



“Drug Court Treatment Services: Applying Research Findings to Practice” Issues Commentary and Resource Brief

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The following commentary addresses key issues discussed during the Research to Practice webinar on “Drug Court Treatment Services: Applying Research Findings to Practice”, November 2, 2011. References are provided to important resources in each topic area.

Effectiveness of Drug Courts

Five recent meta-analyses examining over 150 drug court studies concluded that adult drug courts are effective in reducing recidivism. Each of the studies found significant reductions in recidivism for drug court participants relative to comparisons, averaging from 8-26%. Drug courts can produce reductions in recidivism lasting more than 36 months following program completion. Studies indicate that there is wide variation in the effects on recidivism across different drug court programs. A recent multi-site study sponsored by the National Institute of Justice indicates that participation in drug courts leads to a 20% reduction in substance abuse. Studies indicate that drug courts produce cost benefits of approximately \$5,000 per participant.

Immediate Placement in Treatment

Delay in accessing treatment is one of the major causes of program dropout, and is a particular problem among offender programs. Persons screened as eligible for drug court should be immediately placed in treatment to prevent ongoing substance abuse and recidivism. Risk factors for early dropout from drug court include higher ‘criminal risk’ level (e.g., multiple prior felony arrests), unemployment, cocaine use, and presence of depression, anxiety, or history of psychiatric treatment. The NIATX Resource Center offers a number of strategies to help expedite referral to treatment (<http://www.niatx.net/content/contentpage.aspx?NID=65>).

Screening and Assessment

Comprehensive assessment regarding the severity of substance use and related psychosocial needs, and the risk for reoffending has been linked to more favorable drug court outcomes and allows for rapid engagement in appropriate services. Drug court screening and assessment should examine the presence of mental disorders and history of trauma and Post-Traumatic Stress Disorder (PTSD), given the high rates of these disorders among offenders. Assessment of offender risk for recidivism is also recommended to help drug courts target participants who are at higher levels of risk. Offender treatment programs generally have the largest effects in reducing recidivism among ‘high risk’ populations. Drug courts should use standardized instruments that have been validated for use with criminal justice populations. A

variety of inexpensive evidence-based instruments are available, many of which are in the public domain. These include the following:

Mental health screening: Brief Jail Mental Health Screen, Global Appraisal of Individual Needs (Short Screener), Mental Health Screening Form III, MINI Screen;

Substance abuse screening: Addiction Severity Index (Alcohol/Drug Abuse sections), Global Appraisal of Individual Needs (Short Screener), Simple Screening Instrument, Texas Christian University-Drug Screen 2;

Psychosocial assessment: Addiction Severity Instrument, Global Appraisal of Individual Needs (Quick, or Initial), Texas Christian University-Institute for Behavioral Research (Brief Intake Interview, or Comprehensive Intake);

Risk assessment: Historical-Clinical-Risk Management 20, Lifestyle Criminality Screening Form, Level of Service Inventory-Revised, Risk and Needs Triage, Short-Term Assessment of Risk and Treatability.

Coerced Treatment is as Effective as Voluntary Treatment

A common myth is that substance abuse treatment is ineffective for persons who are not voluntarily seeking change. The truth is that persons who are mandated to treatment by the criminal justice system experience similar outcomes related to substance abuse and recidivism as persons seeking treatment voluntarily. Retention in treatment is often higher among persons coerced into treatment, who perform as well as voluntary participants across a range of in-treatment indicators of progress (e.g., self-efficacy, coping skills, clinical symptoms, 12-step involvement, motivation for change).

Sanctions Should be Coupled with Incentives and Involvement in Treatment

Criminal justice supervision and sanctions do not reduce recidivism among substance-involved offenders without involvement in treatment. Substance abuse and criminal behavior is most likely to change when both incentives and sanctions are applied in a certain, swift, and fair manner. Long-term changes in behavior are most strongly influenced by use of incentives. Contingency management approaches that provide systematic incentives for achieving treatment goals have been shown to effectively reduce recidivism and substance abuse.

Optimal Treatment Duration is at least 6 Months and no more than 18 Months

The largest positive effects have come from offender substance abuse treatment programs lasting between 6-12 months. Treatment of less than 90 days generally has negligible effects, and there tends to be diminished returns for intensive treatment programs lasting more than 12 months, though a recent study indicates favorable outcomes for drug court programs of up to 18 months duration. The best outcomes are obtained for participants who graduate from drug court.

Outpatient Treatment is the Most Efficient Program Modality

Both outpatient and residential substance abuse treatment have been shown to be effective in reducing recidivism among offenders. In community settings, outpatient treatment generally yields greater economic benefits and has been shown to be more effective than residential treatment for substance-involved offenders.

Treatment Should be Based on Cognitive-Behavioral and Social Learning Models

Drug court treatment should be based on cognitive-behavioral treatment (CBT) and social learning models, which have been shown to significantly reduce recidivism among offenders. CBT helps to develop a range of drug coping skills and more generalized skills related to self-management and self-control. Social learning approaches include a focus on changing criminal thoughts, attitudes, beliefs, and peers. A range of evidence-based CBT/social learning treatment curricula are available for use with offenders, and treatment effectiveness is enhanced through use of manualized curricula.

Treatment Should Address Major ‘Criminogenic Needs’

Eight major ‘criminogenic needs’ have been identified that contribute to the risk for recidivism among offenders, and that are dynamic, or changeable via programmatic interventions. Reductions in recidivism are proportional to the number of criminogenic needs addressed within offender treatment programs. The 8 major criminogenic needs are as follows:

- *Antisocial attitudes*
- *Antisocial friends and peers*
- *Antisocial personality pattern*
- *Substance abuse*
- *Family and/or marital problems*
- *Lack of education*
- *Poor employment history*
- *Lack of prosocial leisure activities*

Evidence-Based Substance Abuse Treatment Interventions

In addition to evidence-based CBT/social learning treatment curricula, several more narrowly focused therapeutic interventions have proven to be effective with substance-involved offenders, and have been successfully implemented in drug courts. These include the following:

Contingency management: Provides an integrated system of incentives and sanctions to target specific recovery behaviors (e.g., abstinence) through use of vouchers and use of graded reinforcement schedules.

Medication-assisted treatment: Medications such as Buprenorphine, Methadone, and Naltrexone have proven effective in reducing cravings and the reinforcing effects of drugs among substance-dependent populations, including offenders, and are also useful in the detoxification process.

Motivational Enhancement Therapy: MET addresses ambivalence about abstinence and engagement in substance abuse treatment through interpersonal counseling strategies designed to induce rapid and internally motivated change.

Relapse prevention: Addresses the chronic relapsing nature of substance use disorders by examining past relapse events, identifying high-risk situations, developing new drug coping skills, and enhancing self-efficacy.

Specialized Treatment Interventions are needed to address Mental Disorders and Trauma/PTSD

There are particularly high rates of mental disorders, trauma, and Post-Traumatic Stress Disorder (PTSD) among offenders. Without specialized interventions to address these issues, offenders often experience poor outcomes in drug court programs. A range of evidence-based treatment curricula are available to address co-occurring mental disorders and trauma/PTSD.

Aftercare/Continuing Care Services can Reduce Substance Abuse and Recidivism

Community aftercare treatment for offenders can significantly reduce rates of substance use and recidivism. These services may be most important for drug court participants who are at ‘high risk’ for recidivism. Promising practices that may augment the effectiveness of drug court aftercare services include Recovery Management Checkups and Critical Time Intervention (CTI) programs, which provide structured aftercare services for ‘high risk’ populations.

Resources

General Resources

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Effectiveness of Drug Courts

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Immediate Placement in Treatment

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Coerced Treatment

- Kelly, J.F., Finney, J.W., & Moos, R. (2005). Substance use disorder patients who are mandated

to treatment: Characteristics, treatment process, and 1- and 5-year outcomes. *Journal of Substance Abuse Treatment*, 28, 213-223.

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Duration of Treatment

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Aftercare/Continuing Care Services

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