



Evidence-based Programs and Practices for Drug Courts

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SCREENING

- The FUNCTION OF SCREENING as a first step in determining suitability for drug court is essential and a best practice
- There are screening instruments/tools that are considered best or evidence-based and highly recommended.

SCREENING VERSUS ASSESSMENT

- Screening:** Process for evaluating the possible presence of a disorder- Usually done by the court coordinator. This screening also includes screening for eligibility of the client to meet drug court requirements [legal, etc.]
- Assessment:** Process for defining the nature of a problem [s], determining diagnosis, and developing treatment plan- Done after admission by the treatment provider.

Different functions

- Screening and Assessment have different functions.
- Screening involves two components:
 - 1. **Eligibility**- Does he/she meet admission criteria; e.g. residency, no violent or sex offenders, etc.
 - 2. **Clinical Appropriateness or Suitability**



- Some drug courts do very limited screening, and leave the issue of suitability screening up to the treatment provider.
- This can result in inappropriate admissions
- The treatment provider may not get around to doing the assessment until well after the client's admission
- This makes the rest of the client's needs a surprise!
- Services may be delayed or not available or it may turn out the client is inappropriate for admission.



WHAT IS CLINICAL APPROPRIATENESS?

- In the context of drug court admission
 - Screening to establish the likelihood of a **Substance Use Disorder** and it's role in "driving" the criminal behavior or offense.
 - Screening to establish the chronicity/severity of the SUD.
 - Screening to determine the nature of the SUD.



OTHER ISSUES TO SCREEN FOR

- Motivation
 - Is the offender motivated ? Is the motivation external or internal?
 - External: largely motivated to avoid legal consequences, addiction problem is secondary
 - Internal: Desires drug court because he/she recognizes drug problem and wants help for it.



And...

- Criminal Thinking patterns–
 - High risk: Likelihood of re-offending without significant intervention
 - High Need: Severe addiction with many bio-psychosocial factors that need to be addressed
 - E.g: employment
 - Co-occurring disorders
 - Poor recovery environment



TWO OTHER AREAS TO SCREEN

- Cognition
 - At the very least administer a Reading Screen and ask about glasses, brief school history, learning disabilities or problems with learning
 - Can the client comprehend treatment?
 - The treatment provider should explore this area in much greater detail early on.
- Co-Occurring Disorders
 - Refer to the questions on the handout related to mental health history and diagnoses for this gross screen for co-occurring disorders

EVIDENCE-BASED PROGRAMS FOR YOUR DRUG COURT

- Ensure that a **bio-psycho-social evaluation** is done by your treatment provider with use of evidence-based screening tools.
 - The quality of treatment can never rise above the quality of the assessment on which it is based!
 - Insist on a case presentation so the team knows the client's background and what the treatment plan is as well as projected LOS

TRAUMA SCREENING

- OVER 80% OF INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM HAVE EXPERIENCED SIGNIFICANT TRAUMA.
- Ensure that a good trauma screen and history is done by the treatment provider;
 - PTSD Screen
 - Sprint
- Access to a trauma Modality is Essential
- SEEKING SAFETY IS HIGHLY RECOMMENDED AND IS AN EVIDENCE-BASED MODALITY
 - Lisa Najavits CSATS Samsha Website

CONTINUUM OF CARE

- THE CONCEPT OF A CONTINUUM OF SERVICE LEVELS
- Recognizes that based upon a biopsychosocial evaluation, individuals with substance use disorders have multiple needs ranging from mild to severe and should be placed in the level of care that best addresses their need for safety, security and the optimum chance for a positive treatment outcome with the opportunity to step down to lower levels of care as they are able.
- This is hard to achieve for drug courts in the Montana environment

AT A MINIMUM...

- DRUG COURTS SHOULD ENSURE THAT...
 - Clients have access to up to 9 hours of intensive outpatient services [Intensive Outpatient] even though it may not resemble the traditional IOP
 - Minimum of 6 Hours weekly of outpatient Services
 - Access to Residential Care when assessed as needed
 - Individual Therapy
 - A minimum dose of treatment of from 6 to 9 months of treatment services while in drug court

CRIMINAL THINKING MODALITY

- CLIENTS SHOULD COMPLETE A CRIMINAL THINKING MODALITY WHILE IN DRUG COURT
- CONCURRENT WITH THE TREATMENT PROCESS, CRIMINAL THINKING CAN GREATLY AUGMENT THE TREATMENT PROCESS
- THE MODALITY SELECTED IS VERY IMPORTANT AND MUST BE EVIDENCE-BASED:
 - MRT - Moral Reconation Therapy
 - Thinking For A Change

MOTIVATIONAL INTERVIEWING

- MOTIVATIONAL INTERVIEWING should be the framework for the delivery of all counseling services in drug your drug court
- It is up to the Drug court team, Coordinator, Judge to ensure that treatment providers as well as the team have had the appropriate level of training in and commitment to this important modality.
- Even judges can and should adapt MI from the bench with clients.
- It takes training, practice , practice, practice