



# The Importance of Law Enforcement on Your Treatment Court Team

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Conference



# Disclosure

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**Course of instruction:** Identify the various roles of law enforcement in treatment court operations





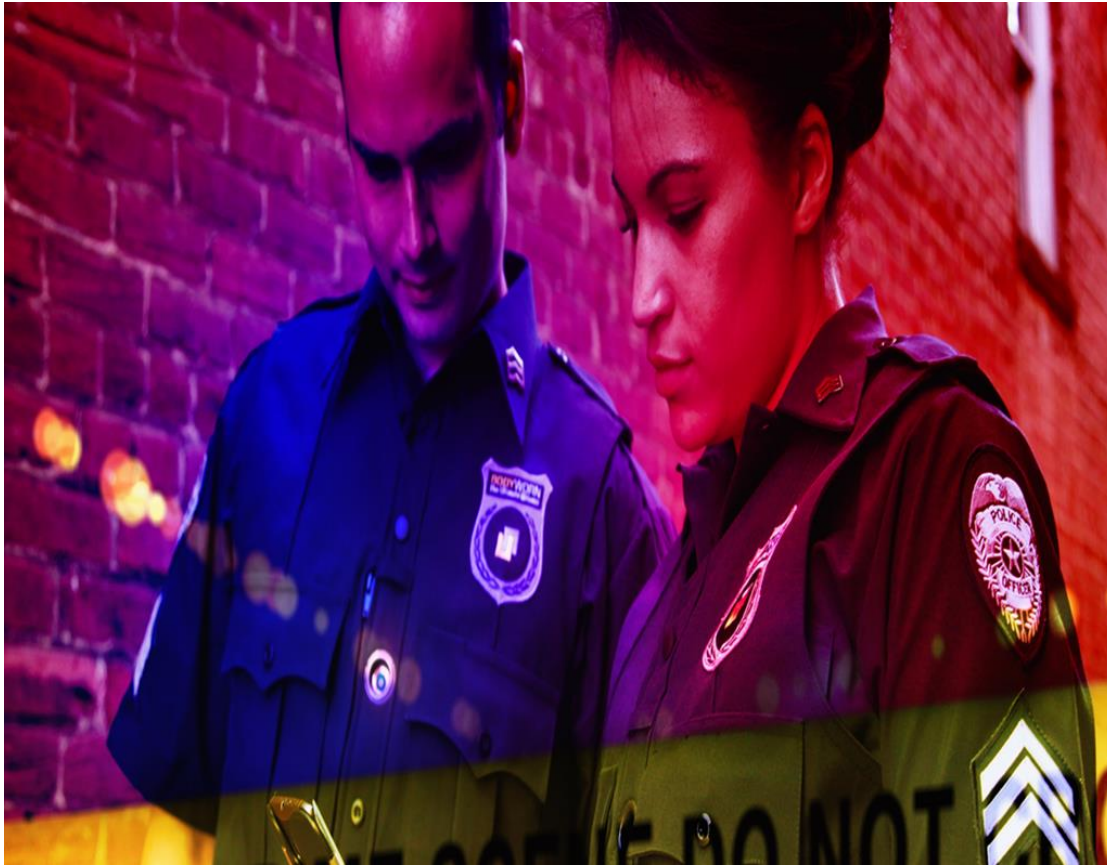
# Multidisciplinary Team

- Team Composition
- Pre-court Staff Meetings
- Sharing Information
- Team Communication & Decision Making
- Status Hearings
- Team Training



# Role of Law Enforcement Officer

- Primary job function is prevention, detection, or investigation of any violation of criminal law
- Assist in identification of potential treatment court clients
- Unlimited powers of arrest
- Search and Warrant execution
- 24/7 agency availability
- Real-time communication of what is happening in the community
- Assist probation with home/employment visits
- Assist probation with drug and alcohol testing
- Information Sharing
- Investigates suspect criminal activity
- Support public safety and program integrity



Warning

- Drug Court is not a tool to strengthen law enforcement cases
- Law enforcement officers should not use participants as confidential informants



# Communication: Sharing of Information

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- Participants receive consistent messages
- Compliance with supervision requirements that treatment professional may be aware of (e.g., electronic monitoring, home curfews, travel limitations, stay aways, etc.)
- Participant accountability greatly increased
- Promotes positive interactions with law enforcement
- Resource sharing
- Exposure to each other's roles opens lines of communication and promotes understanding of one functional system

Team  
Communication  
and Decision  
Making

- Non-adversarial process
- Staffing vs Courtroom theatre





- Multidisciplinary team serves essentially as a panel of “expert witnesses” providing legal and scientific expertise for the judge
- Assessment results pertaining to a participant’s eligibility for treatment court and treatment and supervision needs
- Attainment of treatment program phase requirements
- Commission of or arrests for new offenses that treatment professionals may be aware of
- Discuss participant progress

A close-up photograph of a silver and gold fountain pen lying diagonally across an open, spiral-bound notebook with lined pages. The notebook is resting on a dark wooden surface. The lighting is soft, highlighting the metallic sheen of the pen and the texture of the paper.

## Team Communication and Decision Making



## Community Policing

- As a community policing strategy, drug court draws on the distinctive expertise and experience of law enforcement
- Unique resources and insights of the community in which it serves
- Treatment court affirms that law enforcement and the community can work together successfully

# 21<sup>st</sup> Century Policing

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- Two major trends with powerful impact
  - Institutionalization of community policing
    - Helps to suppress criminal activity
  - Rapid development of drug court programs
    - New way of doing business
    - addresses the underlying cause of criminality associated with drug use
    - Model of community policing

# Drug Court as COPS Model

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- Prevention
- Empowerment
- Collaboration
- Cooperative Problem Solving
- Law Enforcement is CRITICAL

# Roles

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## **Traditional**

- First Line of Defense against crime
- Address criminal activity to help communities heal
- Frustration with the revolving door of criminal justice

## **Drug Court Team**

- Best position to recommend participants
- Monitor participants to ensure compliance
- Facilitate swift response for participants who fail to comply

# Introduction to Drug Court Role

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- Referrals and Identification of clients
  - Key Component #3: identifying offenders early and enrolling them quickly
  - Familiar with the high risk/high need offenders
  - Familiar with the cross between criminal justice and substance abuse in jurisdiction
  - Initial Screener at arrest
  - Criminal History, associates, gang involvement of referrals

# Introduction to Drug Court Role

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- Ongoing program involvement
  - Field services assistance
    - Warrant service
    - Home visits/Monitor Curfew
    - Employment verification
    - Inpatient transports
    - Interdisciplinary Education (Key Component #9)

# Introduction to Drug Court Role

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- Drug Testing
  - Key Component #5
  - Supplemental testing (breath, saliva)
  - Keeps offenders honest and accountable
  - Provide additional information for the team to make treatment and court response adjustments



# Introduction to Drug Court Role

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- Liaison Officer
  - Time assignment usually depends on staffing levels
  - Larger jurisdictions will assign officers full time
  - Smaller jurisdictions can work to support program
  - Participate in Staffing
  - Attend court sessions
  - Liaison between team and other law enforcement

# Barriers to Collaboration

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- Cultural Issues
- Roles and Responses
- Communication
- Trauma

# Cultural Issues

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- Professionals and Participants
  - Honor diverse rolls and professions
  - Attitudes and Assumptions
  - Build Trust
  - Expectations
  - Roles in Recovery Process
  - Cultural Proficiency



# Roles and Responses

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- Team Members
- Clients
- Integration of public health and public safety

## Key Component 9

Clearly defined, written, and continual reassessment of roles and responses help to build collaborative responses.



# Training

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- Multidisciplinary Team
  - Team Meetings
  - Review program policy and procedural manual and update team and participants on any program changes:
    - Statutory
    - Agency Changes
    - Any changes that will impact operation of program



# Training

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- Interdisciplinary Professionals
  - Peer Professionals on program updates
  - Professional Mandates
  - Agency Policy which impacts staff responses



# Verbal Communication

- Tone of Voice
- **Open-ended questions**
- **Affirming**
- **Reflection/Paraphrasing**
  - Demonstrate Active Listening
  - For understanding
  - To find common ground
- **Summarizing**



# NIATx Communication Model

Network for Improvement of Addiction Treatment

Increased job satisfaction and enhanced communication skills  
(ten court study, Melnick and Wexler 2014)

- *Avoid Ego-Centered Communications*
- *Avoid Downward Communication*
- *Practice Attentive Listening*
- *Reinforce Others' Statements*
- *Find Common Ground*
- *Reframe Statements Neutrally*
- *Ensure Inclusiveness*
- *Show Understanding*
- *Engage in Empathic Listening*
- *Sum Up*





Trauma  
exposure play a  
significant role in  
how people  
communicate

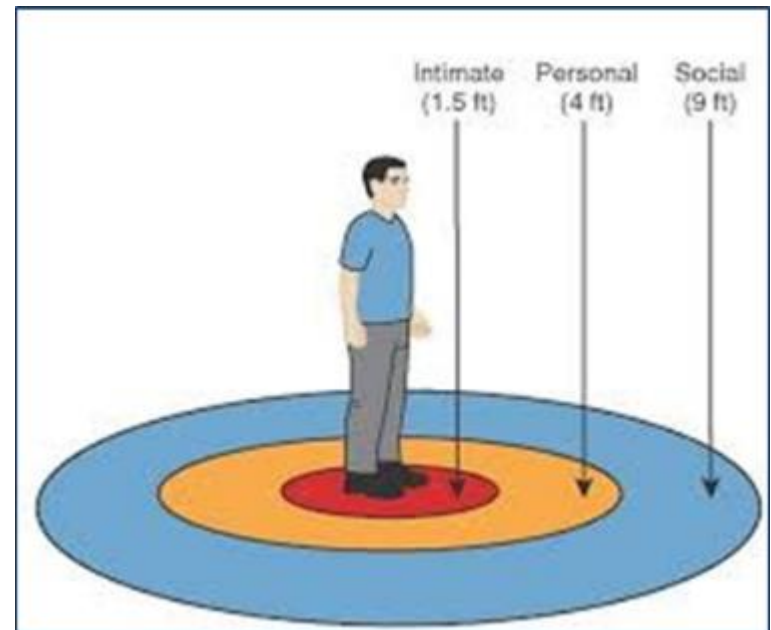


# How Does Trauma Informed Care Impact on This IPC Basic Training content?

## Proxemics

### 3 Key Zones

- Intimate: touching to 18 inches: For close friends and family
- Casual-personal: 18 inches to four feet: Informal conversation
- Social-consultative: four to twelve feet: Formal transactions



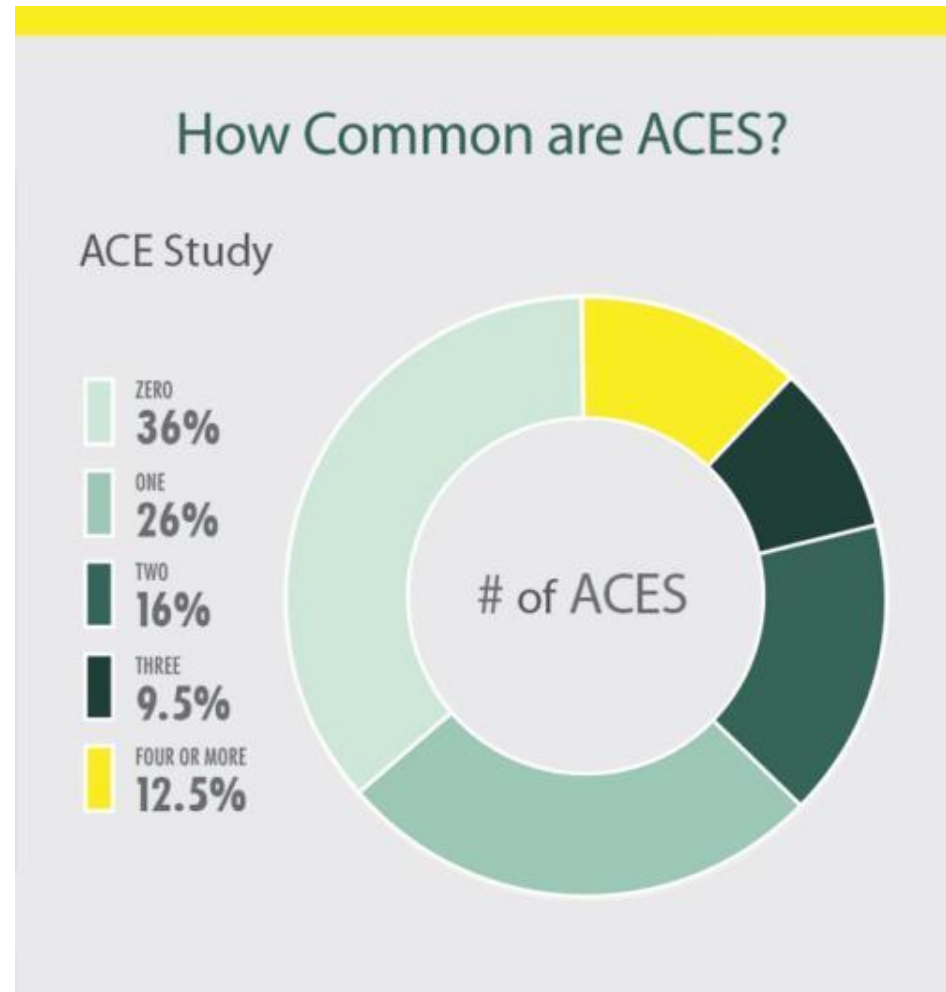
# TRAUMA AND DRUG COURT PARTICIPANTS



- 25%+ men physical or sexual abuse or another serious traumatic event
- 80%+ women
  - 50%+ needed trauma-related services
  - 33%+ PTSD

# ADVERSE CHILDHOOD EXPERIENCES

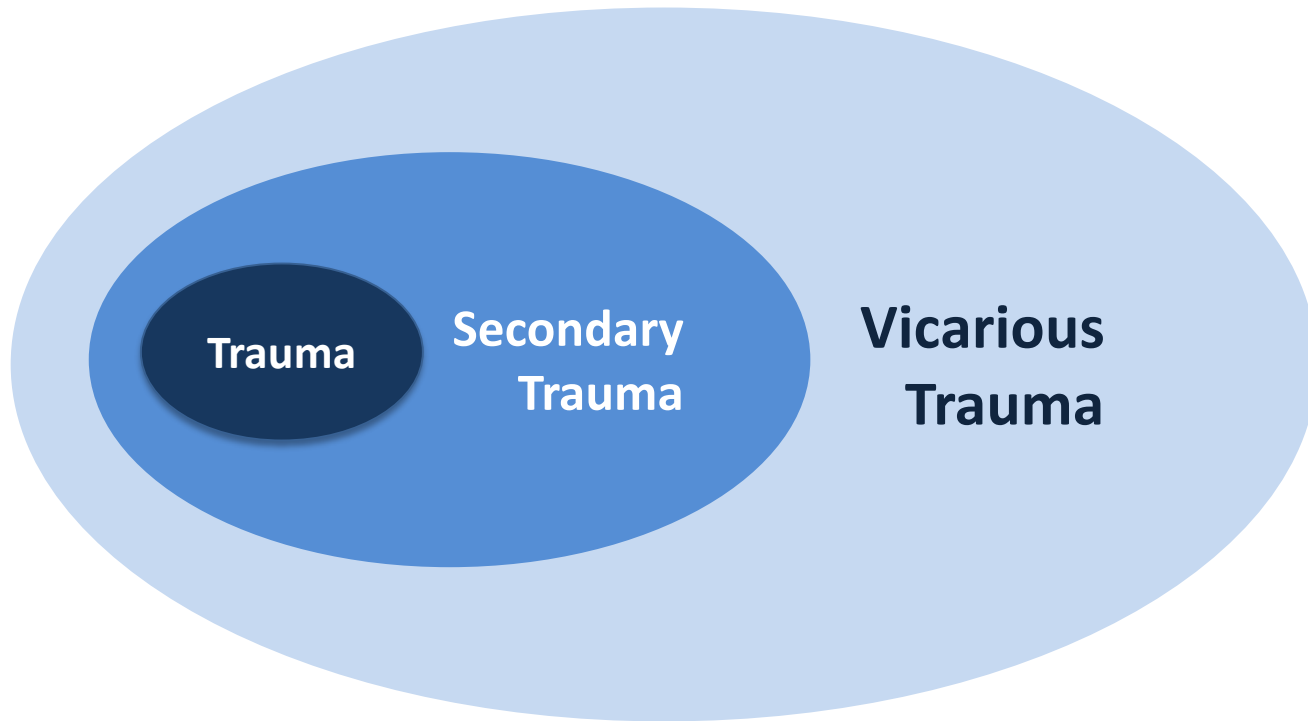
- The higher the ACE score the higher the risk of disease, social and emotional problems
- An ACE score of 4 or more increases likelihood of depression, suicide and substance use disorders substantially



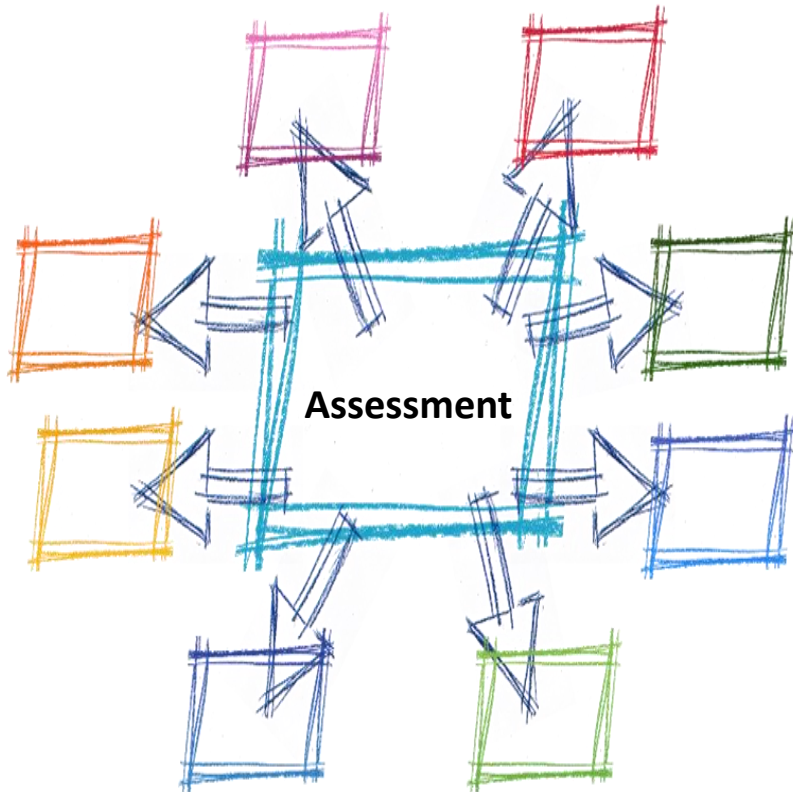
# The Three “E’s” of Trauma

- ***E*vents** and circumstances
- The individual’s ***E*xperience** of these events or circumstances determine whether it was a traumatic event
- The long-lasting adverse ***E*ffects** on an individual

**Experience** ← **See** **Hear**



# CURRENT TRAUMA DIAGNOSIS



## Acute Stress Disorder

- Occurs shortly after traumatic event
- Experience of symptoms lasts up to four weeks after the event

## Post Traumatic Stress Disorder (PTSD)

- Occurs sometime after the event
- Experience of symptoms becomes pervasive

## Complex Trauma

- The experience of multiple, chronic and prolonged, adverse traumatic events

# SYMPTOMS OF TRAUMA

Re-Experiencing	Avoidance	Mood & Cognition	Arousal & Reactivity
<ul style="list-style-type: none"><li>• Intrusive memories</li><li>• Nightmares</li><li>• Flashbacks</li><li>• Distress with reminders of event</li></ul>	<ul style="list-style-type: none"><li>• Persistent effortful avoidance of trauma-related thoughts, feelings, or external reminders</li></ul>	<ul style="list-style-type: none"><li>• Trouble recalling features of event</li><li>• Negative beliefs about self/world</li><li>• Blaming self or others for event</li><li>• Negative emotions</li><li>• Feeling alienated</li></ul>	<ul style="list-style-type: none"><li>• Irritable or aggressive behavior</li><li>• Self-destructive or reckless behavior</li><li>• Hypervigilance</li><li>• Trouble concentrating</li><li>• Sleep disturbance</li></ul>



# WHAT IS TRAUMA INFORMED CARE?

- **Systems** change approach
- It **recognizes** how trauma impacts participants
- Ensures **safety** in all interactions and physical space
- **Evaluate** & reflect on our practice to avoid re-traumatizing our participants

# TRIGGERS

A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation):

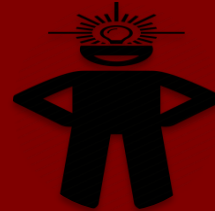
- Bedtime
- Room checks
- Large men
- Yelling
- People too close
- Particular time of day/night
- Particular time of year
- Contact with family
- Restraints
- Other

# TIC USES...

**Universal  
Precautions**



**Trauma**



**Informed**



**Care**

# Principles of Trauma-Informed Care



Safety



Empowerment,  
Voice, Choice



Collaboration



Trustworthiness  
Transparency

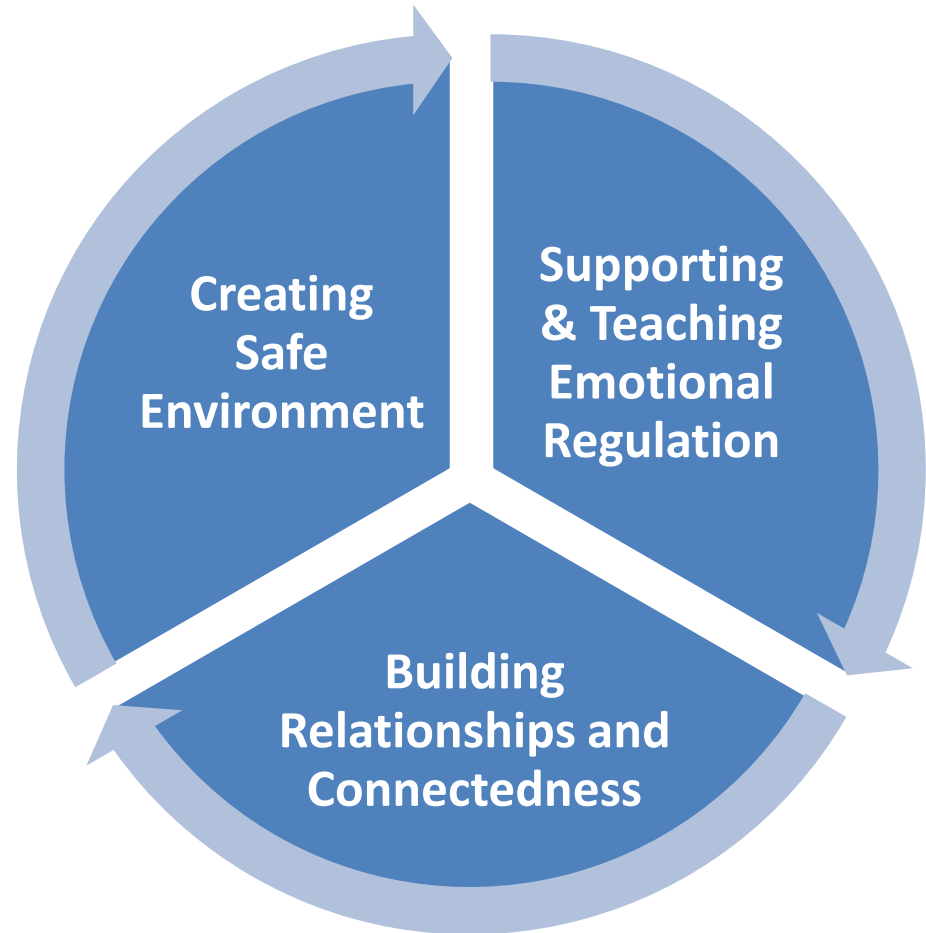


Cultural,  
Historical,  
Gender Issues

# Trauma Informed Services

SAMHSA

1. Create safe environment
2. Support & teach emotional regulation
3. Build relationships & connectedness



# CIT De-escalation Guidelines

- Maintain safe distance (5-6 ft or 21 ft rule)
- Use clear voice tone
- Use volume lower than aggressive individual
- Use relaxed, well-balanced, non-threatening posture
- Maintain tactical awareness
- Be active in helping
- Build hope – resolution is possible
- Focus on strengths
- Present self as a calming influence
- Demonstrate confidence and compassion
- Do not personalize
- Set limits

# De-escalation (continued)

- Remove distractions, disruptive or upsetting influences
- Be aware of body language/congruency
- Be aware that uniform, tools can be intimidating
- Recognize person with MHD overwhelmed by sensory intake
- Be consistent
- Use “I” statements
- Here and now
- Validation/acceptance
- No promises you cannot keep
- Determine need food, water basics
- Use active listening

# First Step - Introduce Yourself

An introduction promotes communication

1. Hi, my name is Joe (or Deputy Evans). I am an officer with the Sheriff's Department.
2. Can you tell me your name?
3. State what you see/know ("I can see you're upset.")
4. State or convey that you are there to help.
5. Be prepared to explain the reason you are there (e.g., a neighbor called to say someone is upset)

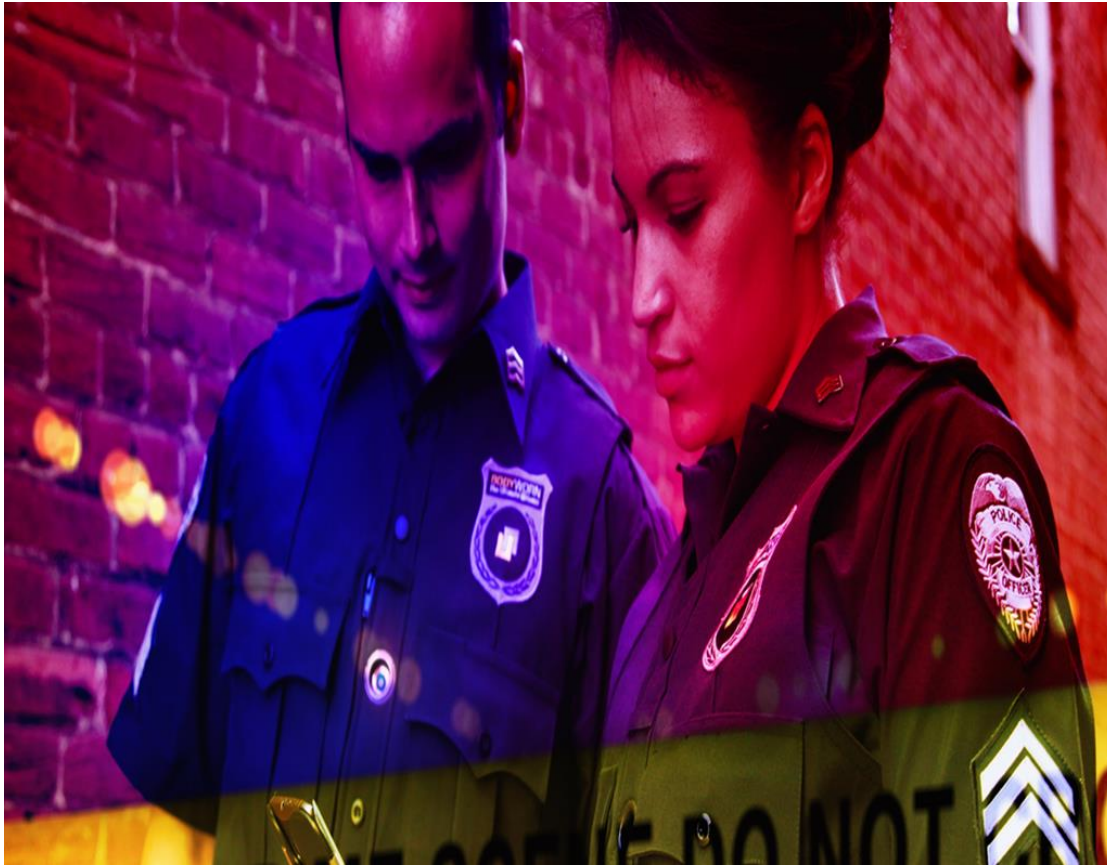


# ANY SETTING IS TRAUMA INFORMED IF...

- **Realize** how widespread trauma is
- **Recognize** signs and symptoms
- **Respond** by putting knowledge into practice
- **Resist** doing further harm



START



Thank You  
for the opportunity

- Law enforcement involvement starts the process
- Law enforcement supports public safety and participant interactions