Seven Program Design Features:

Adult Drug Court Principles, Research, and Practice

Seven Program Design Features

- Background and Introduction
  - Timothy Jeffries, Bureau of Justice Assistance (BJA)

- Review of Seven Program Design Features: Principles, Research, and Practice
  - Michael Rempel, Center for Court Innovation (CCI)
  - Hon. Kevin Burke, Hennepin County District Court
  - Tara Kunkel, National Center for State Courts (NCSC)

- Information Resources

Background and Introduction

- BJA-NIJ Adult Drug Court Research to Practice (R2P) Initiative with NCSC and American University

- Origin of the Seven Program Design Features
  - Defining Drug Courts: The Key Components
  - Adult Drug Court Evaluations (NIJ's Multisite ADCE)
  - BJA's Training and Technical Assistance

- Purposes of this Presentation
  - BJA's Adult Drug Court Discretionary Grant Program
  - Performance Measures and Program Evaluation
  - Other Drug Court Stakeholder Needs

- Adult Drug Court Information Resources

Review of Seven
Program Design Features

1. Screening and Assessment
2. Target Population
3. Procedural and Distributive Justice
4. Judicial Interaction
5. Monitoring
6. Treatment and Other Services
7. Relapse Prevention, Aftercare and Community Integration

#1- Screening and Assessment: Principles

Brief legal and behavioral screening for program eligibility;
intensive clinical and psychosocial assessment of risk, needs, responsivity

- Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources.

- Screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency which will conduct this screening, and detail the procedures that will be used for screening.

- Offenders determined to be eligible for the drug court as a result of screening will then be assessed to identify their risk for relapse and recidivism, as well as the nature of treatment and other rehabilitation needs.

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#1- Screening and Assessment: Principles
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- Assessments should be conducted using instruments that have been validated* for the targeted population and updated periodically.

- Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time.

* Validated means the instrument has been demonstrated to measure the intended characteristic; e.g., the Beck Depression Inventory has been shown through studies to measure mood and physical symptoms that correlate with depression (which affects drug court participation). Studies should demonstrate validity for offenders of varying age, race, gender, and ethnicity.

Screening and Assessment: Research

The "Big Eight" Criminogenic Risk/Need Factors

1. *History of criminal behavior**
2. Antisocial personality/temperament
3. Criminal thinking (pro-criminal attitudes, values, beliefs)
4. Antisocial peers
5. Family or marital problems
6. School or work problems
7. Lack of pro-social leisure/recreational activities
8. Substance abuse

* Some factors are *static* (unchangeable or at least highly unlikely to change), whereas others are dynamic (more open to change). Treatment primarily targets the dynamic risk factors.

Screening and Assessment: Research

Risk-Need-Responsivity (RNR) Model

Risk: Match program intensity to offender recidivism risk level; intensive levels of treatment for high-risk offenders and minimal intervention for low-risk offenders

Need: Target criminogenic needs or those offender needs that are functionally related to criminal behavior

Responsivity: Provide cognitive-behavioral therapy (CBT) tailored to offender's learning style, motivation and other specific attributes

Using Recidivism Risk to Triage Cases and Resources

- Sentencing guidelines assess recidivism risk to divert low-risk nonviolent offenders to alternative dispositions or sanctions; resources are conserved for high-risk offenders who may serve sentences under community corrections

- Factors Significant in Predicting Recidivism Risk
  - Offender characteristics and demographics (e.g., young adult)
  - Current offense information
  - Prior adult criminal record
  - Prior juvenile contact with legal authorities   (continued)

Screening and Assessment: Research

Major Risk/Need Factors

1. *Antisocial Personality Pattern* – Impulsive, adventurous pleasure seeking, restlessly aggressive and irritable
2. *Procriminal Attitudes* – Rationalizations for crime, negative attitudes towards the law
3. *Social Support for Crime* – Criminal friends, isolation from prosocial others
4. *Substance Abuse* – abuse of alcohol and/or drugs
5. *Family/Marital Relationships* - Inappropriate parental monitoring and disciplining, poor family relationships
6. *School/Work* – Poor performance, low levels of satisfactions
7. *Prosocial Recreational Activities* – Lack of involvement in prosocial recreation/leisure activities

Minor Non-Criminogenic Needs

1. *Self-Esteem* – Poor feelings of self-esteem, self-worth
2. *Vague Feelings of Personal Distress* – Anxious, feeling blue
3. *Major Mental Disorder* – Schizophrenia, manic-depression
4. *Physical Health* – Physical deformity, nutrient deficiency

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Screening and Assessment: Research

What to Consider in Screeners and Assessment Instruments

Cost: Developers may charge for instrument use or make them public domain

Training: Staff need to be trained to collect information from records and administer screeners (incl. nonEnglish speaking); to yield reliable information, assessment requires those administering to receive special training

Format: Complexity, length, and time required to administer instruments vary; paper-based vs. computer automated instruments have pros and cons

Location: Setting may pose challenges to offenders' disclosing sensitive information (e.g., trauma) and socially undesirable behavior (e.g., injection drug use); facilities may not permit laptops and other electronics

Scope and Specificity: Instruments vary in areas covered, and some areas need to be examined in-depth to assess needs and responsivity (e.g., mental illness)

Closed/Open-Ended: Instruments may have yes/no answers or scaled responses (1 = low, 5 = high) (e.g., COMPAS and TCU-DS); others promote open-ended conversations whose results are coded at the end (e.g,. LSI-R and ORAS)

Screening and Assessment: Practice

Improving Drug Court Referrals and Program Support

- Address risk concerns of law enforcement, prosecutors, crime victims, and public

- Review drug court evidence with defense bar, service providers, and stakeholders

- Begin with small caseload, but expand to meet critical volume demand and justify budget and in-kind support

- Avoid silo building by utilizing variety of problem-solving court resources, and allowing case transfers as offender needs (e.g., comorbidity*) identified

Drug-Involved Case Triage, Drug Court Eligibility Screening, vs. Needs and Responsivity (Re)Assessment

- Systematically identify cases for referral to drug court vs. other dispositions

- Screen referred offenders on legal and other drug court eligibility criteria without delay

- Assess eligible offenders—for risk of reoffending, drug dependence, and other needs—to confirm drug court admission and develop individual treatment plans

- Reassess regularly and monitor for changes in condition

* Comorbidity means having more than one condition (e.g., mental illness and drug dependence.)

Screening and Assessment: Practice

Drug Court Eligibility Criteria

Legal: Outstanding cases, supervision status (probation level), case status (post-disposition), sentence (deferred jail or prison term)

Risk: Criminal history length, offense types (sex offenses, drug trafficking) and severity (felony, misdemeanor, other)

Need: History of alcohol and other drug use, positive drug test, mental health issues, and other health service use (medications)

Program Resources: Available to support eligible offender monitoring and services

Offender Needs and Responsivity (Re)Assessment

- Conduct needs and responsivity assessment on issues identified during screening, later as symptoms may mask other needs, and as behavior changes

- Refer offenders to staff trained to:
  - conduct in-depth clinical assessments using validated instruments
  - identify critical recovery issues (e.g., trauma)
  - render diagnoses (dependence, mental illness)
  - prescribe medications and services suitable to subpopulation and drug court setting

#2 – Target Population: Principles

Specified offender subgroup(s) program is designed to serve

- Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high alcohol and other drug dependence. Serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence.

- Target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.

Target Population: Research

- Net-widening and applying more intensive supervision or treatment than needed has negative impacts on offenders

- Drug court impact and return on investment greatest if
  - High-risk of re-offense (e.g., more serious criminal history)
  - More serious drug use at baseline
  - More legal exposure on current case (e.g., face jail or prison if terminated)
  - Without co-occurring mental health needs

Alcohol and Other Drug Dependence

	High	Low
High	Incarceration or Drug Court, Treatment	Incarceration or Intensive Probation, Prevention
Low	Low Level Probation or Diversion, Treatment	Low Level Probation or Diversion, Prevention

Recidivism Risk

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Target Population: Research

- Little/no indication of differential impact among those with
  - Less motivation at baseline
  - Younger age
  - Women vs. men

Target Population: Practice

- Collect information from law enforcement, prosecutors, defense counsel, judges, community corrections, jails, prisons and service providers to refine eligibility criteria

- Apply case triage to direct high risk/high need target population to drug courts, and others to alternatives based on offender risk/need and program resources

- Communicate drug court eligibility criteria to referral sources and potential participants, and clarify referral protocol

- Confirm drug court staff and service resources adequately accommodate referrals, and they are consistent with target population

#3 - Procedural and Distributive Justice: Principles

Fair process; equitable outcomes

- Establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior.

- Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response.

- Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that can be perceived as fair and equitable.

Procedural and Distributive Justice: Research

- Procedural Justice

  1. *Voice* - Side is heard, opportunities to speak during status hearings
  2. *Respect* - Treated with dignity and respect
  3. *Neutrality* - Decision-making is unbiased and trustworthy
  4. *Understanding* - Comprehend court language, decisions, responsibilities
  5. *Helpfulness* - Shown interest in individual needs

- Distributive Justice

  - Concerns whether the outcome itself (i.e., the actual distribution of rewards, punishments, or some resource) is fair
  - Informs legitimacy through perceived fairness and equity of the delivery of services , such as across social and demographic groups

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Procedural and Distributive Justice: Research

- Research Findings: Not Specific to Drug Courts
  - Experience-based assessments of distributive and procedural fairness matter to perceptions of legitimacy and compliance, esp. among African Americans
  - Perceptions of procedural justice can increase compliance with court orders and reduce illegal behavior
  - Perceptions of procedural justice exert greater influence than perceptions of distributive justice
  - The judge has the greatest influence on overall perceptions

- Research Findings: Specific to Drug Courts
  - Participants' perceptions of procedural justice, distributive justice, and severity of the sentence to be imposed upon drug court failure predicted program compliance, criminal behavior, and drug use
  - Perceptions of procedural justice—and of the judge in particular—are a critical factor explaining why drug courts reduce crime and drug use
  - *Understanding* may be a particularly important dimension (greatest difference between drug court and comparison group)

Procedural and Distributive Justice: Practice

- Did the offender get the decision they wanted, was it deserved, and was it through fair procedures?

- Was this the perception of the offender, and of other drug court participants?

- Collect information from participants and team to refine system of graduated sanctions and incentives to reinforce compliance

- Document and disseminate drug court requirements and policies in language understandable to participants

- Identify and acknowledge preconceptions and attitudes toward the criminal justice system, and train staff on cultural competency

- Use voice, respect, and understanding to promote trust and confidence, because perceived legitimacy leads to compliance

- Ask participants, staff, and service providers for feedback on how to promote procedural and distributive justice

#4 - Judicial Interaction: Principles

Drug court hearings and communications between judge and participant

- Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require.

- As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders.

- Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior.

Judicial Interaction: Research

- Judges appear to elicit better outcomes when:

  - Their judicial demeanor seems respectful, fair, attentive, enthusiastic, consistent, caring, and knowledgeable

  - They spend 3+ minutes per participant per hearing (regardless of participant compliance)

- Trained and vested drug court judges promote better outcomes; high turnover leads to poorer outcomes

Judicial Interaction: Practice

- Hold frequent judicial status hearings (esp. for high risk participants)
- Recruit and retain judges to lead drug court teams, and plan successions with stakeholders
- Train on therapeutic jurisprudence – educate on addiction and role of advocating for participant needs related to criminal behavior
- Approach participants according to individual level of cognitive functioning
- Appreciate history of personal failures and address sense of hopelessness that many participants have
- Promote increased participant accountability while recognizing small achievements
- Manage hearings to educate individual offender and other participants by example

#5 – Monitoring: Principles

Community-based surveillance and supervision to confirm and manage compliance with abstinence and other program requirements

- Monitor drug court participants using random drug testing and community supervision.

- Disseminate results efficiently to the drug court team.

- Immediately respond to noncompliance with program requirements.

Monitoring: Research

- Principles of effective deterrence

  Celerity: Swiftness in response to behavior

  Certainty: Likelihood that behavior detected and given a response

  Severity: Harshness of response in proportion to behavior

- In general, intensive supervision among probationers and parolees leads to higher noncompliance detection and violation rates unless program response is therapeutic

- Training probation officers on RNR model results in more use of cognitive-behavioral therapies, discussion of offender criminogenic needs, and lower recidivism

- Drug court participants who had more frequent judicial status hearings and drug testing had better outcomes

- High-risk participants benefit most from frequent judicial status hearings; benefits unclear for low-risk participants

Monitoring: Practice

- Engage law enforcement and community corrections in monitoring (curfew checks, travel restrictions, home visits)

- Educate drug court team (incl. community corrections) on therapeutic jurisprudence, observe participant as frequently as indicated by risk and needs assessment, and address noncompliance with responses other than probation violation

- Test for alcohol and variety of drug types, not just 'drug of choice'

- Apply random testing schedule, or test so frequently that any alcohol or drug use is detected

- Train staff on testing protocols (observation, chain of custody, confirmation)

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Monitoring: Practice

- Maintain a system that reliably records and disseminates test results (incl. no-show and no sample) and behavior (program compliance)

- Explain purpose and temporary nature of alcohol and other drug testing —training wheels to be removed

- Regularly review team and service provider reports, test results, behavior patterns, and program requirements with participant in hearings

- Use monitoring results to adjust services and supervision requirements for participants as appropriate

#6 – Treatment and Other Services: Principles

Alcohol and other drug treatment; rehabilitation services to address employment, education, physical and mental health, and other needs

- Maintain program resources that address drug court participant needs identified over time.

- Accommodate the range of treatment and other rehabilitation services required.

- Apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services.

Treatment and Other Services: Research

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry; circuit dysfunction leads to biological, psychological, social and spiritual manifestations, reflected in pathologically pursuing reward and/or relief by substance use and other behaviors

- Medication-assisted treatment may reduce alcohol and opiate relapse by addressing increased tolerance and withdrawal symptoms, with counseling and monitoring to avoid diversion and misuse that may cause overdose

- Addressing participants' multiple criminogenic needs through treatment-related services leads to reduced relapse and recidivism

- Drug courts that follow Risk-Need-Responsivity (RNR) principles produce greater recidivism reductions than drug courts that do not; but many drug courts do not appear to follow any RNR principles, and most follow one at most

Treatment and Other Services: Research

- Cognitive behavior therapies (CBTs)
  - Focus on maladaptive beliefs and patterns of thinking, and build skills including self-monitoring, problem-solving, and rational decision-making
  - Complement medication-assisted and other treatment for alcohol and other drug dependence, mental illness, etc.
  - Can be adapted to different diagnoses, needs, and learning styles (e.g., female offenders , young adult, and other subgroups)
  - May reduce reoffending by addressing 'criminal thinking' need—i.e., negative views of the law and authority, distorted perceptions of victimization and disadvantage, external locus of control, lack of empathy and sensitivity to others, neutralization techniques, blaming the victim, minimization of harm
  - Meta-analysis of juvenile and adult offender studies showed an average 25% recidivism reduction relative to comparison group (e.g., 40% to 30%); greatest impact was among high risk offenders, and when fidelity of CBT approach was ensured with training and quality assurance

Treatment and Other Services: Practice

- Use case management to gauge criminogenic needs (incl. trauma among male and female offenders) and identify service resources

- Confirm appropriate services (e.g., medication, sober housing) are accessible

- Maintain access to continuum of community-based assessment, treatment , and other providers, and assure service quality

  – Staff are trained and certified

  – Curricula are manualized —written lesson plans for standard and effective service delivery

  – Services are evidence-based,* specific to diagnosis, and validated for population

- In addition to detoxification, inpatient rehabilitation, and medication modalities, consider treatment approaches (CBT) and associated costs

* Evidence-based means integrating the best available research findings, practitioner expertise, and other resources with the needs, values and preferences of those affected.

#7 – Relapse Prevention, Aftercare, and Community Integration: Principles

Identifying triggers and supports to prevent relapse during and after program

- Begin planning at the first program phase.
- Implement culturally sensitive planning and other programming.
- Support relapse prevention, community integration, and aftercare/continuing care services.

Relapse Prevention, Aftercare, and Community Integration: Research

- Relapse prevention therapy—a CBT that focuses on individual relapse process and coping strategies—reduces relapse and recidivism

- Relapse prevention requires continuum of care including social reintegration to reduce offender stigma with support from family, community, employment and service providers.

Relapse Prevention, Aftercare, and Community Integration: Practice

- Community reintegration strategies may include family, religious and other organizations that support alternatives to alcohol and drug use

- Graduations and other drug court events are opportunities to promote program and educate law enforcement, local government, community-based organizations, and family on recovery

- If family and other relationships threaten sobriety, suggest ways to cope with triggers or find other sources of support

- Recognize relapse norms, and teach relapse prevention skills to avoid behavior that would sabotage graduation

- Begin post-graduation planning early, and confirm transition plans prior to successful drug court termination

- Mentoring and alumni groups can be opportunity for graduates to serve community as part of their recovery

Information Resources

Substance Abuse and Mental Health Services Administration

- National Registry of Evidence-based Programs and Practices
  http://nrepp.samhsa.gov/AboutNREPP.aspx

- Treatment Improvement Protocols http://www.ncbi.nlm.nih.gov/books/NBK14119/

NIJ's Research http://www.nij.gov/nij/topics/courts/drug-courts/welcome.htm

- Performance Measures and Program Evaluation

- NIJ's Multisite Adult Drug Court Evaluation and other projects

BJA-NIJ R2P http://www.research2practice.org/index.html

- Performance Measurement and Program Evaluation for Drug Courts

- Appropriate Target Population

- Effective Substance Abuse Treatment

- The Role of Medication

- Other topics

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Information Resources

BJA's Training and Technical Assistance

- Essential Elements of Adult Drug Courts http://www.ndci.org/training/online-trainings-webinars/online-course-essential-elements-adult-drug-courts

- National Drug Court Resource Center http://www.ndcrc.org/

  - Adult Drug Court Technical Assistance Project www.american.edu/justice

  - Statewide Adult Drug Court Training and Technical Assistance Program http://www.drugcourtta.org/

  - Tribal Drug Court Training and Technical Assistance Program http://www.tribal-institute.org/lists/drug_court.htm

  - National Drug Court Institute http://www.ndci.org/ndci-home/

Seven Program Design Features

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