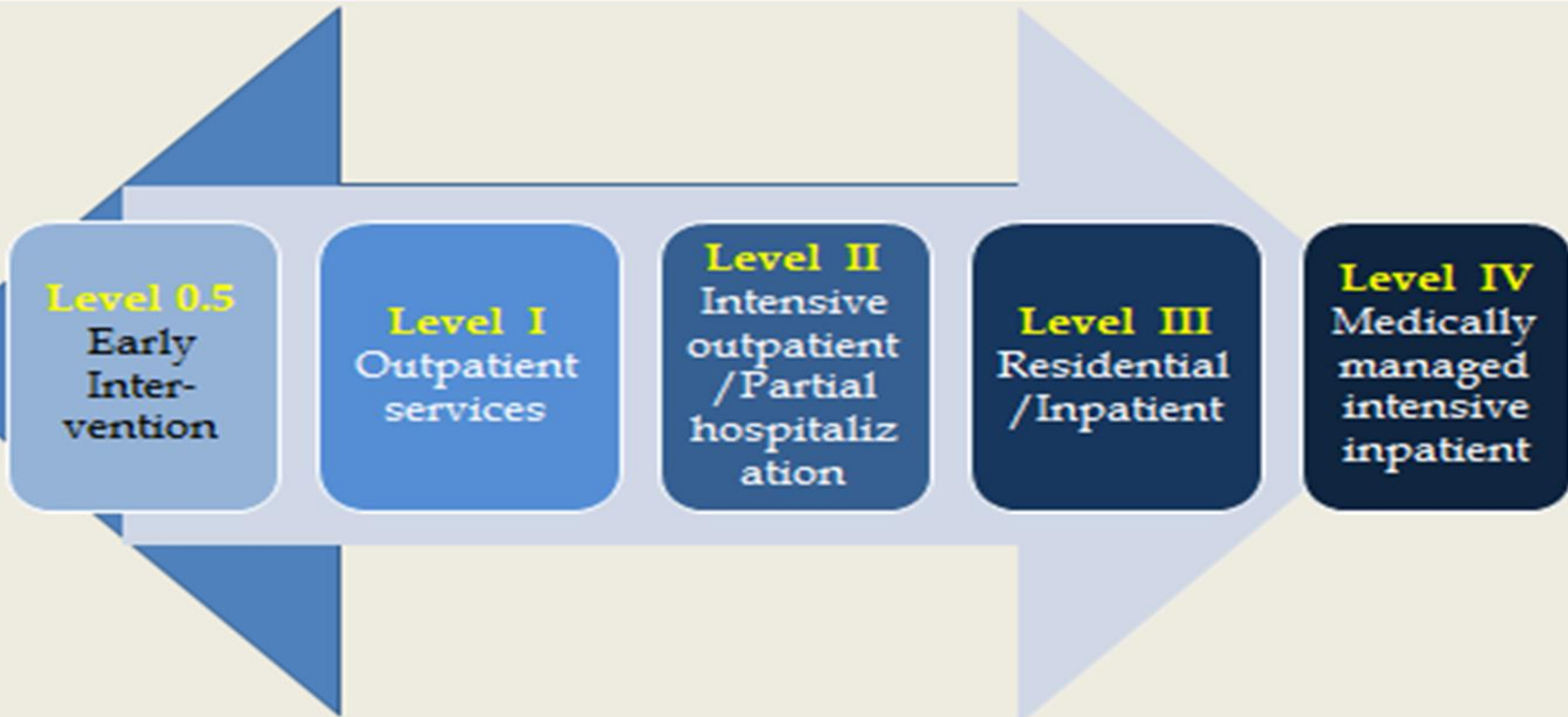


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# ASAM Criteria

## Continuum of Care



# What Works in Drug Court Treatment?



- Cognitive-behavioral approaches
- Universal screening for risk and treatment needs
- Motivational Enhancement Therapy (MET)
- Relapse Prevention
- Contingency Management
- Medication Assisted Treatment (MAT)
- Interventions to address special needs

(Continued)



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# What Works in Drug/Wellness Court Treatment?

(Continued)

- Individualized treatment plan - attends to all service needs
- Use of levels of care
- An adequate dose of treatment
- Integrated treatment for SUD/co-occurring
- Gender specific treatment
- Coerced treatment (Motivational Counseling)
- Urinalysis
- Multiple episodes of treatment
- Proper use of sanctions/incentives
- Manualized treatment



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# Individualized Treatment Plans

- Assessment results in **individualized treatment plan**
- Plan addresses **level of care**
- Plan provides framework for everyone to **work together**
- Plan should include: **reason for referral, clients strengths, barriers to progress, support, symptoms and priorities, modality of treatment needed, frequency of treatment needed, specific goals and objectives, timeframes and milestones**





## Distal and Proximal Goals

- Tendency for drug courts to terminate early when participant is suffering acute effects of their addiction (alcohol or other drug is doing the talking and acting)
- We front load with myriad of requirements. Sometimes our expectations are not reasonable and this leads to confusion about what is proximal (capable of performing now) and distal (desired behaviors but can't perform now) will take time for participant to accomplish (for later phases)



# Treatment Report to Team Staffing

1. Attendance at treatment
2. Progress note/compliance and participation
3. Summary of material covered in treatment
4. Recommendations to the court



# Drug Court Judge and Team Go On-site Where Treatment Is Delivered

- Permits judge and team to learn about treatment and see the treatment environment
- Demonstrates to treatment staff a genuine interest in what happens in treatment and that the court is very supportive
- Demonstrates to drug court participants that the judge and team members are partners and believe that treatment is key to their success



# Addressing the Needs of Special Populations

- Victims of trauma
- Gender specific
  - Women
  - Males
  - Young Adults





# Addressing the Needs of Victims of Trauma and PTSD in Drug/Wellness Courts

- Both female and male offenders have **high rates of exposure to trauma/violence**
- Unless identified and addressed, trauma/PTSD undermines drug court treatment effectiveness
- **Routine screening** is needed for history of trauma and PTSD
- Screening can be conducted by **non-clinicians**
- Follow-up assessment is conducted by a clinician

(Continued)



# Addressing the Needs of Victims of Trauma and PTSD in Drug/Wellness Courts

(Continued)

- Several well-validated **screening and assessment instruments** are available in the public domain
  - Trauma history screen
  - Life stressor checklist – revised
  - PTSD checklist - civilian version
  
- Several evidence-based **treatment protocols** are available
  - Seeking safety
  - Integrated Cognitive Behavioral Therapy





# Gender: Females

- Higher rates of treatment completion and better outcomes with women-only treatment and women counselors
- Enables discussion of unique issues (trauma and abuse, loss of children, sexual issues and relationship issues, etc.) without shame/stigma
- Residential programs with accommodations for children have better outcomes
- Outpatient that provides child care, parenting services, transportation have better outcomes



# Gender: Males



All male groups are beneficial:

- Opportunity for men to relate to other men without distraction of game playing to impress women
- Promotes caring and friendship with other men
- Opportunity to discuss sensitive topics (dating, cohabiting, child custody, relationships with women, male health problems, parenting skills, anger issues)



# Gender: Young Adult Males

- High risk to reoffend, drug sales/ gang involvement/low risk for drug dependence
- Requires “alternative track”
- No traditional treatment, no traditional self-help participation (marijuana anonymous)
- Programming that: promotes skill development, engagement in pro-social activities, build rapport, educational advancement, drug education, group therapy based on their needs, life skills/occupational mentoring, manhood training



# Families are Important in Drug Court

- Family issues are one of most commonly identified criminogenic factors (Bonta et al., 2008)
- Family interventions are one of most effective methods to reduce offender recidivism (Lipsey et al., 2010)
- Inadequate family support, family problems and family disruption contribute to offending (Salisbury & Van Voorhis, 2009; Wareham, Dembo & Poythress, 2009)
- Attachment to children reduces violations (Visher, 2013)
- Meta-analyses show that family interventions reduce recidivism (Farrington & Welsh, 2003; Woodfenden, Williams & Peat, 2002)



# The Literature Also Suggests...

- Families are powerful informal **agents of control**
- Families often help the offender in addressing issues such as **housing and employment** (Young, Taxman & Byrne, 2002)
- Family involvement results in better employment and **reduced drug use** (Visher, La Vigne & Travis, 2002)
- Offenders with more family contact are less **likely to be arrested again or reincarcerated** (LaVigne, Visher, & Castro, 2004; Martinez and Christian, 2009)



# Drug Courts: A Critical Component for Solving Tribal and Rural Substance Abuse Problems



Tribal and rural Drug Courts have special challenges with creative solutions. Challenges and solutions included in Guide:

- Lack of treatment capacity, turnover of program staff, lack of qualified staff, inconsistency of provider services, finding physicians for MAT services, treating co-occurring disorders, lack of wrap-around services, drug-free housing, access to medical/dental services



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# Other Tribal/Rural Issues

- Transportation
- Family drug use
- Need for parenting classes
- Child care
- Drug testing
- Self-help meetings
- Confidentiality
- Community service options
- Meaningful rewards and recognition
- Lack of judicial resources
- Team member communications
- Data management and more

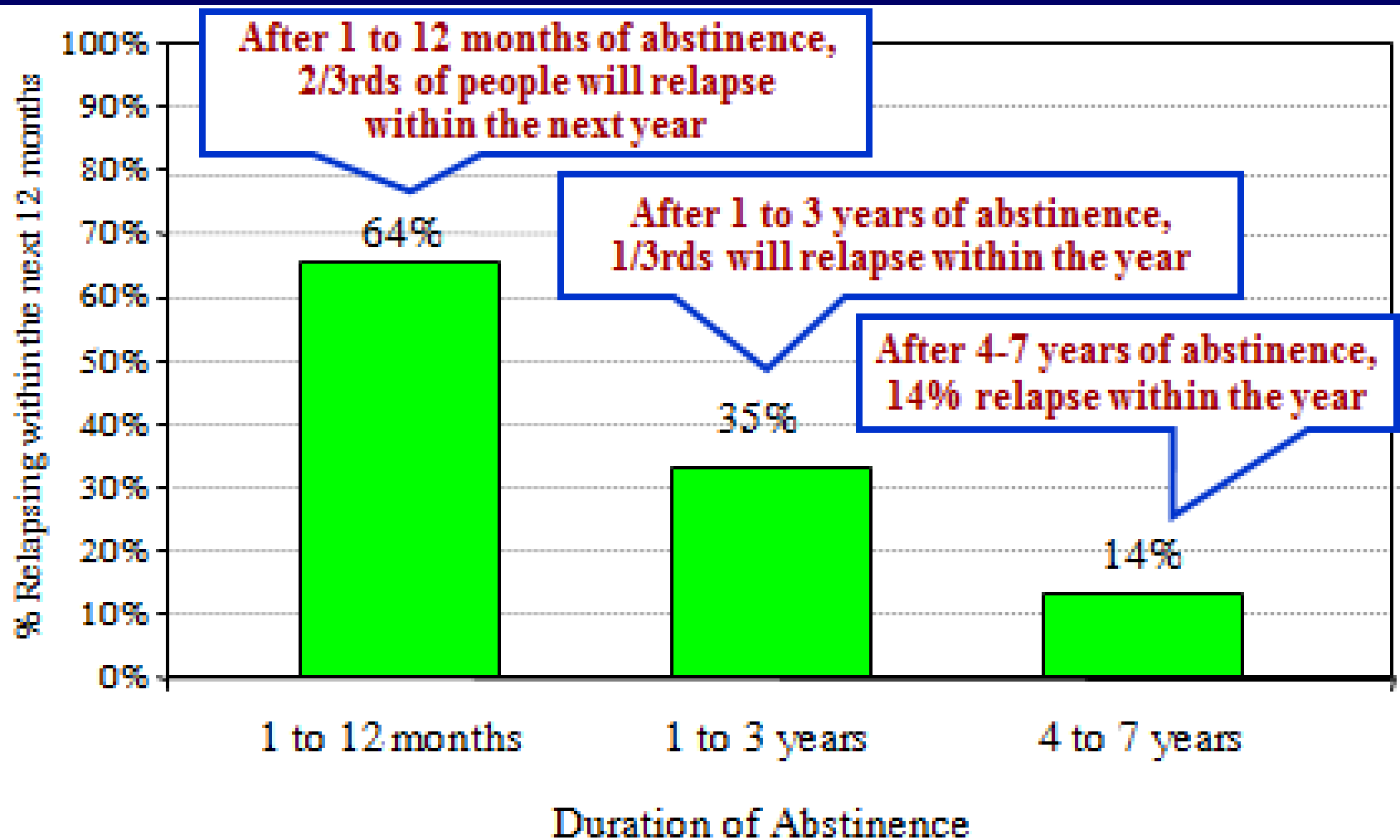


# Recovery Management – New Standards – Improved Outcomes

- Final phase of Drug Court **focuses on relapse prevention and recovery management** during and after drug court.
- Participants prepare a **recovery management plan** (self-directed) to ensure to engage in prosocial activities after their discharge from the Drug Court.
- For at least the first 90 days after discharge from the Drug Court, **systematic attempts** are made **to contact previous participants** by telephone, mail, e-mail, or similar means to check on their progress, offer support and encouragement, and provide referrals for additional treatment and other services when indicated.



# The Risk of Relapse: common, decreases slowly over time, but does not go away



# Recovery Management—What Drug/Healing to Wellness Courts Can Do

- Increase level and length of treatment
- Monitoring for abstinence with urinalysis
- Reinforcement of self-help participation, alumni groups, drug free social activities, recovery mentors, recovery check-ups, participate in other components of recovery systems of care
- Require participant recovery management plan
- Follow-up after drug court and include efficient re-entry into treatment when relapse occurs



# Recovery Maintenance Check-in (RMC-i)



- Recovery Check-ins are a key component of recovery oriented systems of care
- New Adult Drug Court Standards call for recovery follow-up for a minimum of 90 days post discharge from drug court
- The RMC-i was developed to facilitate follow-up through check-ins telephonically



**For More Information Please Contact:**

BJA Drug Court Technical Assistance Project  
School of Public Affairs, American University  
Washington D.C. 20016-8159  
Telephone: 202/885-2875 Fax: 202/885-2885

[www.american.edu/spa/jpo](http://www.american.edu/spa/jpo)

To join our Rural Drug Court Listserve  
please send an email to:

**RURALDRUGCOURT-L@LISTSERV.AMERICAN.EDU**

**or email: [lahdon@american.edu](mailto:lahdon@american.edu)**



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**Thank You!!!**



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