



AMERICAN UNIVERSITY
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JUSTICE PROGRAMS OFFICE

SCHOOL OF PUBLIC AFFAIRS

**BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT
CLEARINGHOUSE/TECHNICAL ASSISTANCE PROJECT**

FREQUENTLY ASKED QUESTIONS SERIES: Strategies for Helping Drug Participants Who Do Not Seem to Progress Well

Subject: Strategies for Helping Drug Participants Who Do Not Seem to Progress Well
From: BJA Drug Court Clearinghouse/Technical Assistance Project
Date: April 16, 2013

We have received a number of inquiries from programs interested in the strategies other drug courts use to help participants who do not seem to progress very well, either initially or during the course of participating in the program. The reports of BJA grantees also indicate that a significant percentage of those who are terminated from their respective drug court programs leave the programs during the first 90 days or after participating for 10 months or longer. The following is their inquiry:

Inquiry

We would appreciate receiving information from drug court programs that have developed strategies they have found effective to deal generally with persons who do not seem to progress in the program as well as specific strategies for dealing with persons having difficulties during the first 90 days and/or after 10 months.

To date, responses to this inquiry have been received from 12 programs across nine states, including Arizona, California, Florida, Indiana, Louisiana, Maine, Oregon, Texas and Washington. Of the programs that responded, the majority mention the necessity for flexibility and accessibility during the first 30-90 days of the program. Programs with flexibility are able to adapt to individual participants' specific needs. Accessibility refers to both the participants ability to access the actual program, whether it be the times classes take place, or accessibility to program staff, due to schedule or even a lack of openness towards conversation.

The Lee County Pretrial Drug Court in Florida notes how essential it is to treat every case on an individual basis. If a participant is struggling in the first 90 days of the program failures or weaknesses must be identified through conversation with the participant. Possible underlying factors should be explored to determine if these may be effecting the participant's progression in the program. A mental health condition, family and employment issues were listed as underlying factors by multiple respondents.

Once these issues are identified, plans must be modified, adapted, or created to solve the problems. For participants who are struggling after 10 months these same tactics can be used with the addition of identifying any new factors that could be impacting the participant's progress along. A program completion date goal should also be set. Ensuring an aftercare plan is set up and thorough discussion of it with the participant is another suggestion to get long-term participants back on track.

The use of mentors or former successful program participants and the use of incentives and sanctions during the first 90 days and after 10 months are also discussed by multiple respondents.

RESPONSES

ARIZONA

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There is nothing specifically in place for the time frames referenced (less than three months or more than 10 months); however, there is a gradation of incentives/sanctions that are generally followed by the drug court judge. These incentives/sanctions are based on best practices and ever-evolving.

CALIFORNIA

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Our San Bernardino adult drug court program participated in a NIATx project for just this reason. We recognized that participants had the highest drop-out rate in the first 30 days. We implemented initially two interventions – bus passes for the first 30 days, and no-cost orientation groups for just those new in the program (first 30 days of treatment). The bus passes were handed out at court for the week, most accepted, some said they did not need them. On Friday there were two orientation groups – these took the place of another scheduled group. There was one group in the morning for those that were scheduled for a regular group in the morning, and another in the afternoon or evening, for those that were scheduled in afternoon or evening groups. The counselors rotated each week in order for the new participants to get a new perspective, and to not burn out one counselor. The topics were participant steered, in other words the counselor did not come in with a specific topic to cover, but rather listened to the issues, concerns, and questions the new participants had in navigating the 'system' of drug court and treatment. We reduced the drop-out rate in the first 30 days from 24% to eight percent. We had a census of approximately 100 at the time. The orientation groups were most meaningful according to the participants and counselors, and sustainable as they did not cost anything. We stopped providing bus passes and the drop out percentage stayed at around eight percent.

Recently we have recognized that there is a large number dropping from this program in weeks 16 – 20 which is right around phasing up to level II. We are right now holding our participant focus

groups to get some idea of what they think is going on. Next week we will focus on the counselors to get their perspective. Then we will meet with the court team. Then we'll decide on a short term intervention(s) until we again reduce our drop out numbers.

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90 day period

We do experience a drop off in our Drug Court after 90 days. During a GAINS Center Trauma Training, we learned that trauma survivors who are also maintaining their abstinence, are faced by their trauma at the 90 day period. In other words, it takes around three months for the trauma to reemerge. Thus, clients are dropping out of Drug Court possibly due to their abstinence, the clarity of their memory and the reemergence of their trauma. It is a core reason to bring trauma training to your work with Drug Court clients.

10 month period

Aftercare and a solid aftercare plan is essential for those clients who are fearful of being on their own, of losing team support, or even their housing. Our clients sometimes re-offend at this later stage due to the reasons mentioned.

FLORIDA

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In the case of day 1-90:

For folks who begin to fail within the first 90 days our team attempts to look closely at all the relevant details in the individual's history and current situation. Every case has their own unique qualities, therefore, we take each one on a case-by-case basis. We will avoid at all cost "single approach solutions." Identifying key factors specific to the individual that may be contributing to the rapid decline in performance is of high importance.

Steps taken to address the low performance will typically be staffed and include:

- A) *Identifying the failure itself* [i.e. positive drug screens, missed DROPS, missed meetings, forged meeting sheets, new charges, behavioral issues, etc.]
- B) *Determining if there are any underlying factors that may be contributing-* [i.e. special mental health conditions, familial/domestic situations, employment and finance factors, transportation, etc.]
- C) *Once contributing factors are identified a corresponding plan of action is put in place* [i.e. increased treatment, increased team support, increased supervision, provide additional services, etc] and ideally this is done as quickly as possible as to avoid intensifying the downward spiral or growing feelings of self-doubt that may be developing.

In the case of rapid failure after 10 months:

The same general steps are followed as shown in A, B, and C above, however, the team will staff the case and look for key factors that may have caused sudden or decreasing performance after achieving general success during the first 10 months of the program. Factors such as new significant others or family members re-introduced that the defendant may have a negative history with, new stressors, sudden health issues, increased financial stress, child custody issues, or other sudden negative factors are identified if possible. Ultimately the team will try to pinpoint any key factors that have surfaced that can be linked to a downward performance pattern. Once identified the appropriate support services are provided with the goal of minimizing the negative impact as much as possible in hopes to re-route the defendant to a progressive and successful routine.

INDIANA

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When we have individuals that have failed to progress, we conduct what we refer to as a Roundtable Conference with them. This is, in essence, an individual staffing with the participant present. We hold it on the record in the courtroom, but conduct it informally (I don't wear my robe and I sit at counsel table with the participant and the members of the Team who are involved). The participant is entitled to counsel if desired, but the atmosphere is non-adversarial, and I make clear from the outset that I don't sanction the participant for things said or revealed in the conference. Emphasis is on "keeping it real" and having a frank discussion. I give each person, including the participant, the opportunity to speak about why they believe the participant has not been successful in the Program to date. I also share my own impressions with the participant. The objective is to formulate a plan incorporating the appropriate interventions to allow the participant to succeed. At the end of the Roundtable Conference we agree on the points of a Jeopardy Agreement, which is a behavioral contract outlining specific expectations for the Participant. The participant knows that if they meet those expectations, they are on a path toward graduation, and if they don't, they are on a path toward termination. The participant has access to a public defender to review the agreement with them if they have questions. The standard agreement is a one page agreement written in understandable language.

Our participants have welcomed this procedure, and many have responded favorably (like anything else, we don't have 100% success, but I think the general response of the participants is an appreciation of the ability to "tell their side of the story" and the perception/realization that the Team is interested both in their success and their input). I think it is also beneficial for them to have concrete, tangible written expectations and to reinforce the concept that treatment plans are individualized to participants.

We reserve this process for individuals who have not responded to other approaches, and have received a number of sanctions for rules violations. The Team and the participants generally understand it as a last ditch effort to get the participant back on the road to compliance and recovery.

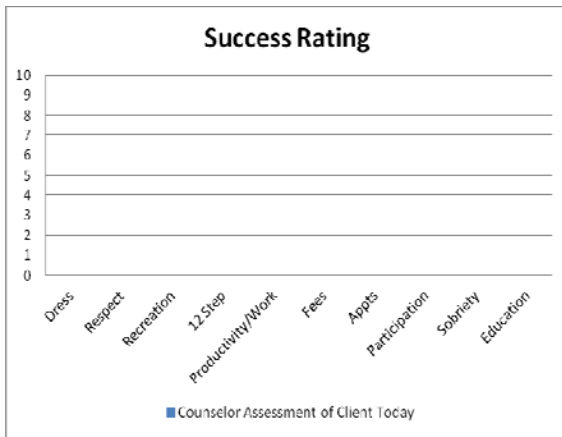
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Below is a tool that we developed a couple of years ago to work with clients who were not progressing in the program (stalled). It is an Excel based success survey that is usually answered by the counselor, but could be completed by the client (individually or as a group exercise). It could be helpful to do both and compare counselor perspective to client perspective.

The tool is not scientific or standardized and may be seen as culturally biased. It is just a homemade tool **to get a conversation started**. Once rating numbers are completed in the gray column, a graph is automatically generated. The counselor sits down with the client and shows the graph. "Here are the things that I see as going well, and these are the area that you seem to be struggling with [from my viewpoint]." After discussion, a change in treatment plan change can be negotiated to see if new interventions can help the client be more successful.

**Lafourche Parish Drug
Treatment Court
Client Progress Report**

Client:
Date:



<u>Category</u>	<u>Score This Rating Period</u>
Dress	
Respect	
Recreation	
12 Step	
Productivity /Work	
Fees	
Appts	
Participation	
Sobriety	
Education	
Composite Rating	#DIV/0!

MAINE

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It has been the experience in Maine that participants who appear to "stall" out or experience significant problems in progressing may need their entire treatment/service plans revisited and new approaches adopted. The tendency can be to blame the participant when in fact the court's efforts are misdirected or have lost their initial effectiveness. Inertia can also set in with teams choosing to simply do more of the same things that have become ineffective. The path of recovery is not linear and flexibility and adaptability on the part of the team is crucial. Possible obstacles to progress are undiagnosed or untreated mental illness, a resurgence in trauma symptoms, undiagnosed or untreated medical issues, and sabotage by significant others (particularly if they are not in recovery). Participants may need a round of motivational therapy to get over bumps in the road. Teams need to be patient but not relinquish appropriate expectations. Teams also need to examine the incentives for participation. It could be that what was an effective motivator at one time has ceased to be so or becomes insignificant when the participant is confronted by increasingly potent challenges in treatment. It can be very helpful to have graduates with real success stories to share meet with struggling participants to reassure them that they can do it and to serve as mentors. Participants anticipating graduation may need a more active transition period during which they can experience incrementally successful independence. I believe the research also says that teams should not reduce the frequency of drug testing in the later stages of participation given it is a high risk period, although many teams see this as appropriate.

OREGON

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Lane County Treatment Courts uses several different strategies. We are very evidence based and focus on the different sanctioning process. However, a lot of times we note several of our participants are struggling with making all of their treatment obligations due to mental health issues. We work with those participants somewhat differently, however, the end result expectation is the same. For example, we have some participants who are unable to participant in three groups each week (in Phase I), but instead we do three one on one's with different counselors. This helps them focus at the beginning stages of treatment and the goal is to eventually transition them back into the group setting.

Lane County has participants who have been in the program for at least a year and a half and at times struggle to "find an end." We work with them on setting a goal date and what they need to do to get there. Sometimes it appears people self sabotage because they do not want to leave the program and the structure. At that time we focus on getting them mental health services and pull back and look at what they have learned in the program so far.

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While Polk County Drug Court does not have written procedures, we do try to work with participants that are having problems. For those in the first 90 days or so, we usually start with 30 meetings in 30 days. Often they just need stronger structure and support to "get off the ground".

We always do interventions with any participant that is having problems no matter at what stage of the program that they are in. We do the intervention with the entire team, very informal in the judge's jury room. We start out by having the participant explain to us what they think an intervention is (at this point they have already talked to myself, their PO and usually treatment in that the date for the intervention is in their court order one week ahead of time). We then clean up any misunderstanding regarding the purpose of an intervention. The team takes turns explaining what "red flags" the individual team member is seeing, etc. During the intervention we first ask the participant to tell us what we can do to assist them in their problem areas, and end up with the team giving the participant different ideas to consider to overcome the issues that they are having.

With participants that are in the program longer than nine months, it is usually due to getting too comfortable, over confident, etc. These are things that we deal with during an intervention.

TEXAS

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We try motivational interviewing with our case managers first. If that doesn't appear to work, we round table the participant with the team that works with them...treatment, probation, case manager, program coordinator and judge and try to ascertain why there is no progress. In extreme cases, we have the person appear before the entire team at staffing and explain why we should keep them in the program. That also includes questioning and in depth motivational interviewing. Some people never respond and we refer them back to their referring court and reinstate their original conditions of probation, including the fines and community service requirements.

WASHINGTON

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We are definitely finding that the use of peer mentors or program alumni have helped a lot. There is a lot of good research out pointing to the use of peer mentors to help initial engagement, especially with resistant / pre-contemplative participants.

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King County's Family Treatment Court (FTC) tries to match struggling participants with FTC alumni who attend team meeting with them, connect with the during their court hearing and can provide phone support in between these events. FTC staff stays in touch with alumni after graduation by hosting an annual event and sending holiday cards. We have a couple of alumni who are trying to organize the group into a nonprofit, but that isn't official yet, so program staff are helping connect them with participants for now. We hire a couple of alumni and train them (informally) to be the liaison with FTC participants and do pay them for this service.

We probably have about 20 alumni that we have at least verbal contact with and confirm for the annual event. By the time I started in late 2008, the alumni group was no longer meeting and had no cohesiveness. That was why we started the annual alumni event last year in hopes of getting enough participation to turn over the group to the alumni soon and starting them on their way to be a 501(c)3.

We welcome any additional information and/or perspective readers may have on this topic.

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