Drug Court Treatment Services: Applying Research Findings to Practice- 11/1/11pm

Caroline Cooper, J.D., Hon. Stephen V. Manley, and Roger H. Peters, Ph.D.

Welcome

Question during the presentation?

Use “Ask a Question” button on the webinar screen. We will answer as many questions as time permits at the end of the presentation.

Presenters

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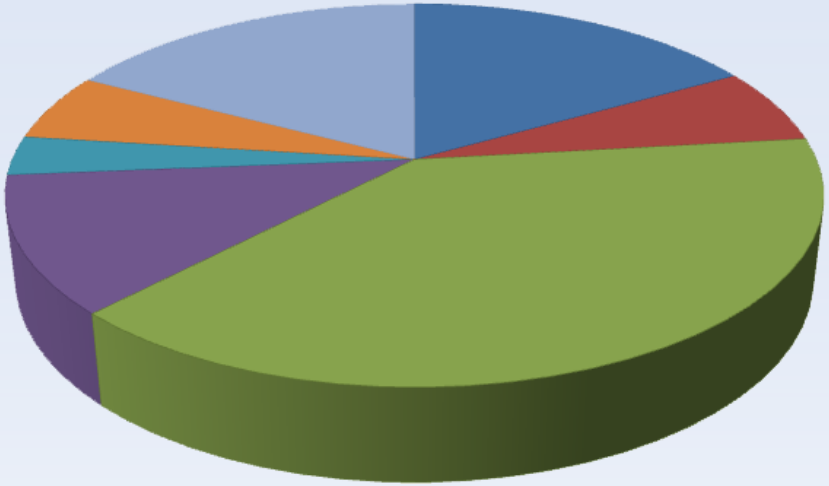
Hon. Stephen V. Manley, Superior Court Judge, Drug Treatment Court and Mental Health Drug Treatment Court, Santa Clara County (San Jose), California

Roger H. Peters, Ph.D., Professor, University of South Florida, Department of Mental Health Law and Policy

Today's Participants: A Snapshot

- 102 Court Administrators
- 39 Judges
- 70 Probation Officers
- 35 Social Workers
- 20 Researchers
- 105 Treatment Providers
- 237 Other Professions (program managers, coordinators, directors, etc.)



Outline of Topics for Webinar

I. **Drug Court and Treatment Outcomes**
   - Impact of drug court on participant outcomes
   - Impact of substance abuse treatment for offenders

II. **Components of Effective Drug Court Treatment**

III. **Evidence-Based Practices: What is the Impact on Treatment?**

IV. **What we Know and Don't Know about Drug Court Treatment: Next Steps for Research**

Definition of Key Terms

- **Treatment**: Services provided by trained clinical staff to address substance use disorders and other risk factors for recidivism.
- **Screening**: Brief initial review of information related to drug court program eligibility and/or admission.
- **Assessment**: Comprehensive review of information related to substance use disorders and risk for recidivism. Can examine both psychosocial functioning and risk factors (risk assessment).

Definition of Key Terms

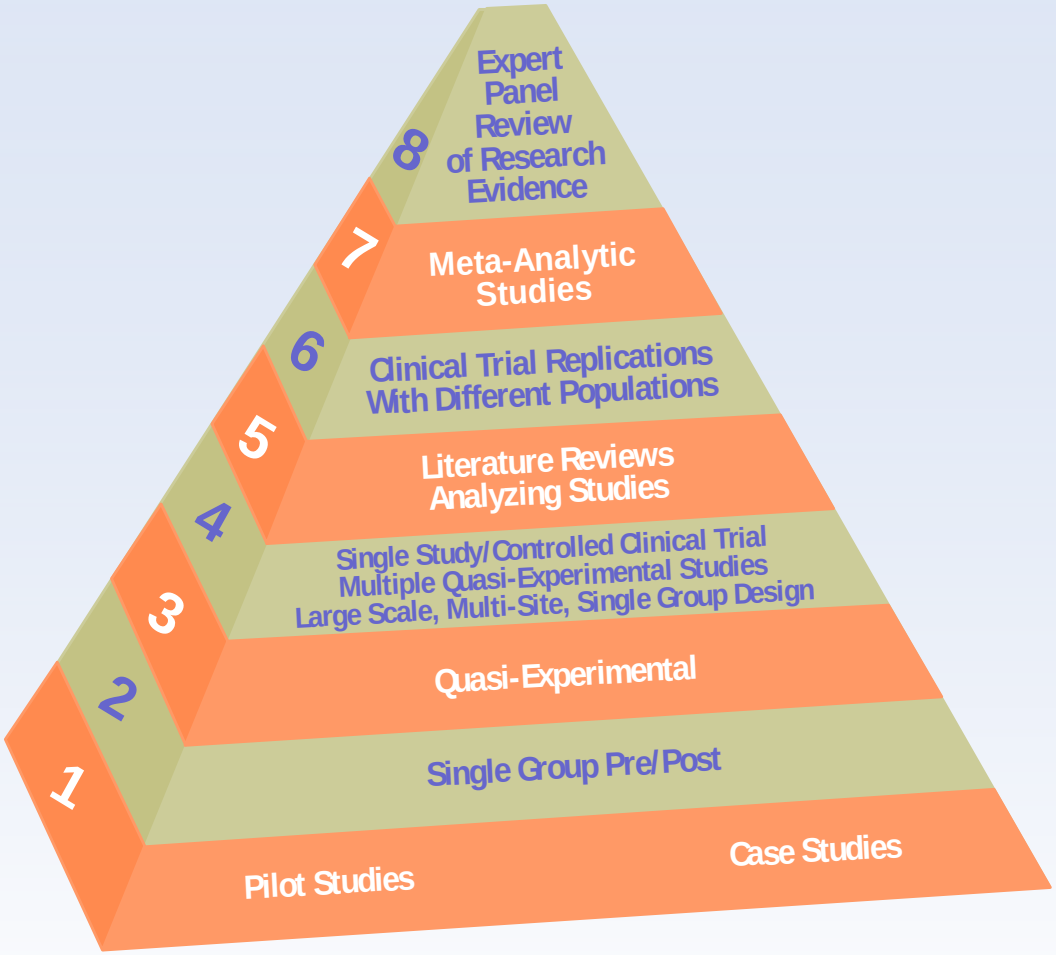
Evidence-Based Practice:

"Integrating individual clinical expertise with the best available external clinical evidence from systematic research"

- Sackett et al., 1996; British Medical Journal

Hierarchy of Scientific Evidence

(SAMHSA, 2005)



Questions?

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Poll Question

How important is substance abuse treatment to successful outcomes for drug court participants?

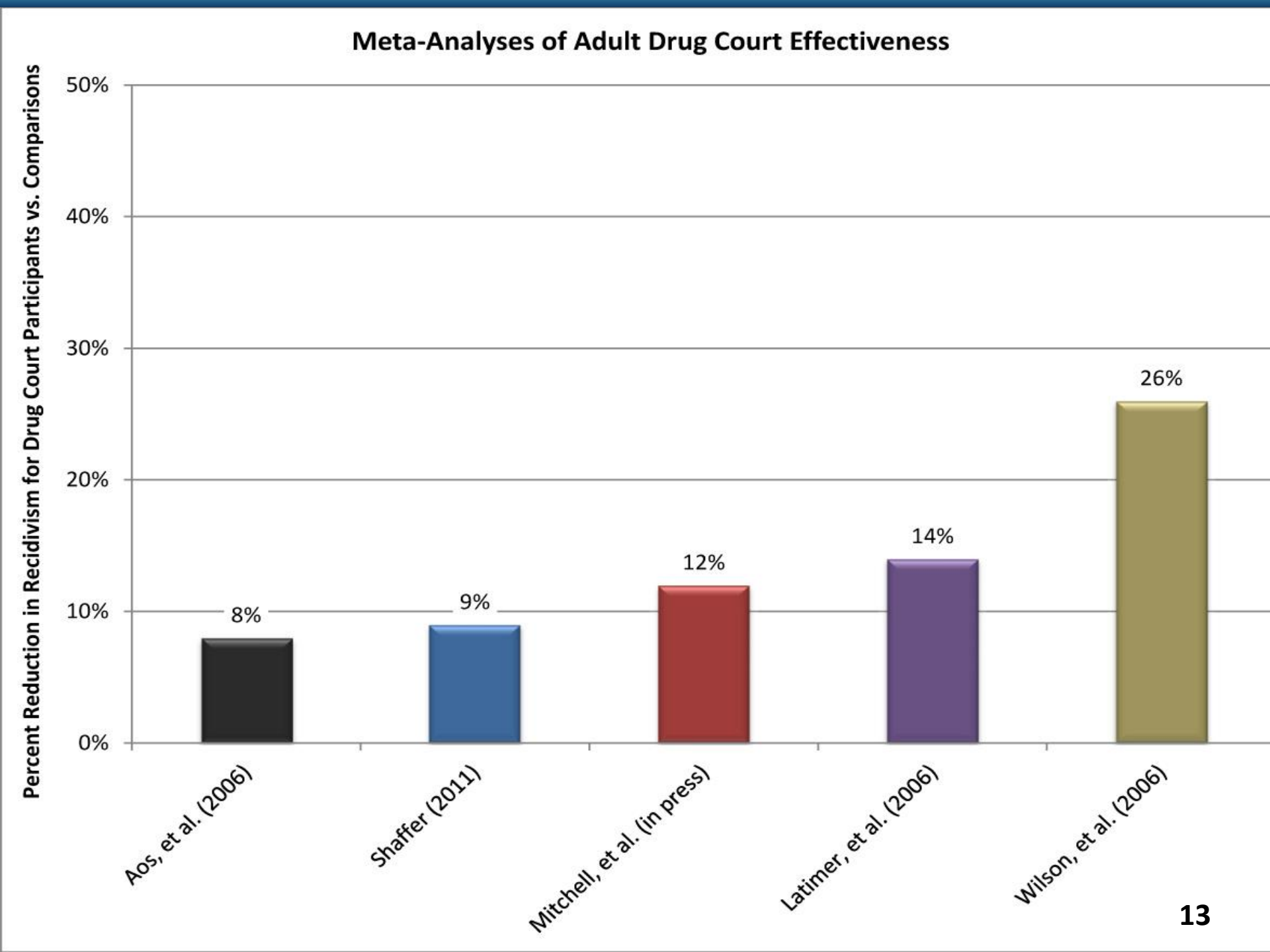
a) Indispensible
b) Very Important
c) Important
d) Not very Important
e) No effect on outcomes

Relevant Research Findings:

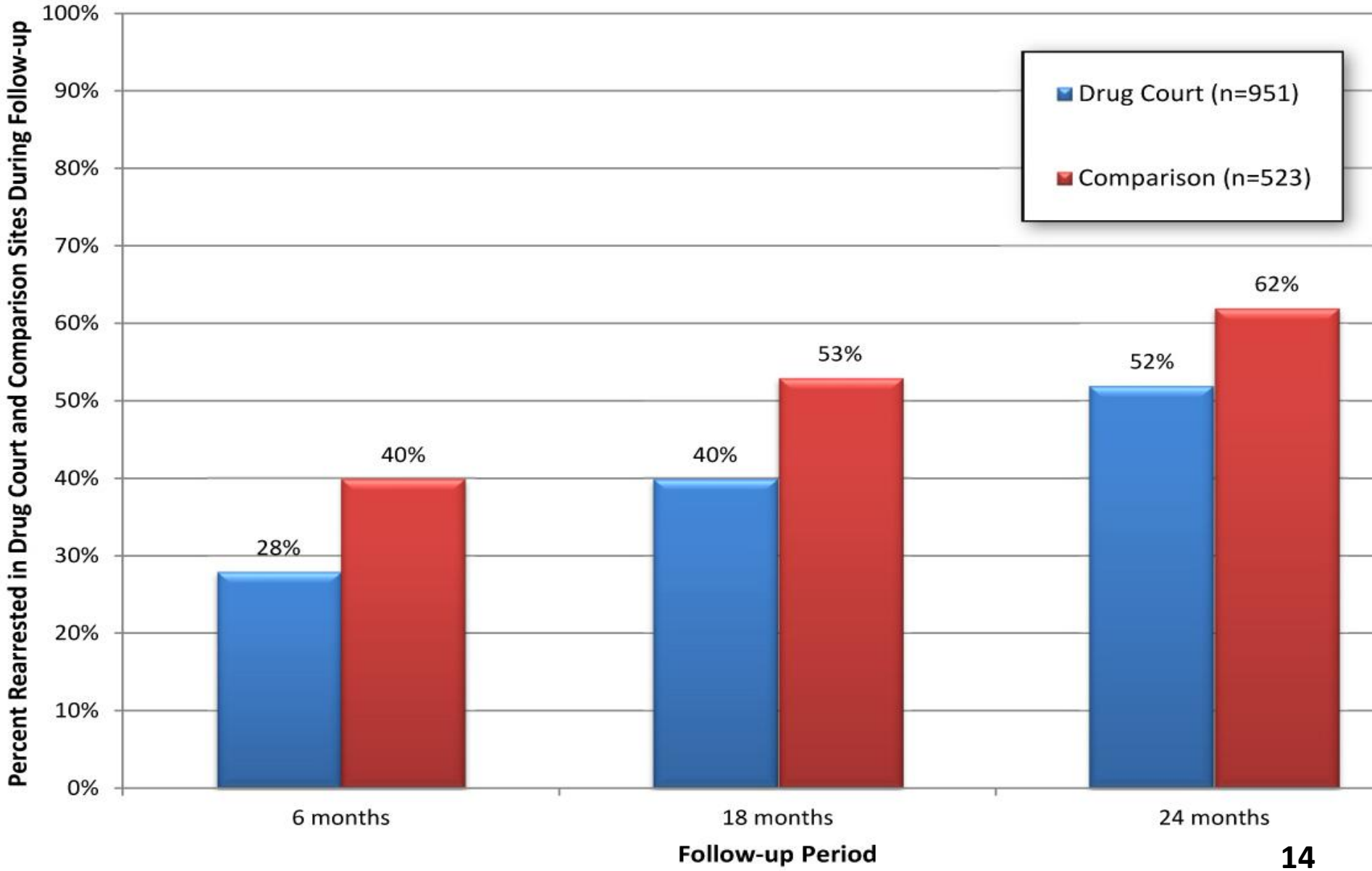
What is the impact of drug courts on participant outcomes?

Drug Court Outcomes

- Meta-analyses[1] indicate that drug courts lead to reductions in recidivism from 8-26% vs. comparisons
  - Recidivism increases for both drug court participants and comparison groups over time
  - However, there are smaller increases in recidivism over time for drug courts, relative to comparison groups
  - Drug court effects on recidivism extend to at least 36 months (Mitchell et al., in press)
  - Wide variation in effect size; 15% of programs ineffective
- Drug courts produce cost benefits of $4,767 - $5,680 per participant (Aos et al., 2006; Rossman et al., 2011)


Meta-Analyses of Adult Drug Court Effectiveness
Percent Reduction in Recidivism for Drug Court Participants vs. Comparisons
50%
40%
30%
20%
10%
0%
8%
9%
12%
14%
26%
Aos, et al. (2006)
Shaffer (2011)
Mitchell, et al. (in press)
Latimer, et al. (2006)
Wilson, et al. (2006)

Multi-site Adult Drug Court Evaluation
(Rossman, et al., 2011; Urban Institute)



Poll Question

Have you ever visited any of the treatment programs utilized by your drug court?

a) Yes

b) No

Relevant Research Findings:

What is the impact of substance abuse treatment for offenders?

Effectiveness of Outpatient Treatment

- National studies indicate significant reductions in recidivism following outpatient treatment

	Pre-treatment	Post-treatment
DARP[1]	87%	34%
NTIES[1]	74%	16%
TOPS[1]	32%[2]	10%[2]

1. Drug Abuse Reporting Program (DARP), National Treatment Improvement Evaluation Study (NTIES), Treatment Outcome Prospective Study (TOPS)
2. Reductions in predatory crimes.

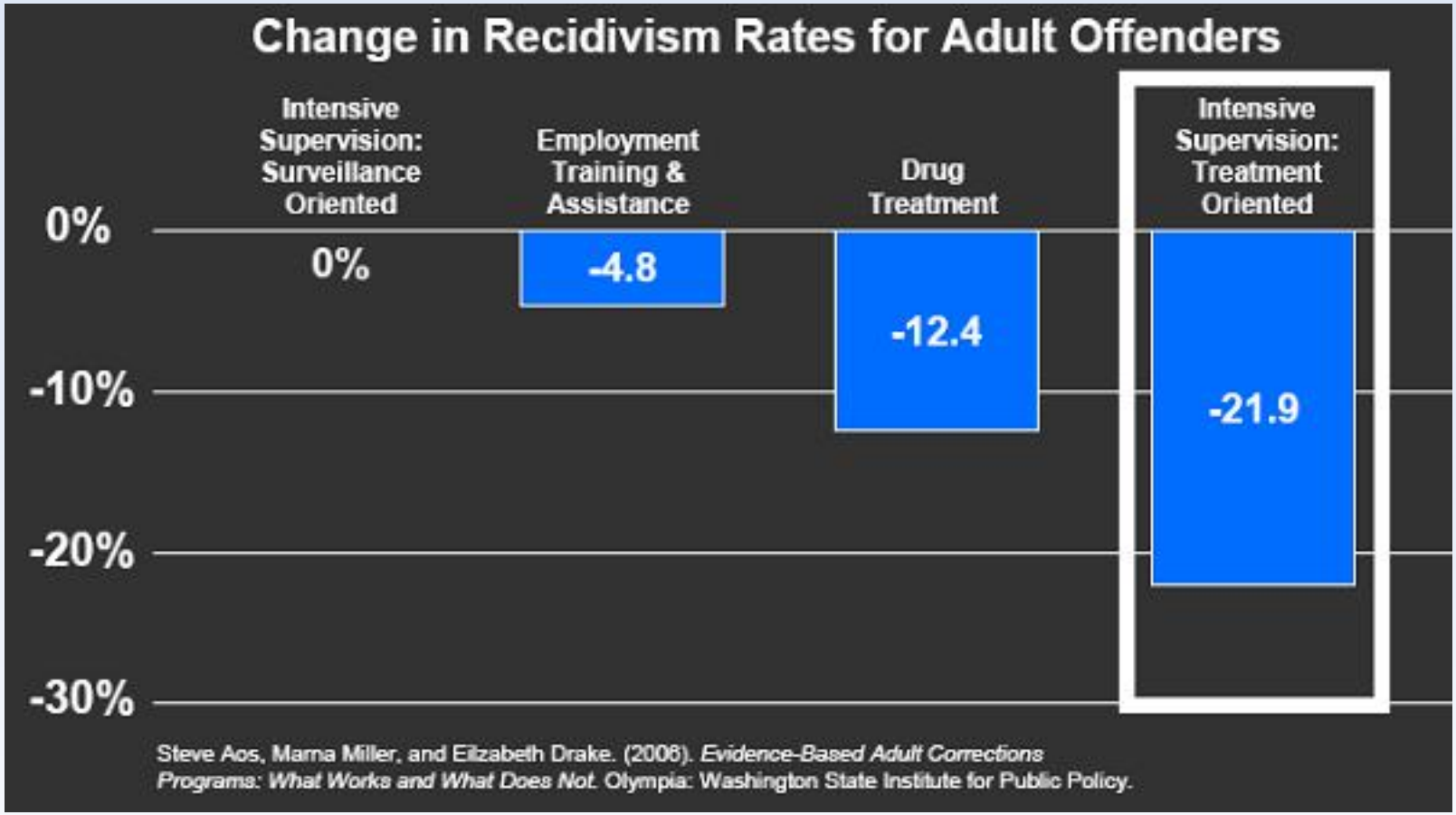
Effectiveness of Outpatient Treatment with Offenders

- Outpatient treatment of probationers leads to fewer arrests at 12 and 24 month follow-up (Lattimore et al., 2005) vs. untreated probationers
- High-risk probationers receiving outpatient treatment experience 10-20% reductions in recidivism (Petersilia & Turner, 1990, 1993)
- Reductions in probationer recidivism durable for 72 months after outpatient treatment (Krebs et al., 2009)

Effectiveness of Sanctions and Incentives

- Negligible effects on recidivism of sanctions without treatment
  - Few effects of using greater vs. lesser sanctions (Lipsey & Cullen, 2007)
  - Sanctions alone may increase recidivism (Andrews et al., 1990); should provide therapeutic response
- Supervision does not reduce recidivism without involvement in treatment (Aos et al., 2006)
- Improved outcomes for drug courts related to:
  - Providing an immediate response to first positive drug test and other infractions (Shaffer, 2011)
  - Implementing a formal system of incentives and sanctions (Shaffer, 2011)

Combining Treatment and Supervision Can Reduce Recidivism

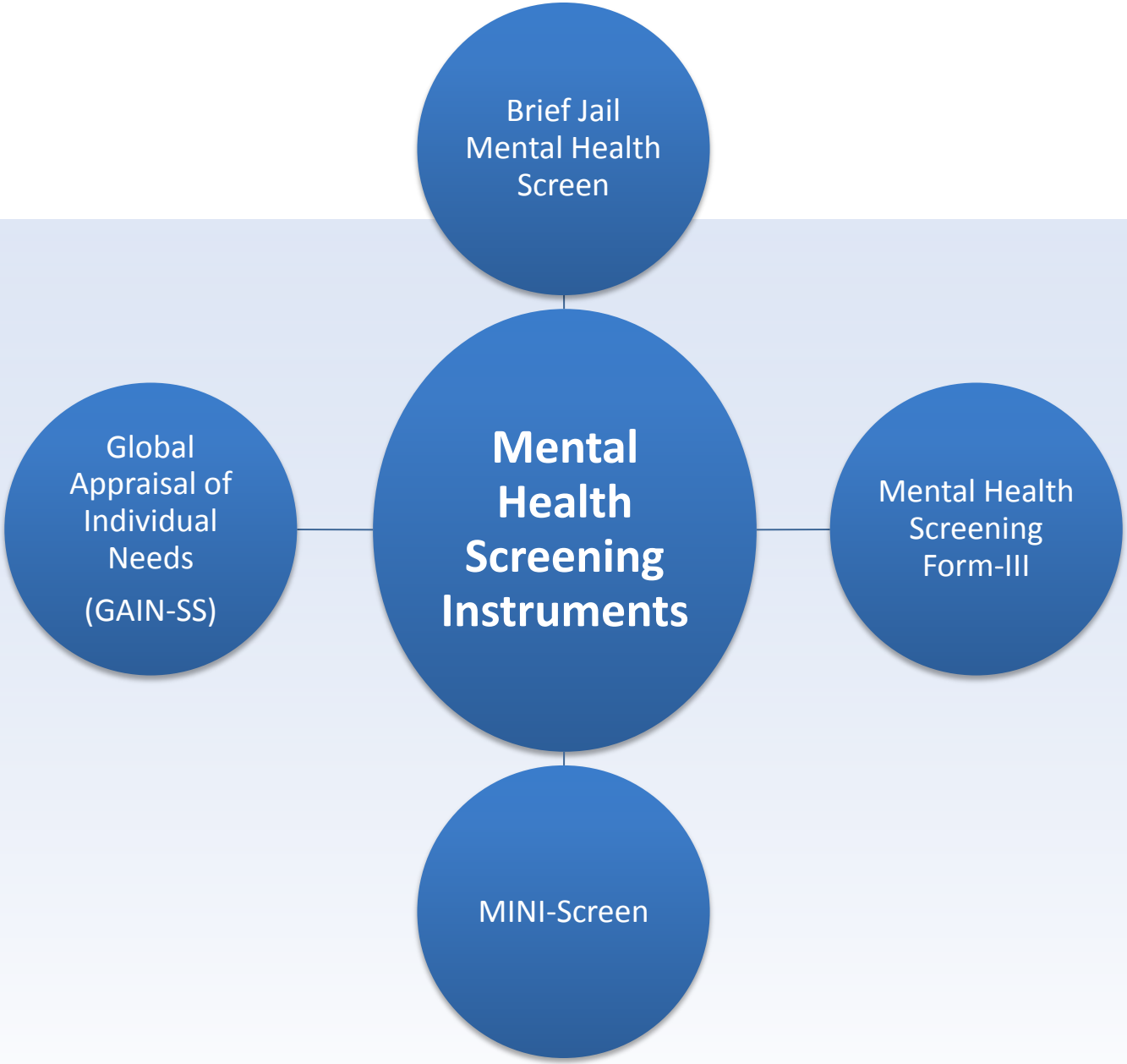


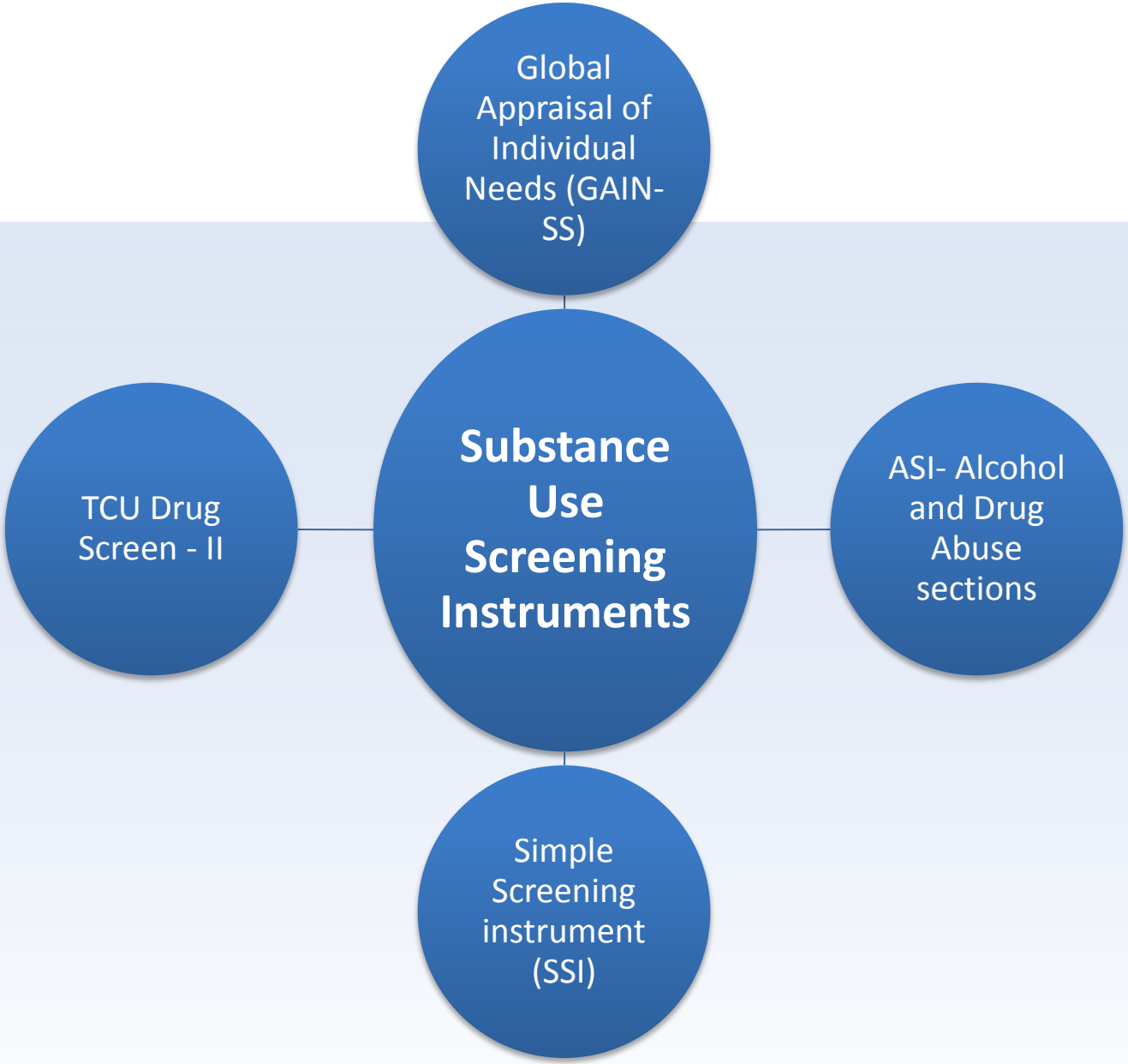
Components of Effective Drug Court Treatment

* See *Principles of Drug Abuse Treatment for Criminal Justice Populations* (NIDA, 2006)

Importance of Screening and Assessment in Drug Courts

- **High prevalence** rates of substance use, mental, and other health disorders in criminal justice settings
- Persons with undetected disorders are likely to **cycle back through** the criminal justice system
- Allows for **treatment planning** and linking to appropriate treatment services
- Drug courts that implement comprehensive assessment have **better outcomes** (Shaffer, 2011)


Brief Jail Mental Health Screen
Global Appraisal of Individual Needs (GAIN-SS)
Mental Health Screening Instruments
Mental Health Screening Form-III
MINI-Screen


Global Appraisal of Individual Needs (GAIN-SS)
TCU Drug Screen - II
Substance Use Screening Instruments
ASI- Alcohol and Drug Abuse sections
Simple Screening instrument (SSI)

Integrated Screening for Co-Occurring Disorders

Mental Disorders

- **Symptoms** of major mental disorders
- **Suicidal** thoughts and behavior and risk of violence
- History of **mental health treatment** and use of medications
- History of **trauma, victimization, and violence**

Substance Use Disorders

- **Diagnostic indicators** of substance dependence
- **Frequency** and type of substance use
- History of **substance abuse treatment**
- **Acute health risk** related to intoxication or withdrawal

Psychosocial Assessment Instruments

- Addiction Severity Index (ASI)
- Global Appraisal of Individual Needs (GAIN)
  - *GAIN-Quick*
  - *GAIN-Initial*
- Texas Christian University - IBR
  - *Brief Intake Interview*
  - *Comprehensive Intake*

Risk Assessment

- Includes examination of 'Criminogenic Needs'
  - Dynamic or *changeable* factors that contribute to the risk for engaging in crime
- Review of static risk factors (e.g., criminal history)

Poll Questions

Does your drug court provide a risk assessment?

a) Yes

b) No

Risk Assessment Instruments

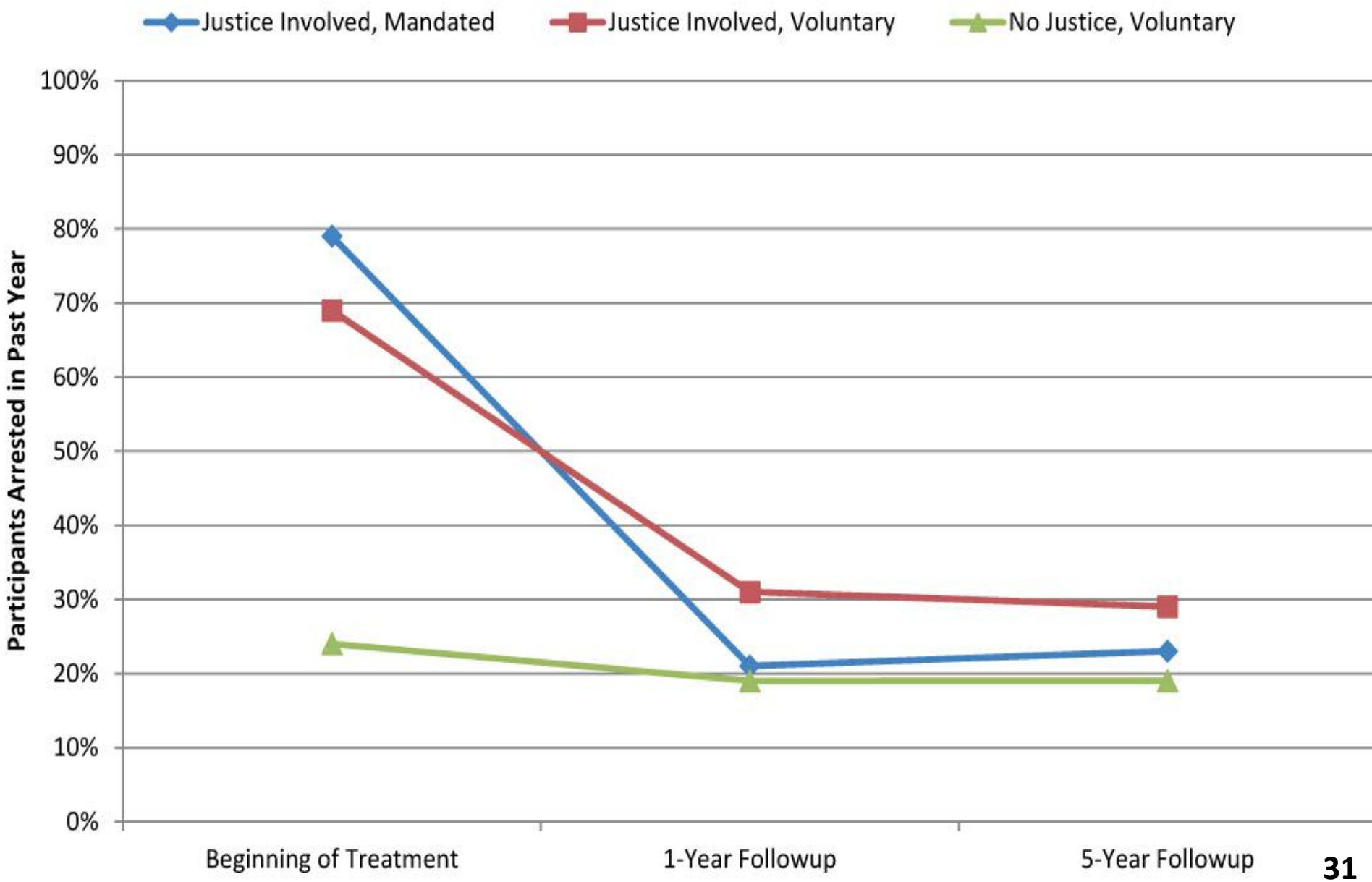
- Historical-Clinical-Risk Management-20 (HCR-20)
- Lifestyle Criminality Screening Form (LCSF)
- Level of Service Inventory-Revised (LSI-R)
- Psychopathy Checklist: Screening Version (PCL-SV)
- Risk and Needs Triage (RANT)
- Short-Term Assessment of Risk and Treatability (START)

(Adapted from Peters, SAMHSA 2011)

Coerced Treatment

- Definitions of coerced treatment vary
- Exists on continuum – dimensions include:
  - Level of monitoring and supervision
  - Applicable consequences
  - Type of legal mandate
- Other relevant factors
  - Level of motivation
  - Population characteristics

Effectiveness of Coerced Treatment



Kelly, Finney, & Moos, 2005

Optimal Duration of Outpatient Treatment

- At least 3 months of outpatient treatment is required to reduce substance use and recidivism
- Greatest effects with outpatient treatment of 6-12 months
- Outcomes may diminish for outpatient treatment episodes lasting more than 12 months
- However, meta-analysis results indicate that drug courts of 12-18 months are most effective (Latimer et al., 2006)
- Best outcomes obtained for persons completing treatment

Immediacy of Involvement in Treatment

- Delay in entering treatment is one of the largest barriers to retention and treatment success
- Waiting time for substance abuse treatment is higher among criminal justice populations (Carr et al., 2008)
- Two critical periods: Pre-intake and pre-assessment – dropout rates high during both periods; > 50% even after intake
- Rates of attrition increase with the length of wait for treatment (Hser et al., 1995)

Immediacy of Involvement in Treatment *(cont'd)*

- Predictors of early dropout from offender treatment
  - High criminal risk
  - Depression, anxiety, history of psychiatric care
  - Unemployed
  - Cocaine dependency
- NIATX strategies to reduce waiting time
  - Combine intake/assessment
  - Group intake sessions
  - Make immediate appointments

Outpatient vs. Residential Treatment

- Both outpatient and residential treatment are effective for offenders
- Outpatient treatment more effective than residential treatment for drug-involved probationers (Krebs et al., 2009) and during reentry (Burdon et al., 2004)
- Cost-benefit analysis
  - Greater benefits for outpatient treatment in non-offender samples (e.g., CALDATA, French et al., 2000, 2002)
  - Excellent benefit-cost ratio for intensive supervision + treatment, community TC, community outpatient, and drug court programs (Aos et al., 2001; Drake et al., 2009)

Tailoring Treatment for Special Populations

- Co-occurring mental disorders
  - High rates of mental disorders among offenders (31% females, 15% males; Steadman et al., 2009)
  - Offenders with mental disorders have poor outcomes in traditional treatment programs (Peters & Osher, 2004)
  - Specialized program adaptations and treatments are needed
  - Several evidence-based treatment protocols are available
- History of trauma and Post-Traumatic Stress Disorder (PTSD)
  - Both female and male offenders have high rates of exposure to trauma/violence
  - Unless identified and addressed, undermines treatment effectiveness
  - Several evidence-based treatment protocols are available

Tailoring Treatment for Special Populations *(cont'd)*

- High criminal risk
  - Antisocial beliefs, values, behaviors
  - Specialized program adaptations are needed for treatment and supervision
  - Several evidence-based treatment protocols are available
- Other special populations
  - Cultural/racial minorities
  - Female offenders
  - Juveniles

Questions?

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Aftercare/Continuing Care

- Aftercare services among drug-involved offenders can significantly reduce substance use and rearrest (Butzin et al., 2006)
- Outpatient aftercare services can reduce likelihood of reincarceration by 63% (Burdon et al., 2004)
- Aftercare services provide $4.4 - $9 return for every dollar invested (Roman & Chalfin, 2006)
- Promising interventions for high risk/high need offenders
  - Recovery management checkups (Rush et al., 2008)
  - Critical time intervention (Kasprow & Rosenheck, 2007)

Relevant Research Findings:

Does the use of evidence-based practices have an impact on treatment outcomes?

Evidence-Based Treatment Interventions[1] for Offenders

- Motivational Enhancement Therapy (MET)
- Relapse Prevention
- Contingency Management
- Medication-Assisted Treatment (MAT)

1. Specific types of treatment services or activities

Evidence-Based Models[1] to Guide Offender Treatment

- Risk-Need-Responsivity (RNR) Model
- Cognitive-Behavioral Treatment (CBT) Model
- Social Learning Model
- Programs incorporating both CBT and social learning produce the largest reductions in recidivism (average = 26-30%; Dowden & Andrews, 2004)

1. Theoretical frameworks underlying a set of treatment interventions or activities.

Using the Risk-Need-Responsivity Model to Develop Offender Treatment

- Focus resources on high **RISK** cases
- Target criminogenic **NEEDS:** antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers
- **RESPONSIVITY** – Tailor interventions to the learning style, motivation, culture, demographics, and abilities of the offender. Address issues that affect responsivity (e.g. mental illnesses, trauma/PTSD).

8 Central Risk Factors related to Criminogenic Needs

1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance abuse
5. Family and/or marital problems
6. Lack of education
7. Poor employment history
8. Lack of prosocial leisure activities

Poll Questions

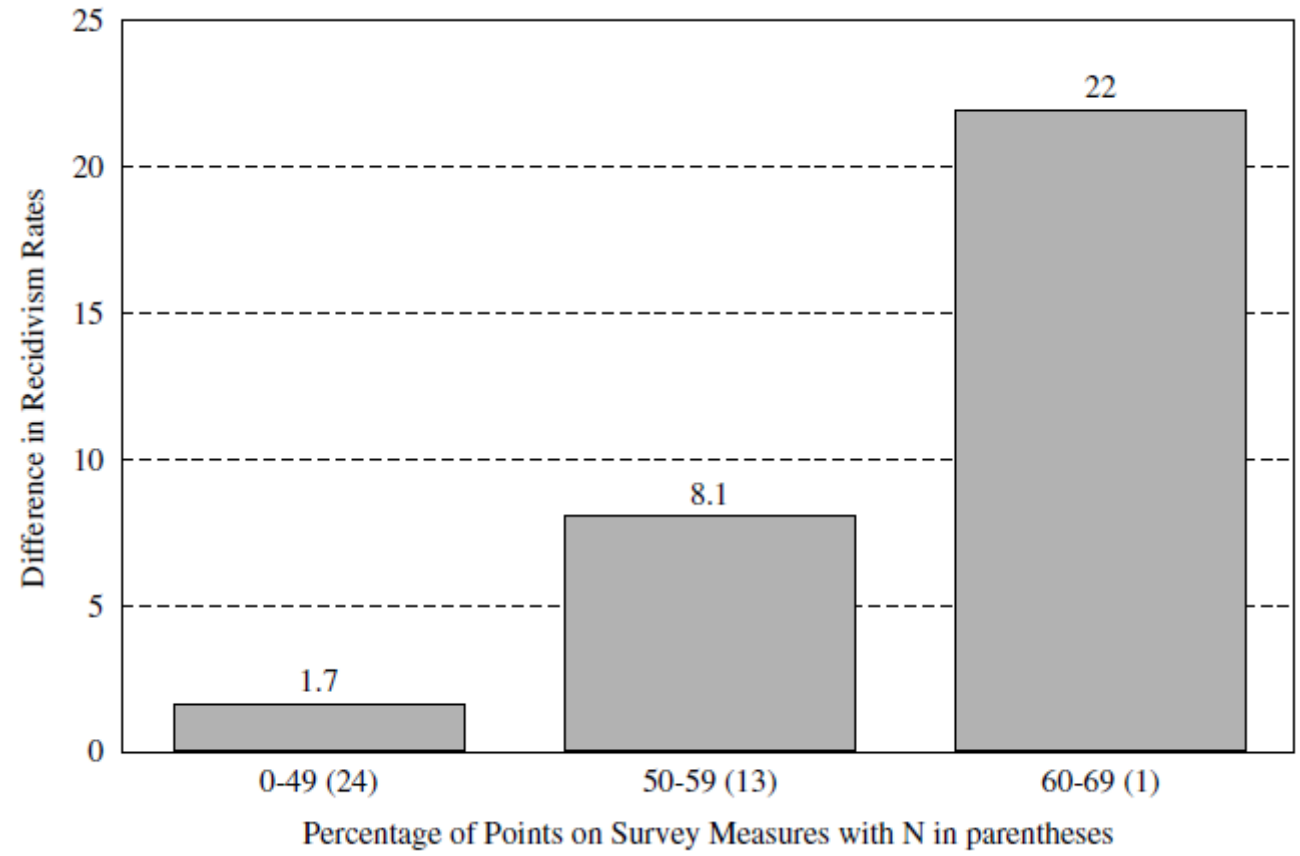
Does your drug court assess participants on each of the central criminogenic needs?

a) Yes

b) No

Greater Focus on Criminogenic Needs Enhances Treatment Outcomes

Figure 1. Difference in recidivism rates between treatment and comparison groups based on the CPAI measure total score



Lowenkamp, Latessa, & Smith, 2006

Common Features of CBT and Social Learning Models

- Focus on skill-building (e.g., coping strategies)
- Use of role play, modeling, feedback
- Repetition of material, rehearsal of skills
- Behavior modification
- Interpersonal problem-solving
- Cognitive strategies used to address 'criminal thinking'

Next Steps in Drug Court Research

What do we know about Drug Courts and Treatment?

- Effectiveness of drug courts
- Effectiveness of offender treatment
- Types of offenders who are at risk for dropout
- Duration of treatment generally needed to produce positive outcomes
- Effective types of treatment
  - Models (RNR, CBT, Social Learning)
  - Outpatient treatment
  - Interventions (contingency management, MAT, MET, relapse prevention)

What we don't know about Drug Courts and Treatment

- How to match participants to different levels of drug court treatment and supervision
- Optimal duration of drug court involvement for different levels of participant risk and need
- Does use of 'phases' or level systems enhance drug court outcomes?
- Outcomes of juvenile drug courts (initial findings are equivocal; Mitchell et al., in press)
- Comparative effectiveness of different types of cognitive-behavioral treatment within drug court

Q&A