

# National Drug Court Institute Drug Court Training



## Adapting Your Court Structure

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**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

# The Big Six

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- 1. Know who your participants are and what they need.
- 2. Adapt your court structure.
- 3. Expand your treatment options.



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# The Big Six

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- 4. Target your case management and community supervision.
- 5. Expand mechanisms for collaboration.
- 6. Educate your team.



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# Behaviors Related to CODs

- Participants may exhibit some or all:
- Limited attention span
- Difficulty understanding and remembering information
- Not recognize consequences of behavior
- Poor judgment
- Disorganization
- Not respond well to confrontation or unilateral decisions



# Court Adaptation

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- Team
- Process
- Treatment
- Supervision
- Phases
- Responding to Behavior (Incentives and Sanctions)



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# Court Adaptation 1: Team



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# Expand the Team

- Mental Health Professionals
  - Psychiatrist
  - Psychologist
  - Licensed and/or Masters in Clinical Social Workers
- Higher staff-to-client ratio – Individual caseworkers



# Expand the Team

## Peer Support Team



Know that we are  
here for you

- Identify consumer groups
- Dual-Diagnosis Support Groups
- Family Members



# Identify Community Resources

Law Enforcement/Probation  
\_\_\_\_\_  
\_\_\_\_\_

Recreational/Libraries  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Services  
\_\_\_\_\_  
\_\_\_\_\_

Family Therapy  
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Government Agencies/Officials  
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Social Services  
\_\_\_\_\_  
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Community Foundations  
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Service Organizations  
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Faith Community  
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Schools/Colleges/Universities  
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Housing  
\_\_\_\_\_  
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Arts  
\_\_\_\_\_  
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Health  
\_\_\_\_\_  
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Employment/Job Training  
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Mentoring Programs  
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Residents  
\_\_\_\_\_  
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Transportation  
\_\_\_\_\_

Literacy Programs  
\_\_\_\_\_  
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Treatment  
\_\_\_\_\_

Businesses  
\_\_\_\_\_  
\_\_\_\_\_

Community-Based Organizations  
\_\_\_\_\_  
\_\_\_\_\_



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# Team Training Needs

- Cross Training: My job/your job
- Mental Health Treatment
- Substance Abuse Treatment
- Integrated treatment
- Trauma
- Law Enforcement – CIT - Crisis Intervention Training



# Court Adaptation 2: Process



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# Court Hearings and Judicial Monitoring

- Hearings are a time to recognize and respond to behavioral change
- Specialized dockets
  - Less formal, smaller, more private
  - More frequent
  - Greater interaction between judge and participants



# Court Hearings and Judicial Monitoring

- Predictable and consistent schedule
- Flexibility from Court
- Separate Mental Health Court Docket
  - Different times
  - Different days



# Different Tracks

- Specialized Tracks for Co-Occurring
- Consider severity of each diagnosis:

High/Low Substance Use Disorder  
and Mental Illness



**DARE TO BE DIFFERENT**



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# Court Adaptation 3: Treatment



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# Treatment Components

- Medication-based approaches
- Counseling/Psychotherapy (CBT)
- Self-help and Support Groups
- Family involvement
- Individualized treatment plans
- Intensive case management
- Frequent, random drug screens





# Treatment for COD

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- Attend to the interactive nature of the disorders via ongoing assessment, individualized treatment planning and service provision.



# Treatment for COD

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- The focus should be on the extent of functional impairment caused by the two disorders and their interaction, with treatment sequence determined by the extent and severity of specific impairments.



# Treatment for COD

- Integrated Treatment (as recommended by SAMHSA) addresses mental and substance use disorders simultaneously, each within the context of the other disorder. Similar to the drug court team approach, integrated treatment requires interdisciplinary collaboration.



# Treatment for COD

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- Treatment planning is collaborative and client-centered, in that it addresses clients' goals using treatment strategies and methods that are acceptable to them.



# Case Management

- Intensive
- Smaller caseloads
- Identify existing services
- Reduce conflicts between providers
- Assist the client (consumer)
- Consistent messaging about recovery
- Money management



# Preparing Clients For Meds

- Encourage clients to:
- Express concerns
- Ask questions
- Take notes
- Take as prescribed
- Open to medication prescribed



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# Educate Participants

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- Symptoms
- Diagnosis
- Medications
- Side effects
- Unintended consequences – diet, sleep, exercise, relationships



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# Working with the Family

- Counseling
- Community Support
- Engage
- Non-traditional
- Educate about mental illness and substance use disorder





# Family

- Frequently last to leave, first to return
- May be valuable source of medical, psychiatric, education, employment and relationship history and records
- Unfortunately, not always supportive or a positive influence



# Court Adaptation 4: Supervision

Community  
Supervision



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# Community Supervision

- Smaller and specialized caseloads
- Problem-solving approach
- Rapid crisis response capability
- Monitor medication compliance
- Home visits
- “Fugitive” warrants receive priority
- Taper supervision over time



# Community Supervision

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- Drug and alcohol testing
- Supported employment
- Educational activities
- Pro-social activities
- Community linkages
- Role playing



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# Court Adaptation 5: Phase Requirements

## Learning Flexibility



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# Adjust Expectations

EXPECTATIONS

vs.

REALITY

- Lifelong engagement in treatment is necessary and desirable.
- Highly structured program
- Abstinence not always linked to graduation time frame, more like “behave appropriately”

# Phase Adjustments

## Proximal Goals



## Distal Goals



# Court Adaptation 6: Responding to Behavior

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- Participants are still held accountable for their behavior.
- Responses should be realistic for each participant's abilities
- Consider Proximal and Distal goals





# Flexible Incentives and Sanctions

- No zero tolerance
- Wide range of rewards/incentives
- Considerations:
  - Housing
  - Medications
  - Treatment participation



# Considerations in Responding to Participant Behaviors

- WHERE are they in the program (i.e., what phase)?
- WHICH behaviors are we responding to (i.e. are they proximal or distal for both disorders)?
- WHAT is the response choice and magnitude?
- HOW do we deliver and explain the response?



# Remember:

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- Have a defined framework
- Be flexible
- Be trained
- Plan ahead
- Be creative



# Resources

- NIC clearinghouse:
- <http://nicic.gov/library/topic/79-co-occurring-disorders>
- SAMHSA GAINS Center:
- <http://samhsa.gov/gains-center>
- National Alliance on Mental Illness
- <http://nami.org/>

