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SELECTING THE RIGHT PARTICIPANTS

Developed by:
National Drug Court Institute

Step 1: Define the Target Population

Issue:

Which offenders should be admitted to the treatment court?

BEST PRACTICE STANDARD I

- ☑ **Eligibility and exclusion criteria are based on empirical evidence**
- ☑ **Assessment process is evidence based**
  - A. Objective eligibility criteria
  - B. High-risk/high-need participants
  - C. Validated eligibility assessments
  - D. Criminal history disqualifications
    - "Barring legal prohibitions . . ."
  - E. Clinical disqualifications
    - "If adequate treatment is available . . . "

Research States

High risk

High need

HIGH RISK

"High risk" refers to the likelihood that an offender 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.

Risk Principle

- Not necessarily a risk for violence or dangerousness
- Complicated prognosis or lesser amenability to treatment
- The higher the risk level, the more intensive the supervision and accountability should be and vice versa
- Mixing risk levels in not advised

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

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

How to Select Risk Instruments

Reliability and validity

- ☑ *Be wary of overrides*
- ☑ *Trust the tool*

Standardized

- ☑ Provide ongoing training, mentoring, and oversight

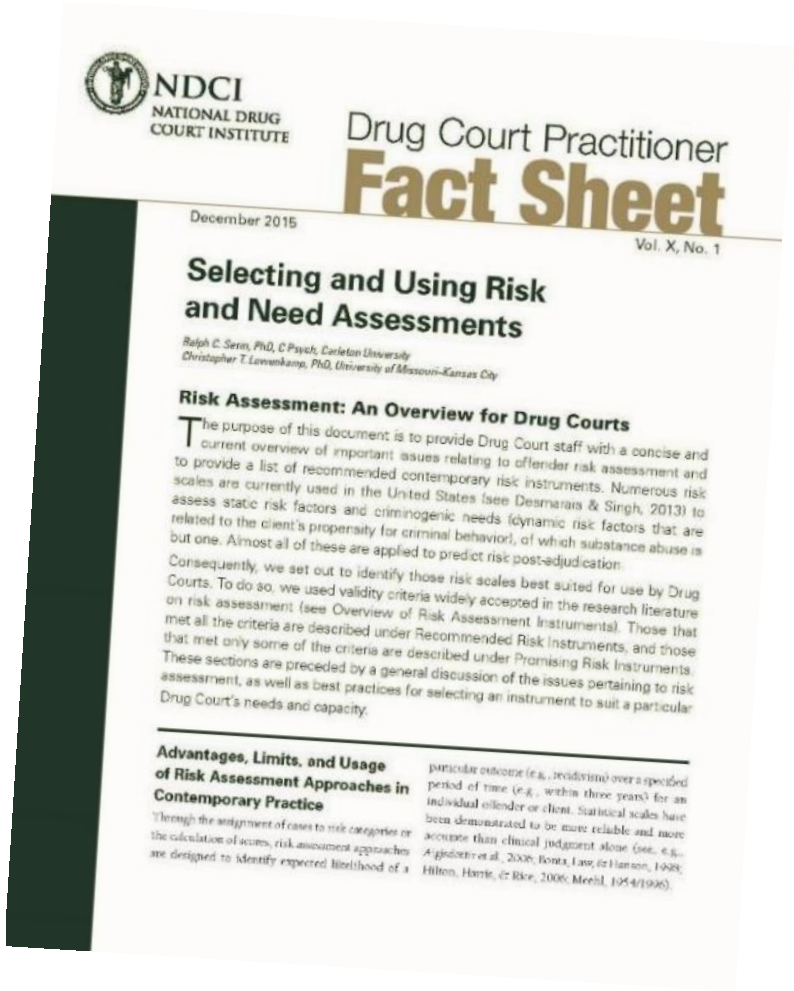
Ease of use

- ☑ *Does probation already have a validated tool?*

Cost

Criminal justice population

Selecting and Using Risk and Need Assessments



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Drug Court Practitioner
Fact Sheet

December 2015 Vol. X, No. 1

Selecting and Using Risk and Need Assessments

Ralph C. Serin, PhD, C Psych, Carleton University
Christopher T. Lowenkamp, PhD, University of Missouri–Kansas City

Risk Assessment: An Overview for Drug Courts

The purpose of this document is to provide Drug Court staff with a concise and current overview of important issues relating to offender risk assessment and to provide a list of recommended contemporary risk instruments. Numerous risk scales are currently used in the United States (see Desmarais & Singh, 2013) to assess static risk factors and criminogenic needs (dynamic risk factors that are related to the client's propensity for criminal behavior), of which substance abuse is but one. Almost all of these are applied to predict risk post-adjudication.

Consequently, we set out to identify those risk scales best suited for use by Drug Courts. To do so, we used validity criteria widely accepted in the research literature on risk assessment (see Overview of Risk Assessment Instruments). Those that met all the criteria are described under Recommended Risk Instruments, and those that met only some of the criteria are described under Promising Risk Instruments. These sections are preceded by a general discussion of the issues pertaining to risk assessment, as well as best practices for selecting an instrument to suit a particular Drug Court's needs and capacity.

Advantages, Limits, and Usage of Risk Assessment Approaches in Contemporary Practice

Through the assignment of cases to risk categories or the calculation of scores, risk assessment approaches are designed to identify expected likelihood of a particular outcome (e.g., recidivism) over a specified period of time (e.g., within three years) for an individual offender or client. Statistical scales have been demonstrated to be more reliable and more accurate than clinical judgment alone (see, e.g., Ægisdóttir et al., 2006; Bonta, Law, & Hanson, 1998; Hilton, Harris, & Rice, 2006; Meehl, 1954/1996).

Screen and Assessment Examples

Screens

Legal

- ☑ Charges

Risk and need

- ☑ RANT
- ☑ LSI-R

Clinical

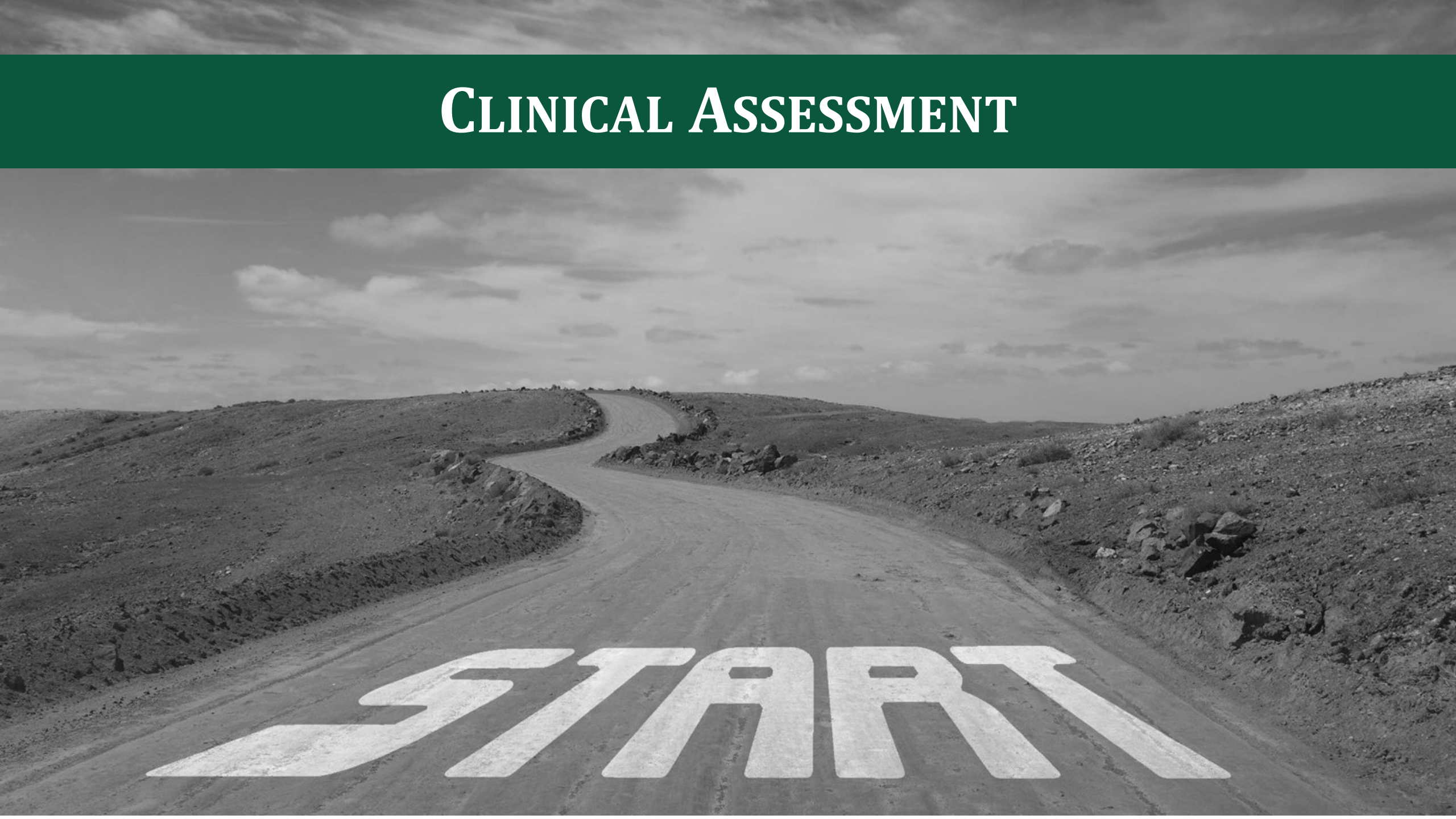
- ☑ Gain SS
- ☑ PCL-M

Assessments

Clinical

- ☑ Substance
- ☑ Mental health

Clinical Assessment



Need Principle

- Clinical syndromes or impairments (diagnosis)
- Cause crime ("criminogenic") or interfere with rehabilitation ("responsivity")
- Addiction is criminogenic and serious mental illness interferes with response to rehabilitation.
- The higher the need level, the more intensive the treatment or rehabilitation services should be, and vice versa.
- Mixing need levels in not advised

DIAGNOSIS - THEN

Loss of Control

- more than intended
  - amount
  - time spent
- unable to cut down
- giving up activities
- craving

Physiology

- tolerance
- withdrawal

Consequences

- unfulfilled obligations
  - work
  - school
  - home
- interpersonal problems
- dangerous situations
- medical problems

formerly "Dependence"

formerly "Abuse"

DSM-5

A ***substance use disorder*** is defined by having two or more symptoms in the past year resulting in distress or impairment.

The diagnosis is made separately for each substance.

Severity is rated by the number of symptoms present:

2–3 = mild
4–5 = moderate
6+ = severe

What is 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? (e.g., Detox, Suicide watch)
Can they be treated safely in the community? (e.g., outpatient)

Alternative Tracks

	High Risk	Low Risk
High Needs (dependent)	Standard Track Accountability, treatment, and habilitation	Treatment Track Treatment and habilitation
Low Needs (abuse)	Supervision Track Accountability and habilitation	Diversion Track Secondary prevention

Practical Implications

	High Risk	Low Risk
High Needs (dependent)	✓ Status calendar ✓ Treatment ✓ Prosocial & adaptive habilit. ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~ 18–24 mos. (~200 hrs.)	✓ Noncompliance calendar ✓ Treatment (separate milieu) ✓ Adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓Self-help/alumni groups ✓ ~ 12–18 mos. (~150 hrs.)
Low Needs (abuse)	✓ Status calendar ✓ Prosocial habilitation ✓ Abstinence is proximal ✓Negative reinforcement ✓~ 12–18 mos. (~100 hrs.)	✓Noncompliance calendar ✓ Psycho-education ✓ Abstinence is proximal ✓ Individual/stratified groups ✓ ~ 3–6 mos. (~ 12–26 hrs.)

ADC Applicant

- John Feighter is a 30-year-old male. He was a troubled teenager who was best described as the school bully. In the 10th grade, he was removed from public school and placed in an alternative school for troubled youth. He was arrested several times with a group of friends from school for vandalism and public nuisance. John has a significant juvenile history, including underage drinking, trespassing, running away, petty theft, and vandalism.

- After completing high school, John worked odd jobs, constantly being reprimanded for not showing up for work. He was recently fired for having arguments and fights with his co-workers and peers. After just one year of working for several construction businesses in his home town, he was unable to find employment. He went to his family doctor complaining of back problems. For income, John began selling prescription Vicodin.

- John was arrested for disorderly conduct and assault. During the booking process, he was found with 90 Vicodin pills in his possession and referred to treatment court.

ADC Applicant

- Matt Dowling began using cigarettes, beer, and marijuana at the age of 13. He dropped out of high school after the 10th grade. At age 15, he started stealing prescription drugs from his parents. His parents signed him into treatment at age 17, and he was discharged after successfully completing the program. Although arrested several times and continuing to use, he managed to earn a GED.
- Matt has continuous problems maintaining employment. His parents have become increasingly frustrated with his continued substance use, stealing from their home, and lack of employment. He went to outpatient treatment at age 21 and was diagnosed with a Severe Substance Use Disorder. His parents eventually filed a restraining order to keep him out of their home. He was 23 years old.
- Matt was recently arrested for Possession of Heroin and Assault. He was referred to treatment court by the arresting officer.

ADC Applicant

- Tasha Filner worked at a factory while attending community college. After leaving work one evening, she was sexually assaulted by one of her fellow factory workers. Not wanting to go through the pain and anguish of an investigation, she decided not to report the incident to the police or her supervisor. She started self-medicating with alcohol and drugs, and after receiving several write-ups she was terminated from her job. Tasha was unable to pay her college tuition and quit school. She recently moved in with a new boyfriend she met at the local bar.
- She received a felony drug charge when her boyfriend's house was raided by the drug task force. Tasha was referred to treatment court.

ADC Applicant

- Terry Jackson graduated from high school and went directly to college, attending the University of Arizona. During his college experience he has worked jobs both on and off campus to support himself.
- In his third year of college, Terry was arrested for driving while intoxicated. Terry had a prior alcohol-related incident on campus during his freshman year and successfully completed the University Alcohol Diversion Program. Terry was referred to treatment court by the arresting officer.

Alternative Tracks

	High Risk	Low Risk
High Need (dependent)	**Matt**	**Tasha**
Low Need (abuse)	**John**	**Terry**

Resource Considerations

Balance the need for the widest participant involvement with the resource limitations.

- ☑ Treatment capacity
- ☑ Court capacity
- ☑ Supervision and testing capacity
- ☑ Ancillary capacity

Any Questions?