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The 10 Guiding Principles

Examining Effective Practices with High-Risk/High-Need Impaired Drivers

Case 1

A third-time impaired driver referred to DUI court:

- Driver was poly-substance – no alcohol
- Previous DUIs were alcohol-related
- SUD-Severe– IOP
- Meets all other entry criteria
- Pre-contemplative

Denied entry due to not being alcohol-related and candidate isn't ready to change.

Another court sent the candidate to drug court.

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Case 2

Participant in Phase I is not progressing in treatment:

- Contemplative
- Treatment outcome measures indicate issues with therapeutic alliance
- Doesn't trust current counselor and asks to change

Team decides against changing counselors.

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Case 3

Participant in Phase II is observed driving without a license:

- Probation officer witnessed from courtroom window
- First known driving violation
- Was negative for all drugs
- Otherwise compliant with program, making progress in treatment, and achieved significant milestones

Team decides to terminate participant from the program.

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Case 4

A participant nearing the end of Phase IV tests positive for alcohol and THC:

- Admits to use of both
- No other program violations associated with behavior
- Three positive tests in Phase I, one in Phase II, and struggled early in program
- Trauma-triggered use
- Made significant treatment and recovery capital progress

Team decides to sanction with weekend in jail. Various non-treatment team members suggest residential treatment is needed.

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WWJD?

Would you have handled any of those cases differently?

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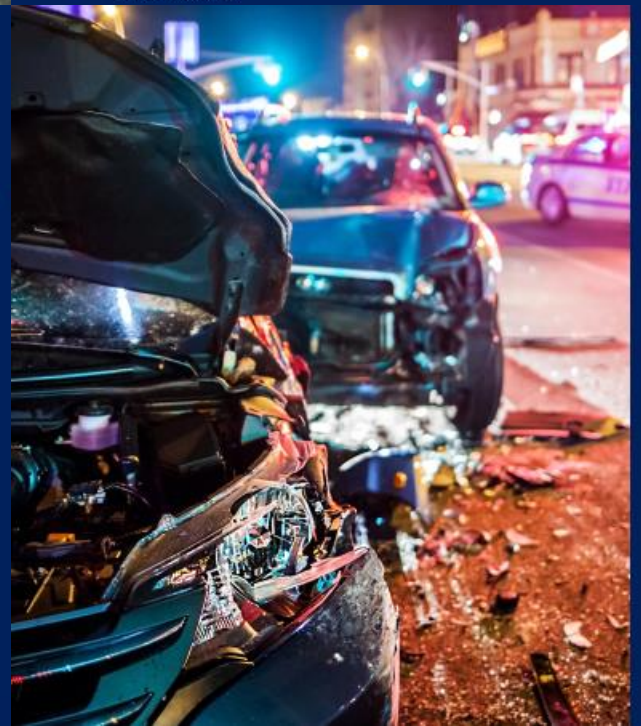

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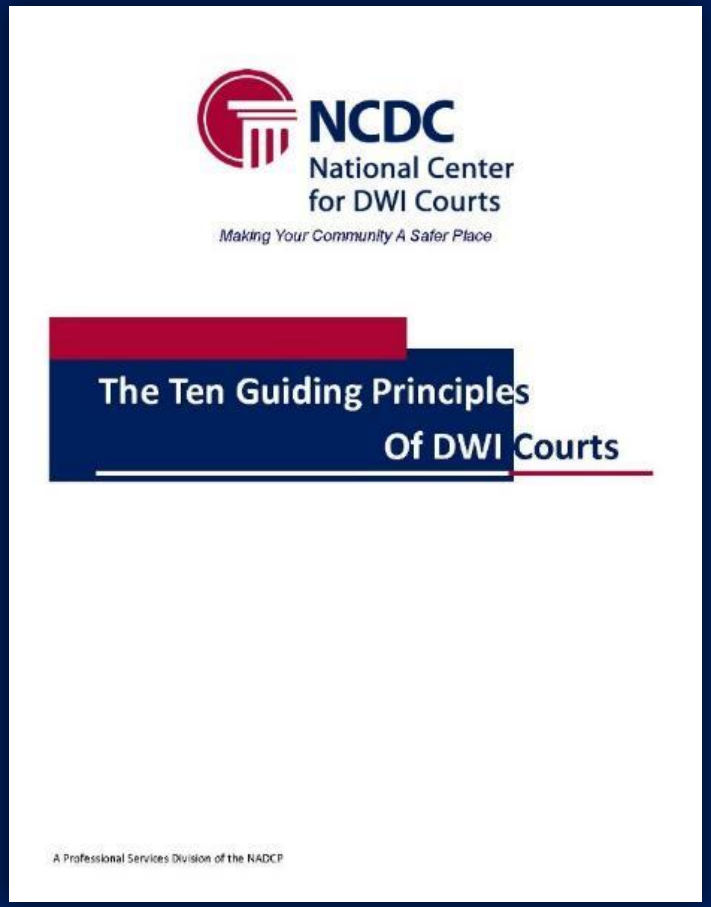
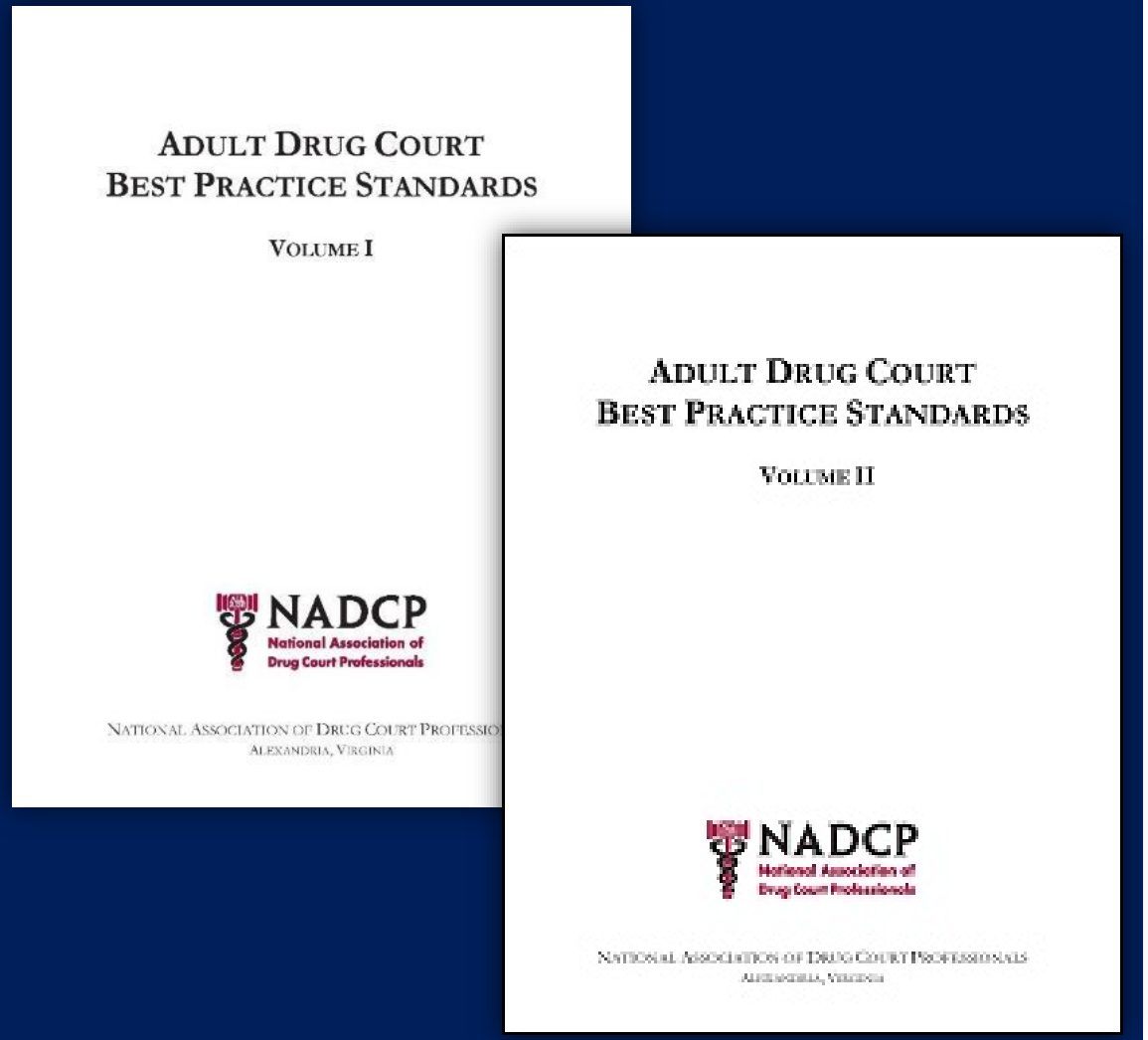
Operational Guidance

1. Determine the Population
2. Perform a Clinical Assessment
3. Develop the Treatment Plan
4. Supervise and Detect Behavior
5. Develop Community Partnerships
6. Take an Active Judicial Role
7. Provide Case Management
8. Solve Transportation Barriers
9. Evaluate the Program
10. Ensure Sustainability



ADCBPS Apply to DWI Courts

I. Target Population
II. Equity and Inclusion
III. Roles and Responsibilities of the Judge
IV. Incentives, Sanctions, and Therapeutic Adjustments
V. Substance Use Disorder Treatment
VI. Complementary Treatment and Social Services
VII. Drug and Alcohol Testing
VIII. Multidisciplinary Team
IX. Census and Caseloads
X. Monitoring and Evaluation



GP1: Target Population

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High-Risk

"High risk" refers to the likelihood that an individual will not succeed adequately on standard supervision and will continue to engage in the same behavior that got him or her into trouble in the first place.

What Do We Measure to Determine Criminogenic Risk?

Conditions of an individual's behavior that are associated with risk of committing a crime

Static Factors

Unchanging conditions

Dynamic Factors

Conditions that change over time and are amendable to treatment interventions

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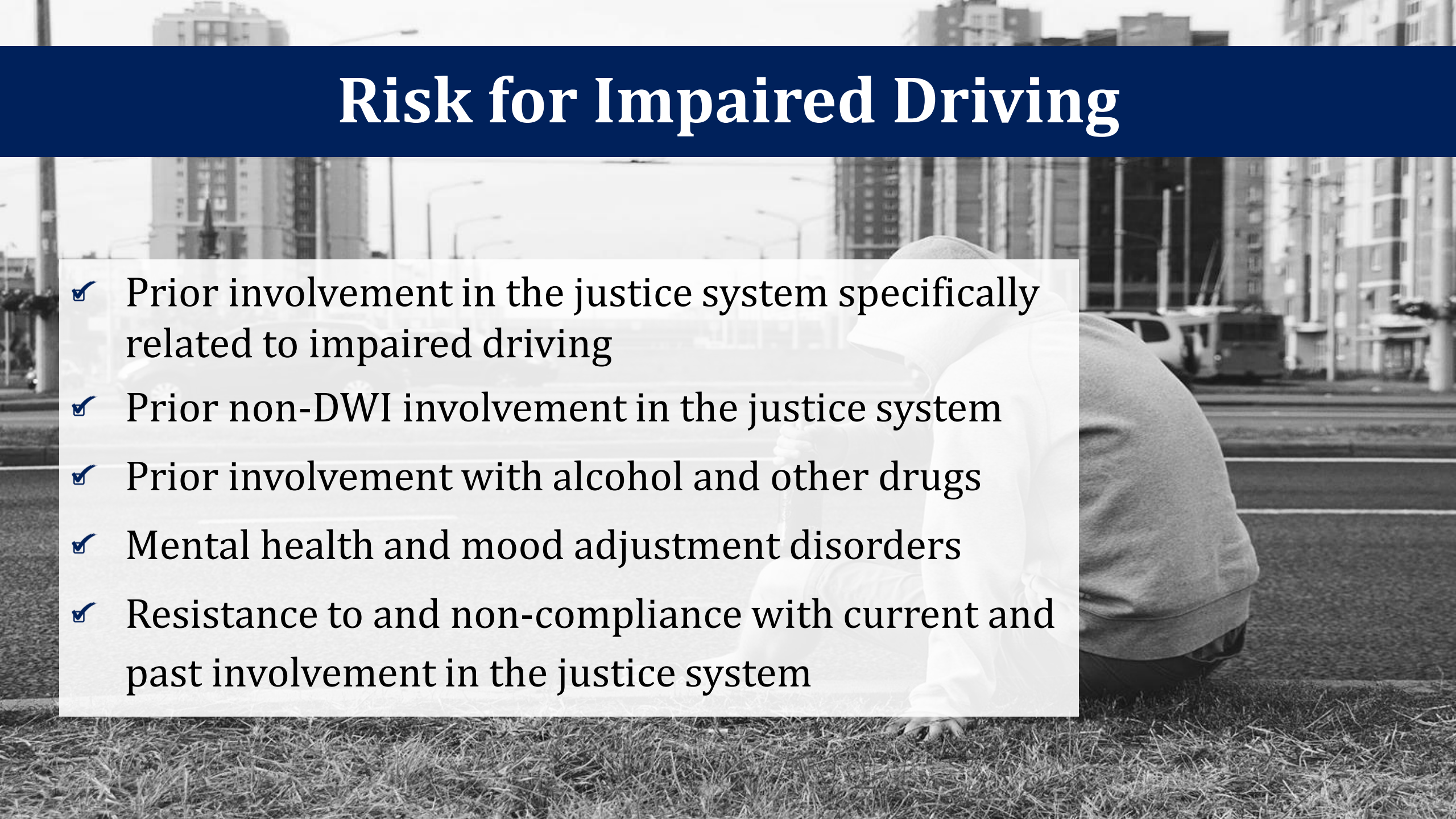
Prognostic Risk

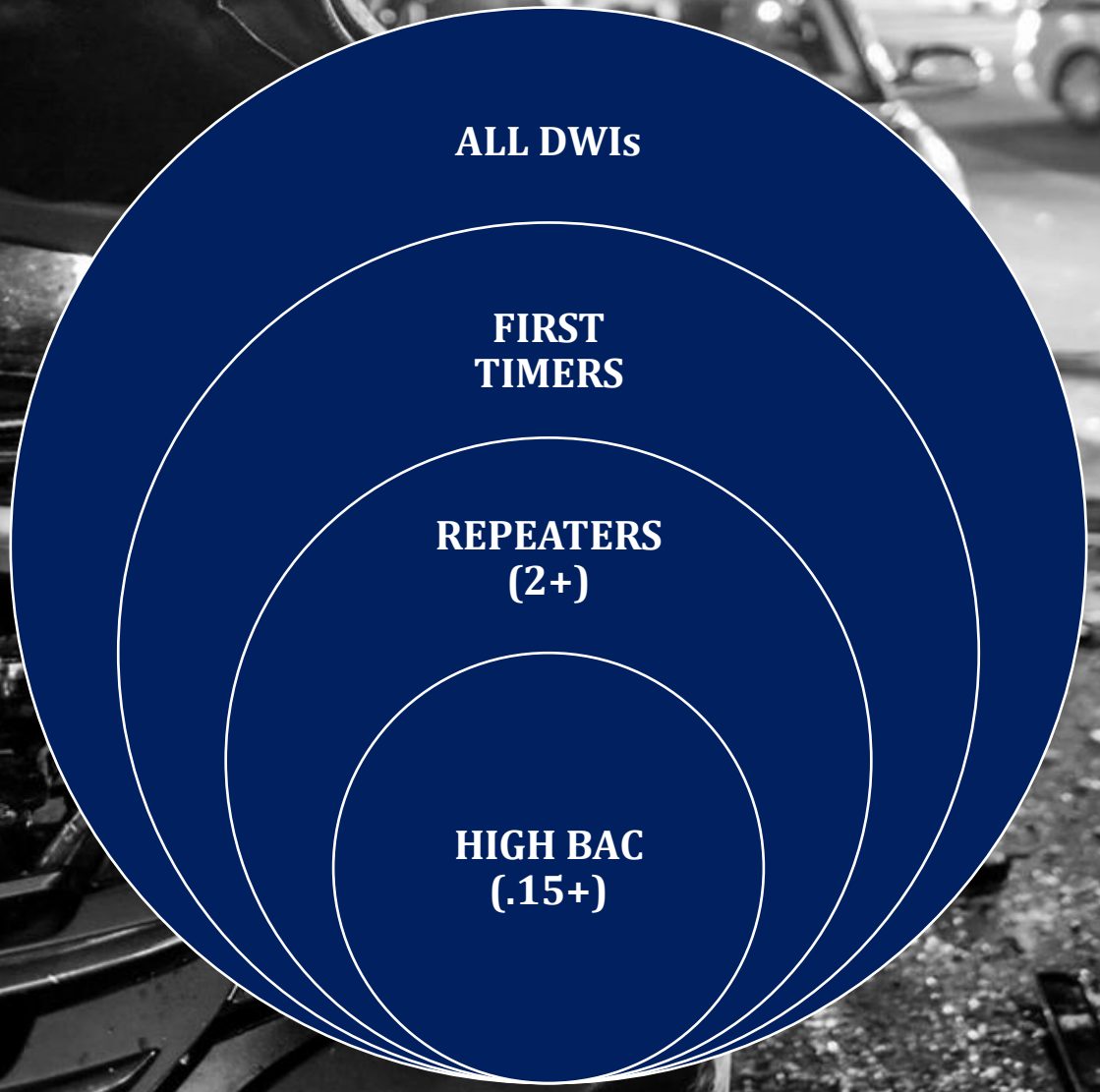
- Current age < 25 years
- Delinquent onset < 16 years
- Substance use onset < 14 years
- Prior rehabilitation failures
- History of violence
- Antisocial Personality Disorder
- Psychopathy
- Familial history of crime or substance use disorder
- Criminal or substance use associations

Risk for Impaired Driving



- Prior involvement in the justice system specifically related to impaired driving
- Prior non-DWI involvement in the justice system
- Prior involvement with alcohol and other drugs
- Mental health and mood adjustment disorders
- Resistance to and non-compliance with current and past involvement in the justice system

Who Do We Take?



Poly-Substance Use

Focus on the behavior,

not the drug of choice.

Addiction is a disease and

drug of choice is a moving target.

GP2: Clinical Assessment

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What is Clinical Need?

Clinical Need

Diagnosed:

= Substance Use Disorder (Mod to Severe)

= Mental Health Disorder

= Both

Need = What level and type of drug and alcohol/mental health treatment is required for recovery?

Is it life threatening?
Can they be treated safely in the community?

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Clinical Assessment

The ***ongoing*** process for defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

- ASI (Addiction Severity Index)
- TCU DSII (Texas Christian University Drug Screen II)
- GAIN (Global Appraisal of Individual Needs)
- MMPI
- PHQ

DSM 5 Criteria

- Substance specific
- 4 domains
- 11 criteria
- Possible Diagnosis
  - Mild
  - Moderate
  - Severe
  - Remission

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ASAM 6 Dimensions

- Intoxication and withdrawal potential
- Biomedical conditions/complications of SUD
- Emotional, behavioral, or cognitive conditions/complications
- Readiness to change
- Relapse/continued use potential
- Recovery/living environment

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Determine Risks and Prioritize Needs

Severity of each dimension

Interaction between dimensions

Higher intensity services tend to be needed:

- Instability in multiple dimensions
- Presence of comorbid conditions or complications of SUD

GP3: Treatment

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Treatment MUST

Complex – not a "one size fits all" approach

Varied levels of care

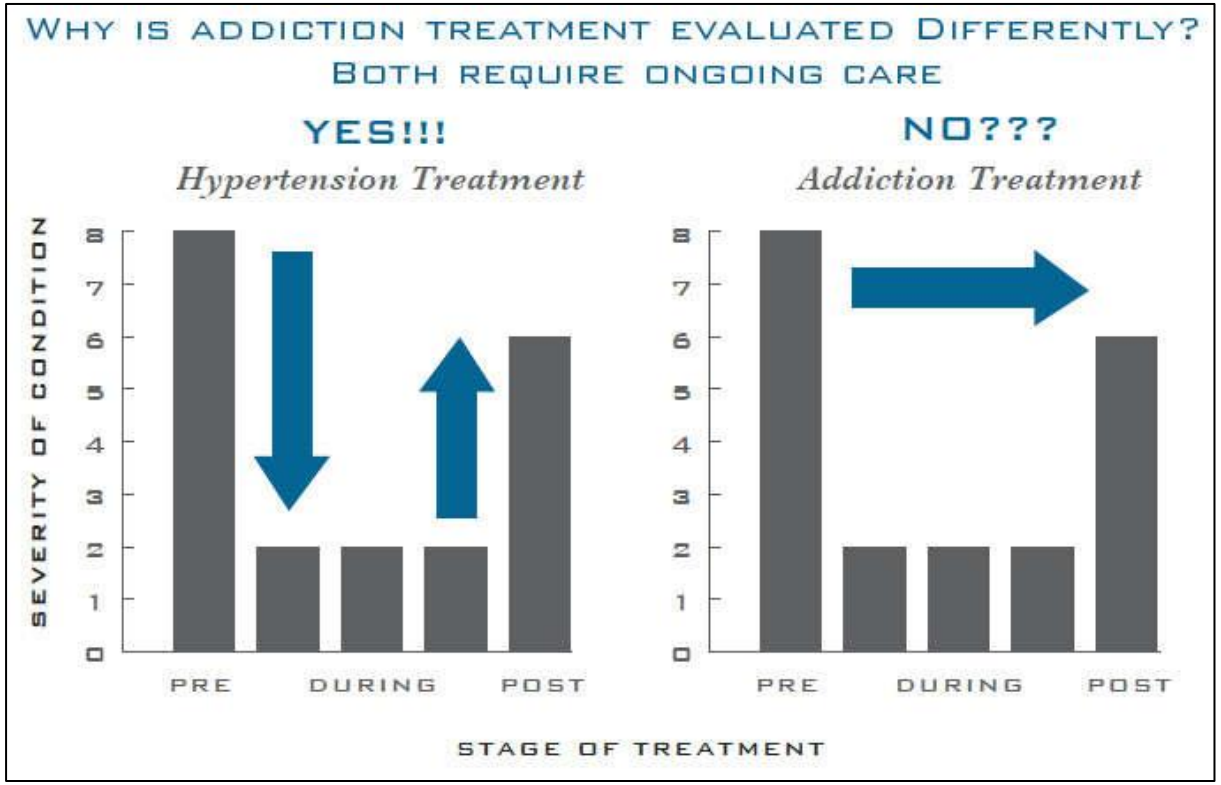
- Outpatient
- Inpatient or residential treatment

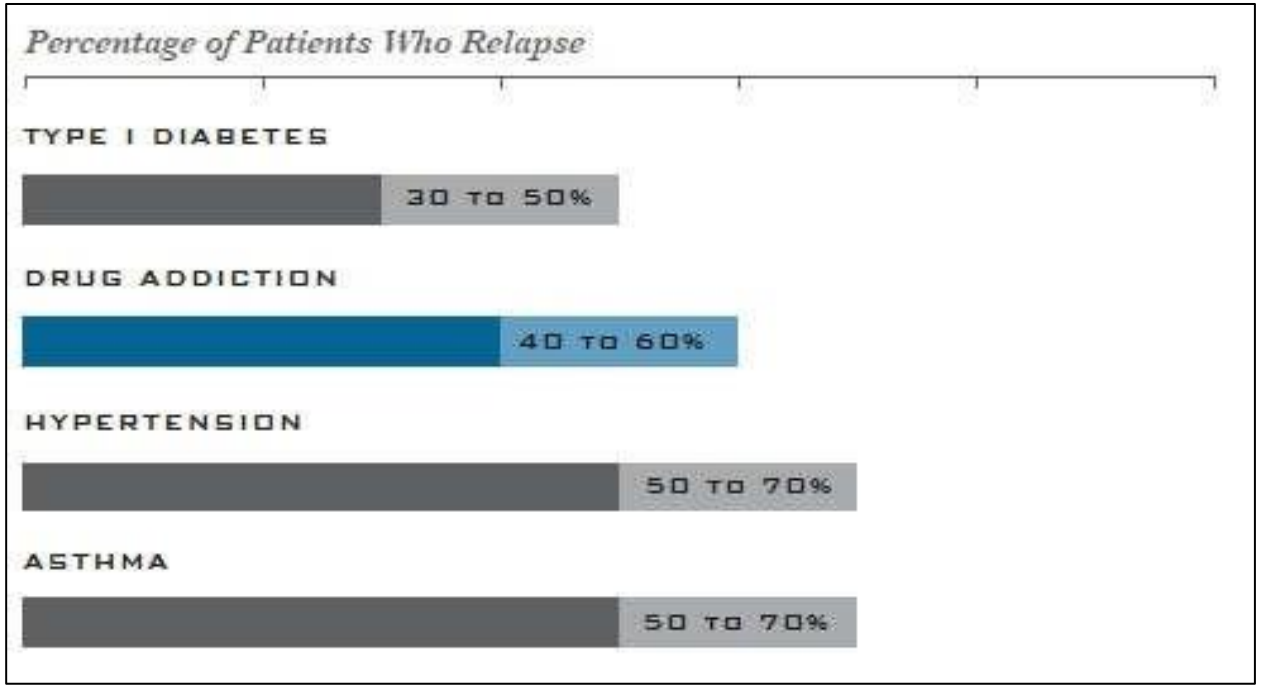
Behavioral therapies

Medications

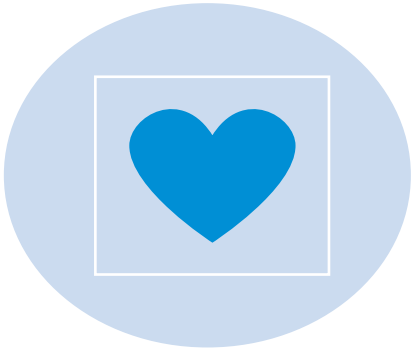
Comprehensive approach

What About Outcomes?





Change Happens When…



COMPASSION

EMPATHY

ACCEPTANCE

Principles of Effective Treatment

- No single treatment is effective for everyone
- Readily available
- Multidimensional
- Program length
- Treatment/services plan continually assessed and adjusted

Barriers

- Stigma
- Access
- Siloed services from the general health care system
- Funding/insurance
- Fixed lengths of stay
- Lingering bias in some treatment centers/systems against medications
- Justice system

Putting the data to work

- Moving from an acute care model to a long-term care approach
- Recognizing many pathways to recovery
- Integrated behavioral health systems change; moving away from siloes
- Treatment courts

GP4: Supervision

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Why is Community Supervision Important?

Protects public safety

Provides accountability

Protects internal and external program integrity

Supports the progress of the participant

Provides early intervention

Acts as an adjunct to treatment

Extends the team into the community

Use Risk-Need-Responsivity Principles

Model as a guide to Best Practices

RISK

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-***risk*** offenders

NEED

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

Target criminogenic ***needs*** to reduce risk of recidivism

RESPONSIVITY

HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect ***responsivity***

Core Correctional Practices

The following skill sets are designed to complement adherence to the RNR model and should be woven into interactions with probationers.

- ✔ Effective reinforcement
- ✔ Effective disapproval
- ✔ Effective use of authority
- ✔ Interpersonal relationships
- ✔ Anti-criminal modeling
- ✔ Cognitive restructuring
- ✔ Structured skill-building
- ✔ Role clarification
- ✔ Problem-solving

Use RNR & CCP to Go Beyond Compliance Monitoring

Research shows that when probation officers spend at least *16 minutes* with supervisees employing behavioral techniques and focusing on criminogenic needs, recidivism rates drop significantly.

(Bonta, Rugge, Scott, Bourgon, & Yessine, 2008)

GP5: Partnerships

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Forge Agency, Organization, & Community Partnerships

- Partnerships support the DUI court.
- Consider what partnerships to develop.
- Enlist partners and supporters.
- Manage the partnerships.

Thoughtfully consider and develop partnerships with anyone that will support, in good times and bad, the program.

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GP6: Judicial Leadership

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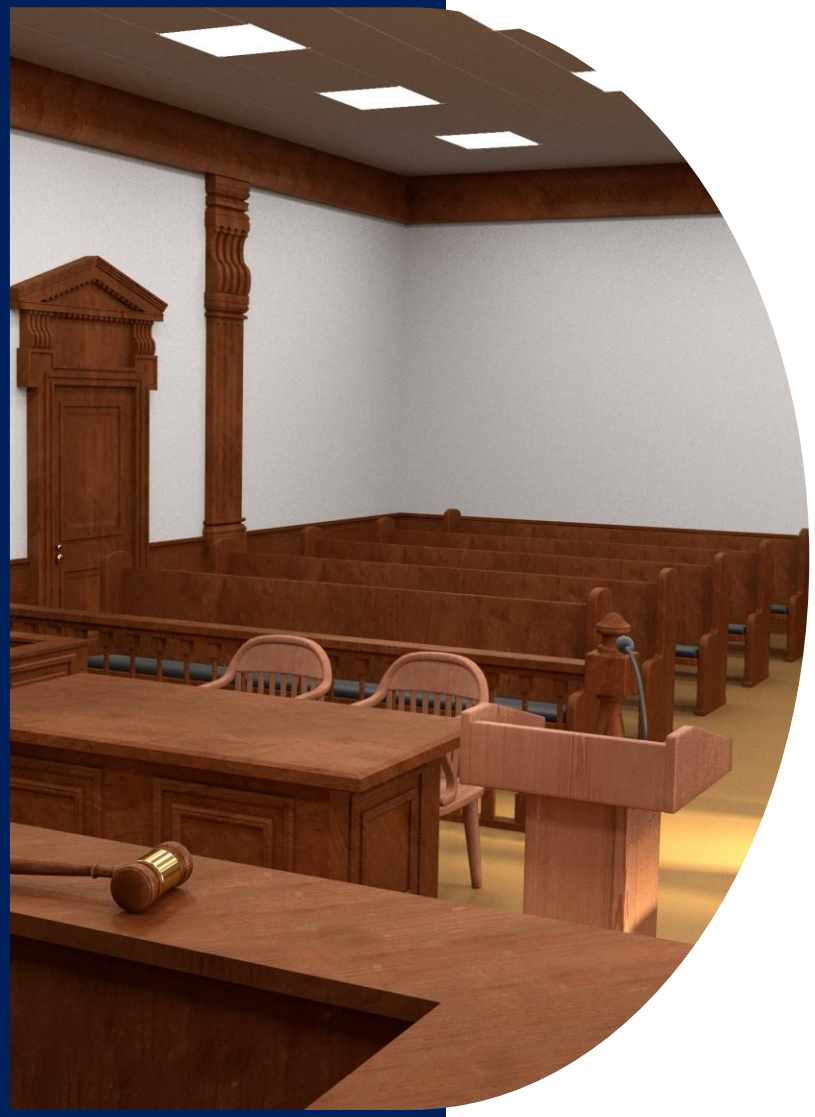

Take a Judicial Leadership Role

- Selection of the judge
- Capabilities and competencies
- Community outreach
- Changing the mindset

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GP7: Case Management

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What is Integrated Case Planning?

How the information is shared

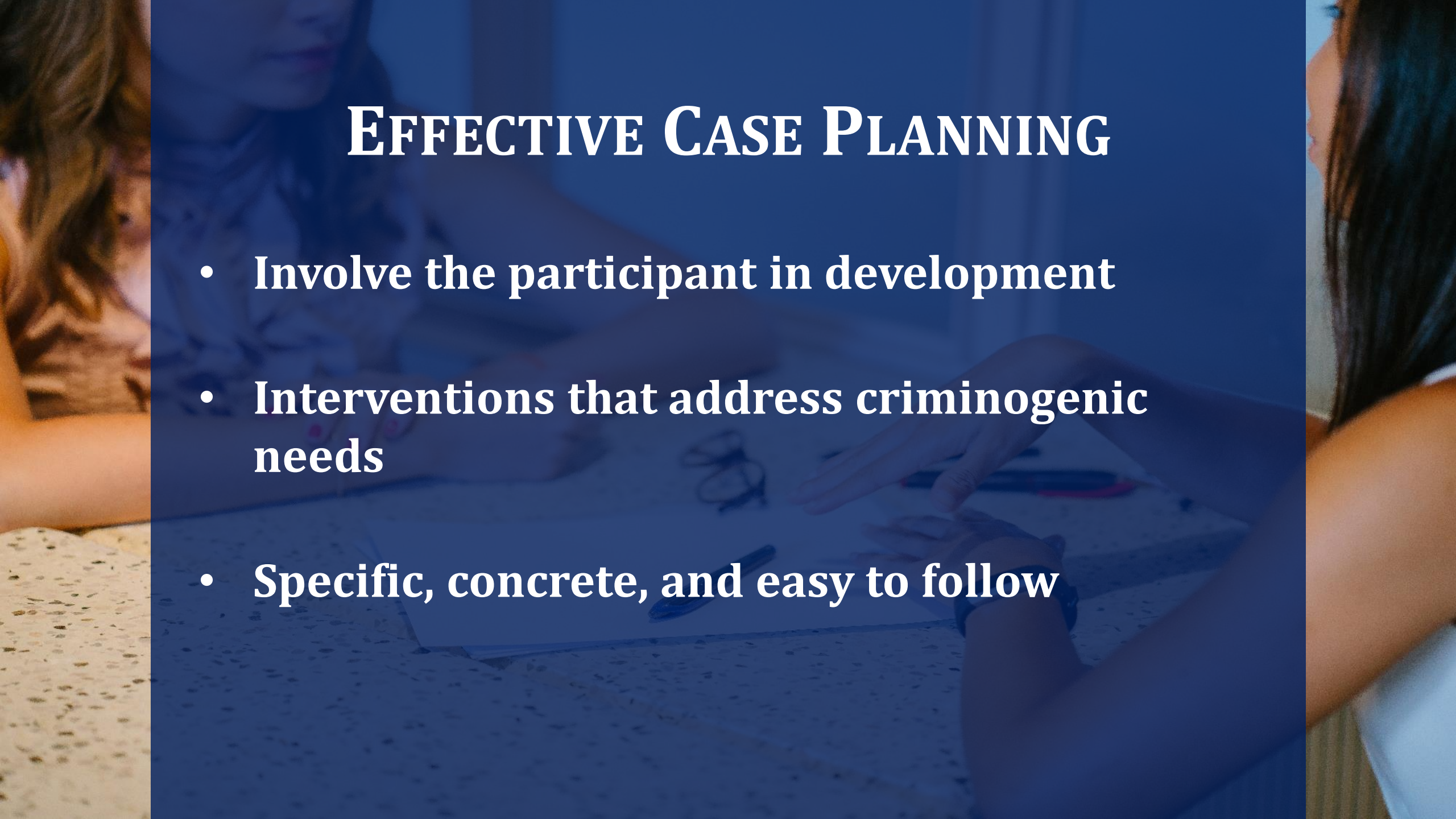
How to the goals with all the parties align

Acknowledging stages of change

Individualized based on participant need

Fluid and dynamic

Comprehensive



Effective Case Planning

- Involve the participant in development
- Interventions that address criminogenic needs
- Specific, concrete, and easy to follow

Key Points to Remember

- Plans and goals should be fluid, and should change as successes and challenges occur for clients
- Case plan goals should also be reflective of responsivity factors
- Case plan is different than treatment plan

Responding to Behavior

- ✔ Incentives/Sanctions
- ✔ Changes in treatment
- ✔ Changes in supervision

GP8: Transportation

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Importance of Addressing Transportation

Transportation plans need to be developed immediately upon entry.

To not address this issue may set up the participant to fail.

Participants also need to understand the potential consequences for illegal driving behavior.

2016 Michigan Sobriety Court Ignition Interlock Evaluation

- Interlock Program Participants (IPP) have the lowest recidivism rates after one, two, three and four years of follow-up.
- IPP have substantially higher rates of educational improvement.
- Multivariate analysis suggests that offenders in sobriety court who are not under interlock supervision have over 3 times the odds of failing out of the treatment court program when compared to sobriety court participants using ignition interlocks.

GP9: Evaluation

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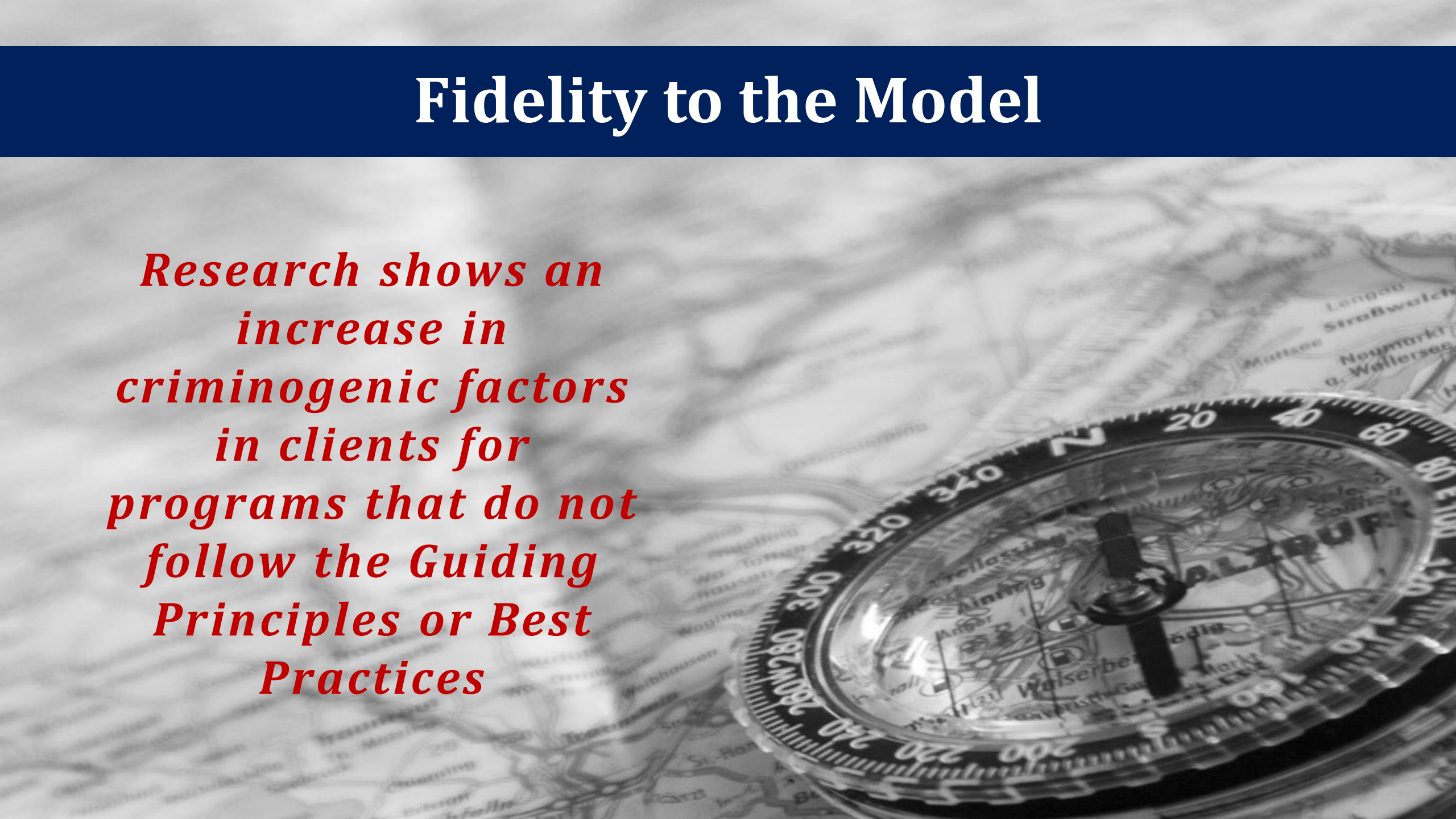
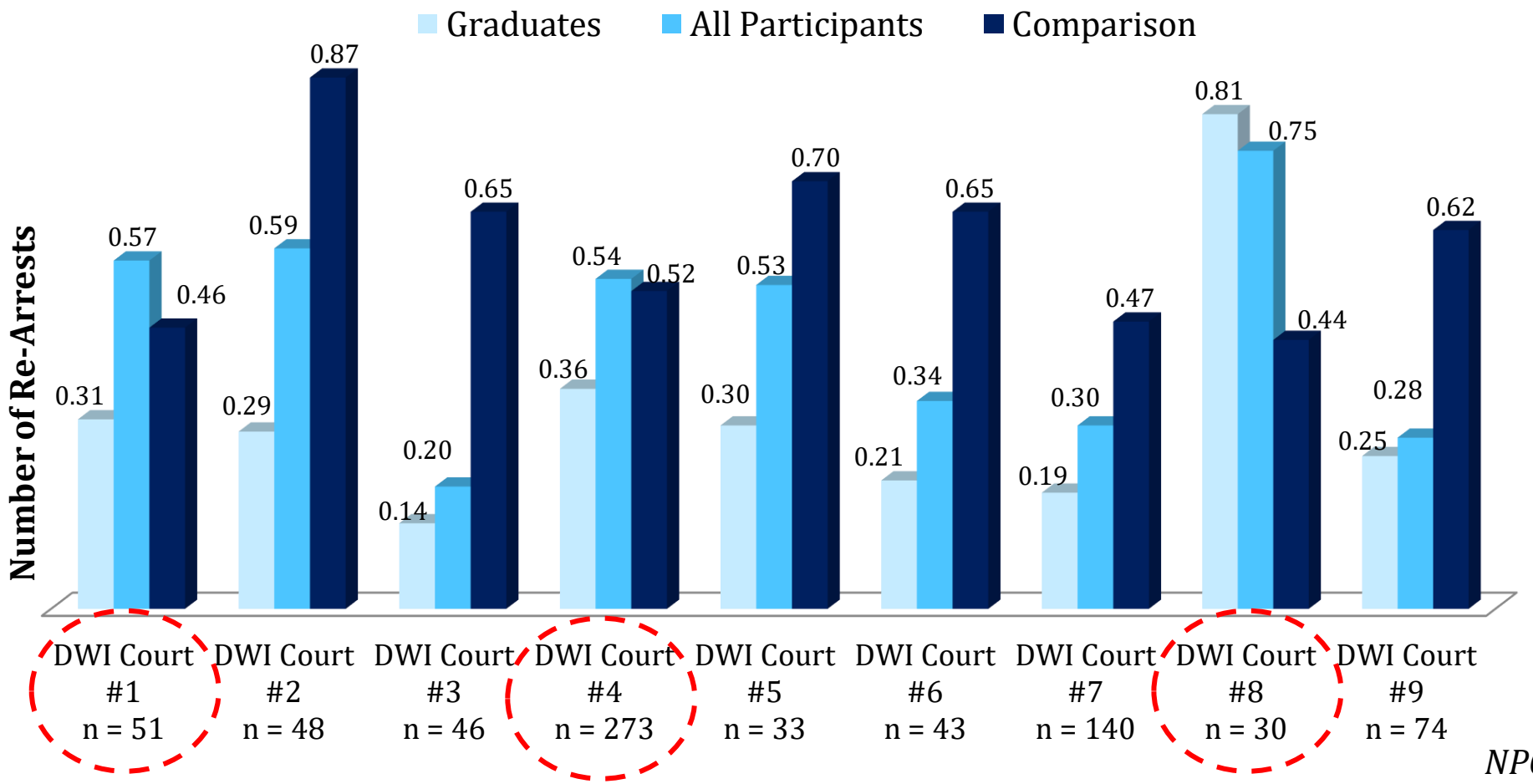
Fidelity to the Model

Research shows an increase in criminogenic factors in clients for programs that do not follow the Guiding Principles or Best Practices



Fidelity to the Model

Participants (regardless of graduation status) at the majority of MN's 9 DWI Courts had lower re-arrest rates but not all of them



NPC Research

GP10: Sustainability

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More than Money

- Planning
- Resources
- Partnering
- Administration and standards
- Team engagement and judicial involvement

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High-Performing Courts

1. Fidelity to the model.
2. Early screening/assessment.
3. Treatment needs are identified, provided, and individualized.
4. Sentencing, program placement, and case planning utilizes the RNR model.
5. Entry occurs within 50 days… 30 days or less for overachievers.

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High-Performing Courts

6. Teams are high-functioning.
7. Holistic, wraparound approach.
8. Behaviors are identified and addressed immediately.
9. Incentives and therapeutic adjustments outweigh sanctions.
10. Individualization matters.

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1. Are we following the 10 Guiding Principles?
2. Where can we do better; i.e., missing interventions, impact timeliness, underserved populations?
3. What strengths do we have?
4. What challenges do we face?
5. Who needs to be at the table?
6. What is my role?

Achieving High-Performance

NADCP
National Association of Drug Court Professionals

QUESTIONS?