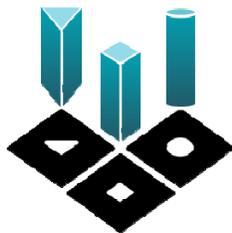




# Problem Solving Tools for Drug Court Professionals

**Prepared by**

**Peter F. Luongo, Ph.D. (Consultant to ACE!)  
Jennifer Lerch, M.A.  
Faye Taxman, Ph.D.**



Advancing Correctional Excellence!  
George Mason University  
Criminology, Law & Society  
10519 Braddock Road, Ste. 1900, Fairfax, VA 22032  
Phone: 703-993-9699; Fax: 703-993-8316  
<http://gemini.gmu.edu/ebct/>

Contact [ebct@gmu.edu](mailto:ebct@gmu.edu) if you want to learn more about how to use this technique.

## **Acknowledgements**

We would like to acknowledge the assistance and efforts of Gray Barton, Jennifer Moore, Maryland's Office of Problem-Solving Courts, and Kate Zinsser.

NIDA U01 DA 16213; CJ-DATS1 is funded by NIDA in collaboration with: SAMHSA, CDC, NIAAA, and BJA



## Table of Contents

Introduction.....	4
Urinalysis.....	6
Case #1.....	11
Attendance.....	13
Case #2.....	18
Case #3.....	20
Practice Sheets.....	21
Treatment Progress.....	24
Case #4.....	33
Practice Sheets.....	34
Glossary.....	36

Drug courts operate under the premise that the continuous collaboration between the criminal justice and treatment systems results in improved offender outcomes.. In their daily work, drug court professionals are called upon to evaluate behaviors and communicate offender progress to other drug court team members. While the collection and distribution of offenders' discrete positive and negative behaviors (i.e., failed drug tests, tardiness or absence from appointment, or successful completion of a GED program) is universal, what is less commonly sought and shared within drug court teams is a more detailed understanding about the possible underlying circumstances that contribute to the behaviors. This manual is offered as a starting point to encourage the consideration of this perspective when developing sanction and incentive plans.

The development of problem solving tools for drug court professionals represents one more addition to the expanding knowledge base of drug court theory and practice accumulated from 20 years of practical experiences. In one sense, these tools should be thought of as an expression of the "practice wisdom" of current drug court teams, presented in a format to optimize their dissemination and adoption. In another sense, they are intended to be critically reviewed, challenged, and considered in the development of future guidelines as drug courts continue to evolve.

This training manual proposes both content and process analyses to assist drug court teams to evaluate the usefulness and effectiveness of a participant's treatment plan and progress. These guidelines are not meant as prescriptive, rigid procedures, but rather as an introduction to a standard, easy to replicate and monitor method of gathering and critically evaluating information about the progress of the drug court participant. This information is for the purpose of maximizing the prospect of success for the drug court participant, and to provide for the public's safety.

Drug courts are now seen as a significant intervention by the public at large. The development of practice manuals is an indication that drug courts are poised for wider replication. The utilization of these tools offers some assurance to the public that the successes of earlier drug courts can be replicated in their community.

# Problem Solving Tools for Drug Court Professionals

Although drug courts have now been in operation for over 20 years, drug court teams could benefit from developing practice standards in the effective application of clinical and case management interventions.

In order to maximize success in drug court, it is better to not automatically respond to incidents with a sanction without considering all of the circumstances. While urine testing is considered critical to drug courts as a clear and objective measure of drug use, other incidents that could require consideration include failure of a breathalyzer, missing appointments, or lack of treatment progress. When looking at sanctions for such incidences, it is important to use an analytical framework which considers **when** the occurrence happened (at the early, middle, or late stages of treatment), **what** was the substance (is this a heroin addict testing positive for marijuana), **where** and **with whom** did this take place, and **reviews** the *clinical progress* and *social supports* for the individual. An important part of the where and with whom questions involve cultural considerations. These who, what, when, where, and why inquiries are critical questions that clinicians consider as they assess their client's progress through treatment. To assist in moving in this direction, standard and explicit practice guidelines can sharpen the critical thinking that leads to an action to reward, or sanction, the participant.

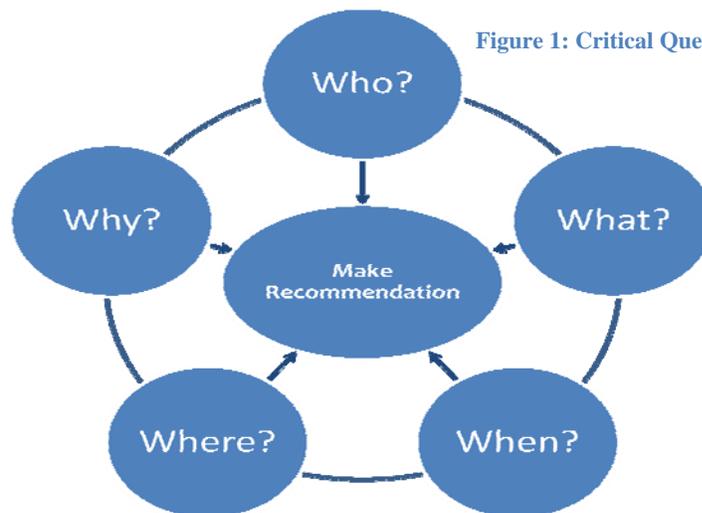


Figure 1: Critical Questions to Recommendation

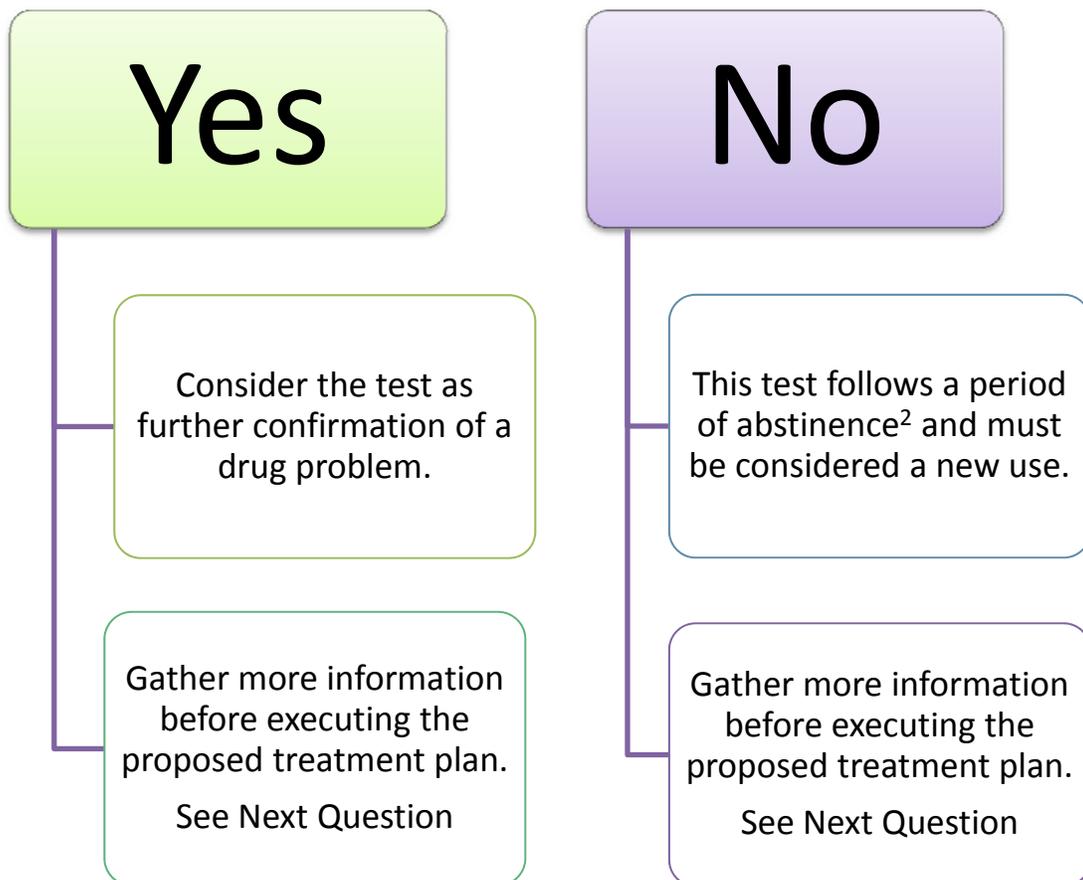
This tutorial introduces practice guidelines for drug court professionals. It offers concrete steps to evaluate the progress of drug court participants via the observable measures used to assess progress in drug court. It goes further by developing a method of critically examining those measures within the context of the participant's drug court participation, treatment, employment, and support system. The goal is to develop a more effective and standard method of practice for drug court professionals. Each section of the tutorial introduces a measure, or indicator, used by drug courts to evaluate progress in drug court. Next, is a series of questions and answers that define the practice standards for that measure, or indicator. And finally, a short case vignette for illustration.

# Urinalysis

Urine testing provides evidence of recent use of substances (generally within 72 hours). Urinalysis is a scientifically valid indicator that is useful to the court, treatment program, and participant to measure progress in abstaining from drug use.

A positive urine test result for most substances **usually** indicates recent use of the substance.<sup>1</sup> The issue for the drug court practitioner is how to best respond to the test to maximize the benefit of drug court participation. Here are some questions to ask that will help to guide your response:

*Is this an initial positive test result?*



<sup>1</sup> A major caveat is that a chronic marijuana user may continue to test positive for a number of weeks after his last use.

<sup>2</sup> This requires the determination of your court's definition of an abstinence pattern

*Is the drug one of the drugs of choice for the participant?*

**Yes**

Consider the test as confirmation of the accuracy of the drug history. If it is the initial test, execute the treatment plan as proposed.

If not initial test, gather more information before executing the proposed treatment plan.  
See Next Question

**No**

This test result represents a new pattern of use

Gather more information before executing the proposed treatment plan.  
See Next Question

*Was the client's drug use in the customary pattern of people, places, or things?*

**Yes**

The participant is having difficulty distancing himself from the persons, places and things that contribute to, or reinforce his drug taking behavior.

Gather more information before executing the proposed treatment plan.  
See Next Question

**No**

A new pattern is emerging, or use is an anomaly and perhaps indicative of changes in the offender's life.

Gather more information before executing the proposed treatment plan.  
See Next Question

*Have there been any changes in the participant's living situation, employment, and family relationships?*

**Yes**

Gather specific information about the changes in living situation, employment and family relationships.

Compare changes against baseline established at drug court entry.

Institute case review and consider a change in treatment plan to target specific problem area.

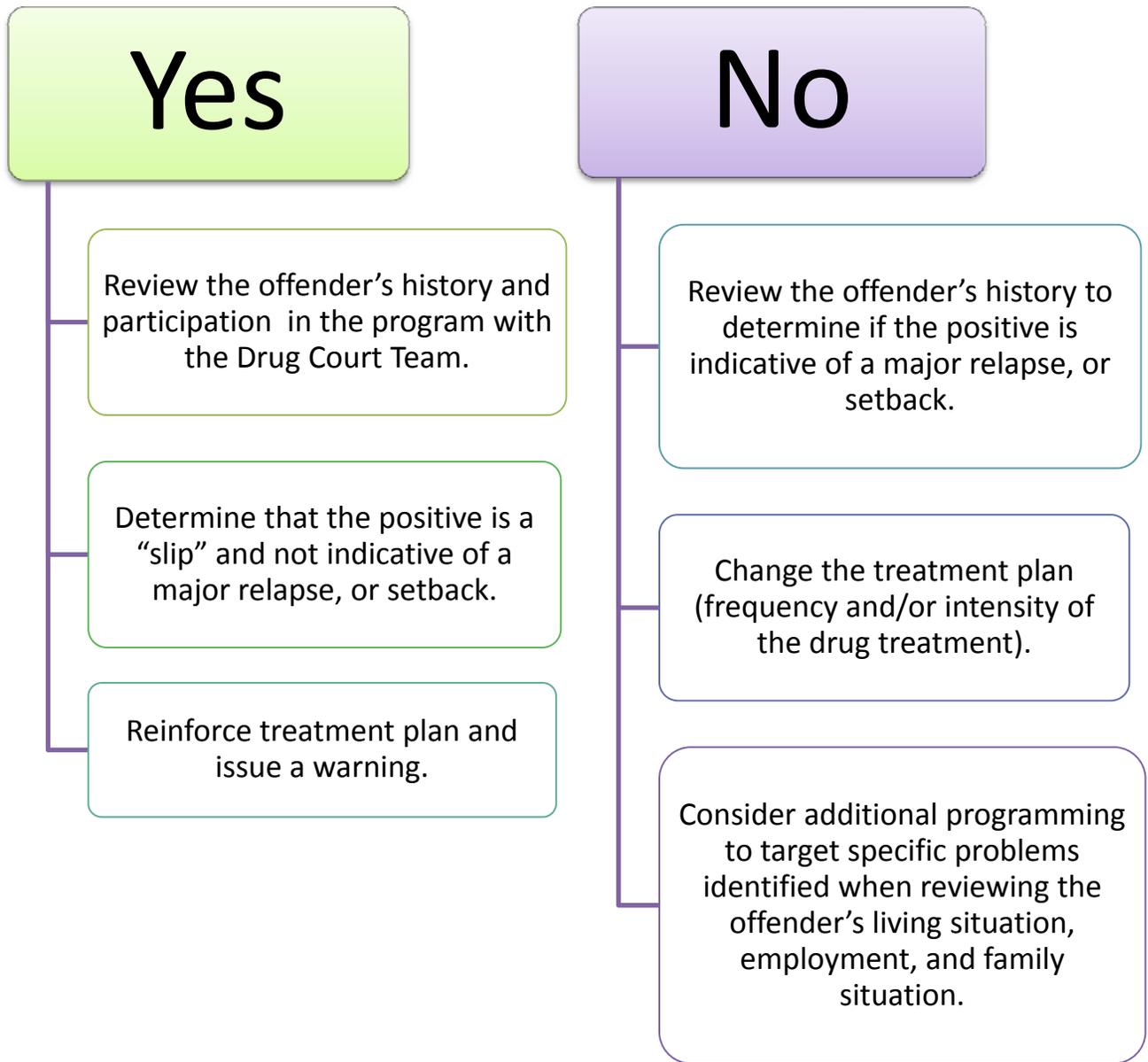
**No**

Use appears unrelated to changes in living situation, employment and family relationships.

Institute case review to determine adequacy of current drug treatment plan and urine testing.

See Next Question

*Is the current intensity and level of treatment adequate?*

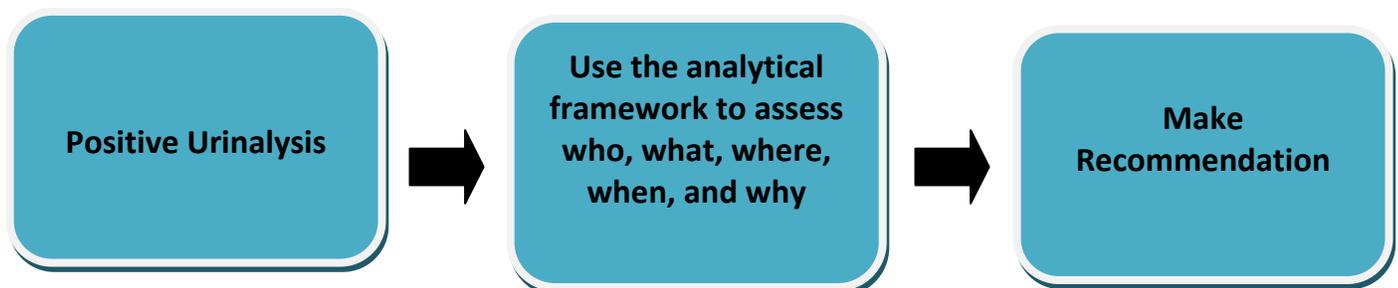


Now let's apply this approach with a case example.

## Case # 1

John is an unmarried 25 year-old, African-American male employed as an evening stock clerk at a local store. He has a 10-year history of cocaine, amphetamine and marijuana use. He is in drug court following his arrest and conviction on a theft and possession of CDS charge (cocaine). John has 2 prior CDS possession arrests and has unsuccessfully participated in outpatient treatment as a condition of probation, although the probation case was closed successfully. John has actively participated in a men's group at the church in his current residence. He is a talented artist and his drawings were used for the drug court handbook. John has recently been forced to move out of his current residence because of the high rent and problems securing transportation to his employment. He has moved back to his childhood neighborhood and has been reunited with some friends. John has been participating in outpatient treatment for 3 weeks and has been clean for 4 weeks. He has attended all group sessions and provided urines on the schedule required. His most recent urine tested positive for marijuana.

- 1. Is this an initial test, before an abstinence pattern has been established?**  
No. John has established an abstinence pattern in the drug court program.
- 2. Is the drug one of the drugs of choice for the participant?**  
Yes. John has a history of marijuana use.
- 3. Was the use in the participant's usual (by history) context for use (people, places, things etc.)?**  
Yes. John, by history, uses with friends in non-work hours. He admits that his use occurred during the day when he returned from work and met up with his friends who are not gainfully employed.
- 4. Have there been any changes in the participant's living situation, employment, and family relationships?**  
Yes. John has recently moved back to his old neighborhood and begun to associate with friends who are not drug free.
- 5. Is current intensity and level of treatment adequate?**  
No. John has been able to achieve and maintain abstinence with the current treatment plan when he did not live in his old neighborhood. He used once he changed his residence.



## **Discussion**

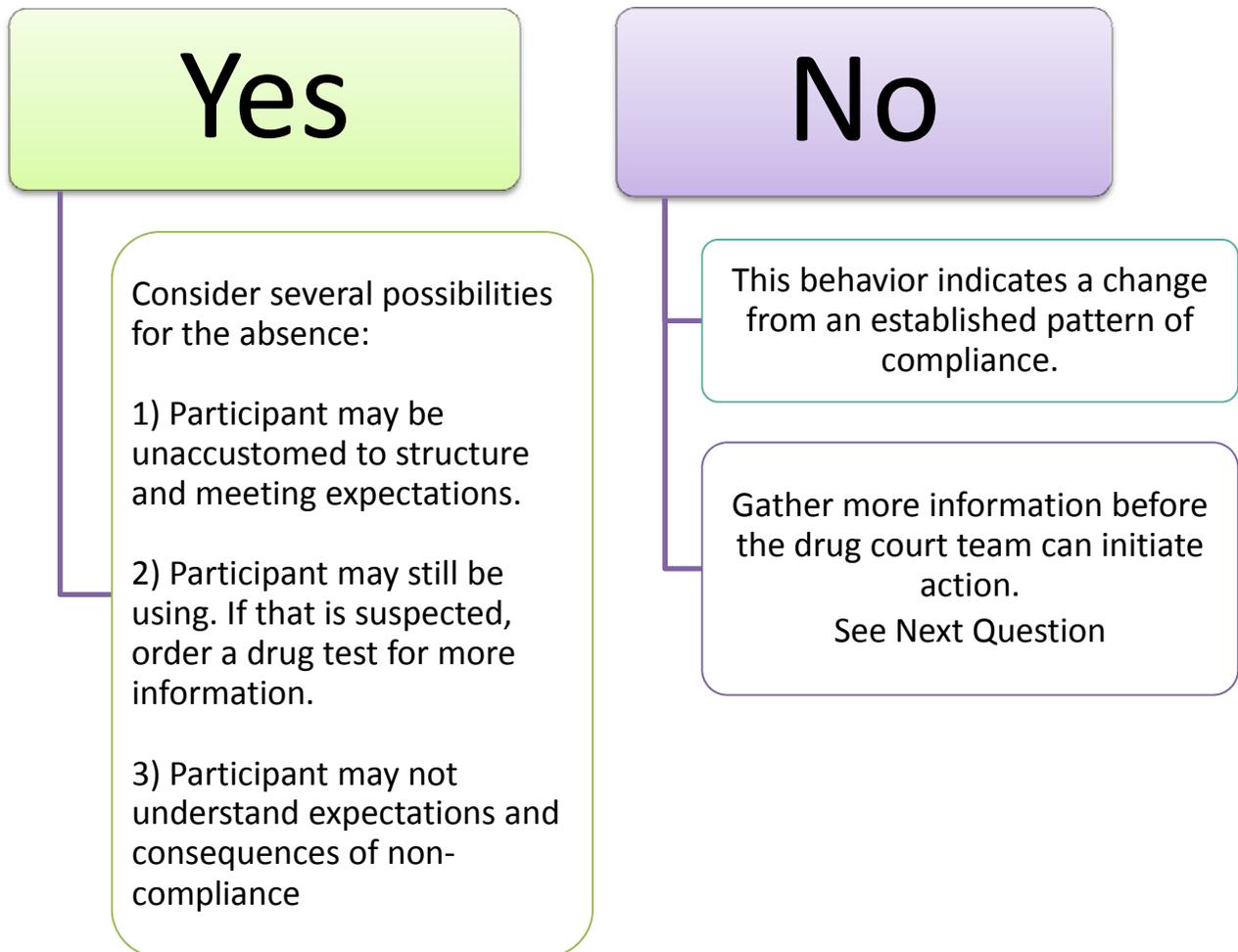
John's drug court treatment team met and applied the analytic approach presented in this paper. The answers led to several changes in John's treatment plan. His clinical team focused on developing refusal skills in counseling, planned more productive leisure time and scheduled activities that required taking him out of the neighborhood and socializing with other individuals in recovery. John was also referred to an Oxford House to gain access to a supportive living situation that could remove him from his neighborhood. This initial positive did not result in a recommendation of a sanction to the judge. John was encouraged to contact the men's group and was able to access transportation so that he could continue to participate. He is also volunteering at the art studio close to his job to support his community service hours.

## Attendance

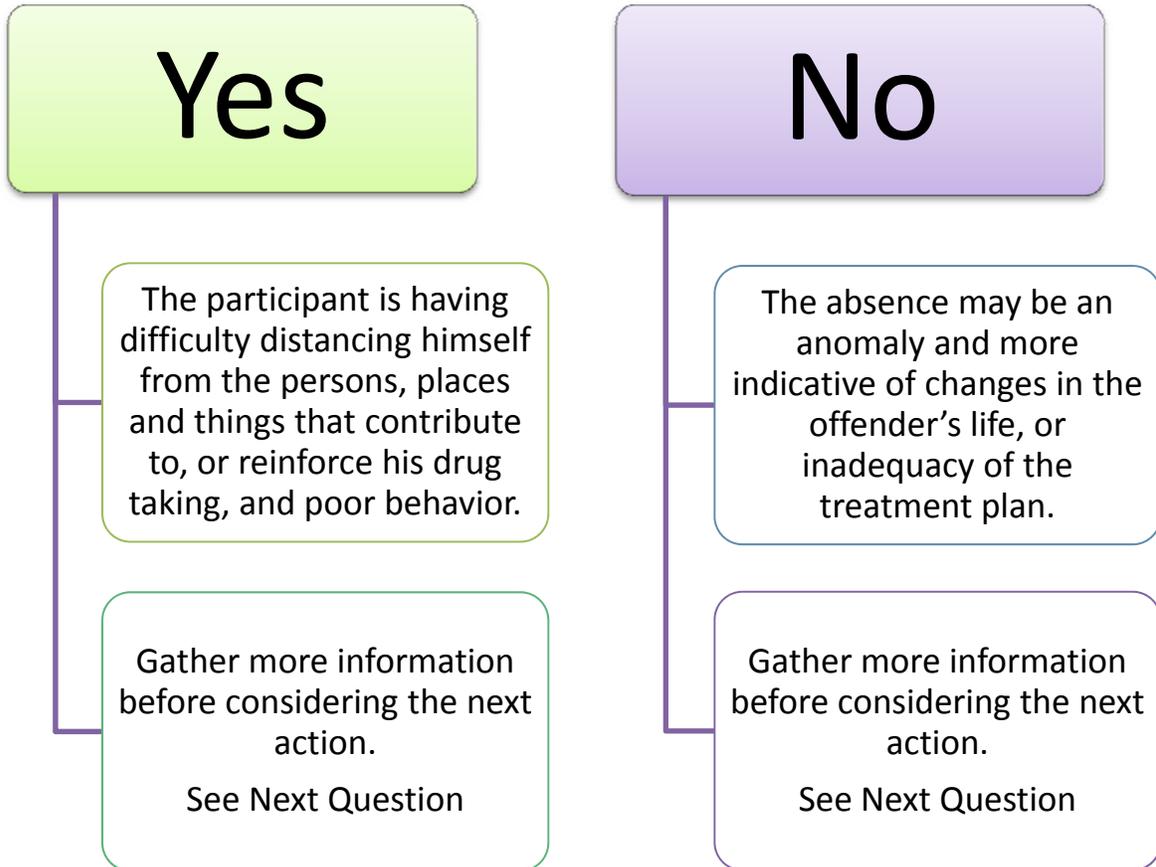
Attendance at drug counseling, review sessions with drug court and meetings with probation agents are mandatory for drug court participants. The frequency of counseling sessions, review hearings and probation meetings vary according to the stage of treatment (early, middle, or late), as well as the participant's progress in meeting the drug court's expectations.

When attendance at required sessions or meetings becomes problematic, the issue for the drug court practitioner is how to evaluate the situation and best respond to maximize the benefit of drug court participation. Here are some questions to ask that will help to guide your response:

***Is this unexcused absence at the initiation of drug court participation?***



*Is the participant still associating with the persons, places and things of a drug taking life style?*



*Is the absence from a clinical requirement, i.e. a urine test, or a counseling appointment?*



*Have there been any changes in the participant's living situation, employment, and family relationships?*

**Yes**

Gather specific information about the changes in living situation, employment, cultural support networks, and family relationships.

Institute a case review and consider changes in the treatment plan to target specific problem area.

If appropriate, impose a sanction as agreed upon in the drug court treatment contract.

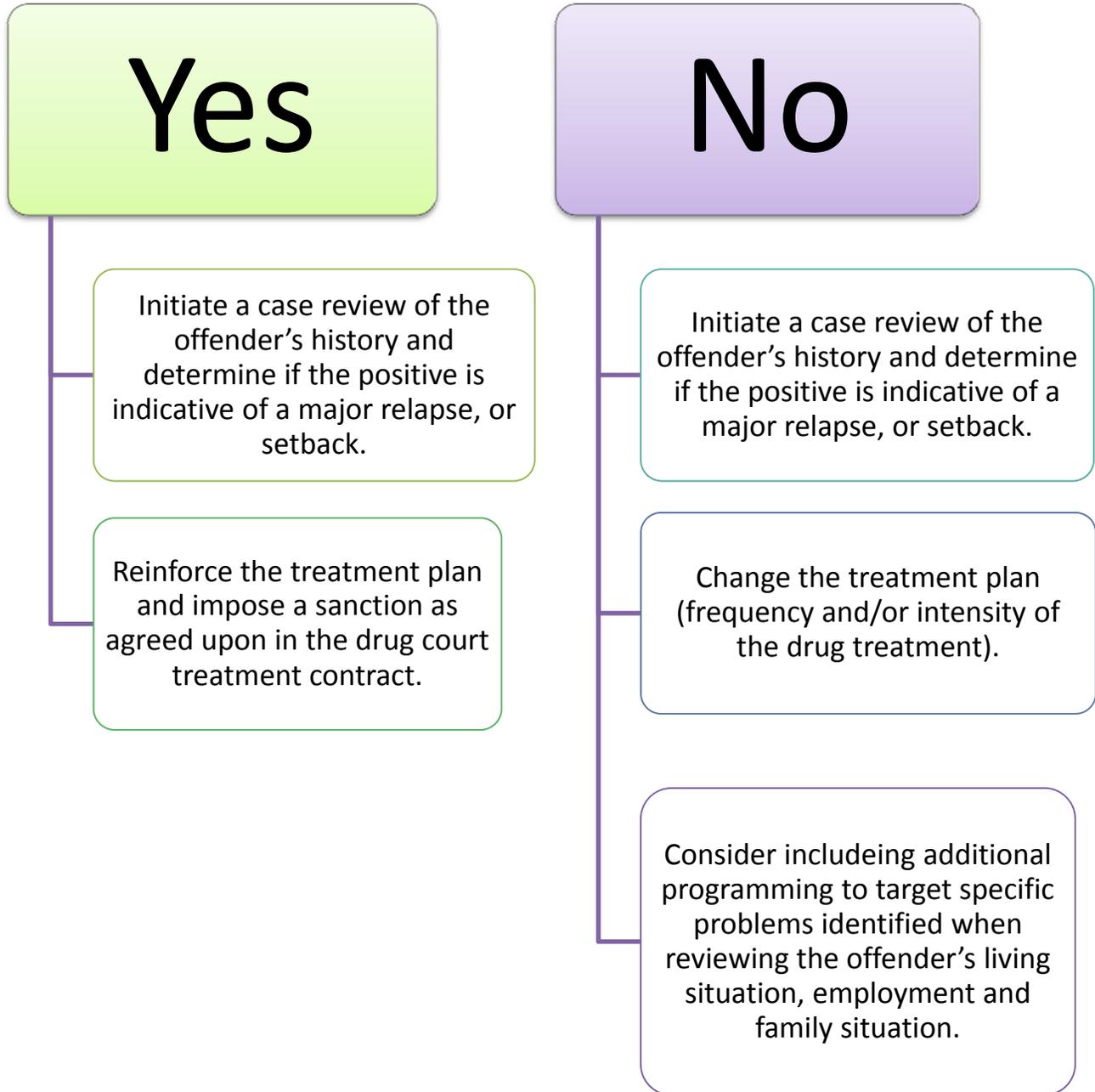
**No**

Consult with drug court treatment team.

Institute case review to determine adequacy of current drug treatment plan and urine testing.

If appropriate change the intensity of treatment, frequency of urine testing and impose a sanction as agreed upon in the drug court treatment contract.

*Is the current intensity and level of treatment adequate?*



Now, let's apply this approach with another case example.

## Case # 2

Mary is a 32 year-old, single European-American mother with the sole custody of 3 children ages 2 to 8 years. She lives in public housing in an economically stressed area of the city, and 5 months ago was laid-off from a job assembling electronic components for machinery. Mary has a sporadic 15-year history of heroin addiction. She is a drug court participant following her arrest for possession of CDS (heroin) and prostitution 4 months ago. Mary has 3 prior arrests for CDS and prostitution, and successfully completed probation and a course of residential treatment over 5 years earlier. Her drug court treatment plan includes twice-weekly urine testing, 3 hours per week of outpatient counseling and weekly meetings with her case manager/probation agent. She has been involved in drug court for 9 weeks and her attendance has been excellent with no unexcused absences, and no positive urines. Her unemployment benefits were cut by 20% in a cost cutting action by the state 2 weeks ago. In the past week Mary has missed 2 counseling appointments and a meeting with her case manager. She has been reported to be seen loitering on street corners in her neighborhood.

6. ***Is this unexcused absence at the initiation of drug court participation?***

No. Mary has been involved in drug treatment court for 9 weeks with excellent attendance at all required counseling and supervision sessions and with no positive urines. These absences represent a significant change in her participation. More information is needed before deciding on a course of action.

7. ***Is the participant still associating with the persons, places and things of a drug taking life style?***

Yes. Mary lives in public housing, has been laid off from her job and is the sole support of her 3 children. Her options for associating with people outside of her neighborhood are limited. The neighborhood has substantial drug activity and Mary has recently been seen loitering in the neighborhood.

8. ***Is the absence from a clinical requirement, i.e. a urine test, or counseling appointment?***

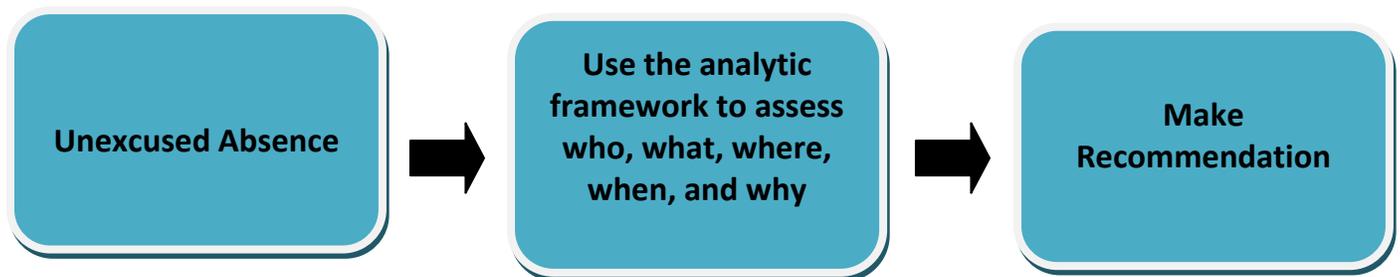
Yes. Mary has missed 2 counseling sessions in the same week. But even more troubling is the fact that she missed a supervision meeting with her case manager/probation agent. More information about the treatment plan needs to be gathered. A urine test should be administered as soon as possible to provide the drug court treatment team with some additional clinical information.

9. ***Have there been any changes in the participant's living situation, employment, and family relationships?***

Yes. Mary was unemployed at the start of her drug court participation, and receiving unemployment benefits. These benefits did not fully support Mary and her children's needs, but were adequate combined with assistance from a local church. When her benefit was reduced by 20% she no longer was able to meet her basic expenses.

10. *Is the current intensity and level of treatment adequate?*

No. Mary is a former heroin addict with a history of CDS possession and prostitution arrests. Her current clinical plan reflects that her drug use and criminal activity ceased 5 years prior to her entry into drug court. Accordingly, she was placed in an outpatient drug free counseling program with no other supports other than the structure of reporting to the drug court.



### Discussion

Mary's drug court treatment team convened to review the information gathered by the team. The stat urine test ordered after Mary's week long absence was positive for opiates and Mary admitted to shooting heroin with some friends and to prostituting herself to make money to support her children. She has limited job prospects and is now fearful of going to jail and losing her children,

The drug court treatment team proposed a change in the treatment plan. Mary was referred to an intensive outpatient treatment program (5 days per week, 4hours per day) for women that offers medication-assisted treatment. She will be evaluated for a buprenorphine protocol. The program has wrap around social services, child-care for her children and onsite employment counseling. Additionally, she will be assisted in making application for medical assistance for herself and the children, and for the TANF income assistance program. Mary will meet with her case manager/probation agent 3 days a week at the treatment program and submit to 3 times a week urinalysis. The drug court treatment team recommended that Mary be issued a warning, but no other sanction. Mary's counselor linked her to a support group for former prostitutes which includes financial management.

### Putting it all Together

Now that you are familiar with the analytic framework here is a case to practice the process. Remember, the goal is to develop a more effective and standardized practice for drug court professionals. The important thing is that the team comes together to gather, and critically evaluate the information about the participant, *before* recommending an action to the court.

### **Case #3**

Jose is a 19 year old 1<sup>st</sup> generation Hispanic-American who lives at home with his parents and attends community college where he is studying auto mechanics. He is a drug court participant because of his second arrest for Possession with Intent to Distribute (cocaine). His first charge, Possession of CDS (cocaine) resulted with a Probation Before Judgment (PBJ) and no treatment referral. He was on probation when he incurred the second arrest and referral to drug court. Although only 19 years old, Jose has a 4 year history of cocaine smoking that has been severely episodic. He has overdosed and been transported to the hospital and refused a referral to treatment. His parents have expressed their concerns to him and he has assured them it is not a problem and that he can stop at any time. Jose's peer group is affiliated with a gang, but Jose has for the most part refused to be inducted. His involvement extends to using cocaine with this peer group. Jose's drug court treatment plan was for 3 hours of outpatient counseling, twice weekly urinalysis and a weekly meeting with the drug court case manager. The initial urine screen was negative as were the next four. He attended 2 weeks of counseling without absences. At the start of the third week of drug court Jose tested positive for cocaine, missed a counseling session and was 30 minutes late for his weekly meeting with the drug court case manager. Jose's father called the case manager to express the family's concern that their son was getting into deeper trouble. The drug court treatment team is convened to review Jose's situation and make a recommendation to the court. Jose's parents attend drug court and have participated in family counseling with a bilingual counselor who lived in their community.

Positive Urinalysis Assessment 		
<input type="radio"/>	Is this an initial test, before an abstinence pattern has been established?	
	Is the drug one of the drugs of choice for the participant?	
	Was the use in the participant's usual (by history) context for use?	
<input type="radio"/>	Have there been any changes in the participant's living situation, employment, and family relationships?	
	Is current intensity and level of treatment adequate?	
<input type="radio"/>		



### Attendance Assessment

Is this unexcused absence or late arrival at the initiation of drug court participation?


Is the participant still associating with the persons, places and things of a drug taking life style?


Is the absence from or late arrival to a clinical requirement?


Have there been any changes in the participant's living situation, employment, and family relationships?


Is current intensity and level of treatment adequate?


Recommendations



# Treatment Progress

Rating treatment progress is important to evaluate the benefits of drug court participation and to adjust current treatment plans, when necessary. While there are easily observed objective measures of participation (urinalysis and attendance, for example), assessing the overall progress and quality of treatment requires some knowledge of the individual’s clinical presentation, treatment objectives and goals, and a basic understanding of the process of change in counseling. For example, in the early stages of treatment, a reluctance to talk is not necessarily an indication of “resistance,” but may be the expression of a proven survival strategy for someone who has learned the need to be cautious about self disclosure. In a similar vein, individuals progressing in counseling and approaching a change in session frequency, or even successful completion, maybe engineering setbacks to forestall changes in the treatment regimen. They may fear being cut off from a relationship that has worked well for them. An awareness of these situations and others, leads the drug court practitioner to find ways to assess the quality of treatment progress to ensure an appropriate, and appropriately therapeutic response to any change (both positive and negative) to treatment progress.

As you now suspect, assessing treatment progress is more complex than surveying for single variables such as urine test results and attendance. While the general analytic framework is still operative, the questions to guide the decision making process are shaped differently. These questions provide a preliminary evaluation of the clinical picture that triggers a more focused review by the drug court treatment team to decide what actions may need to be taken.

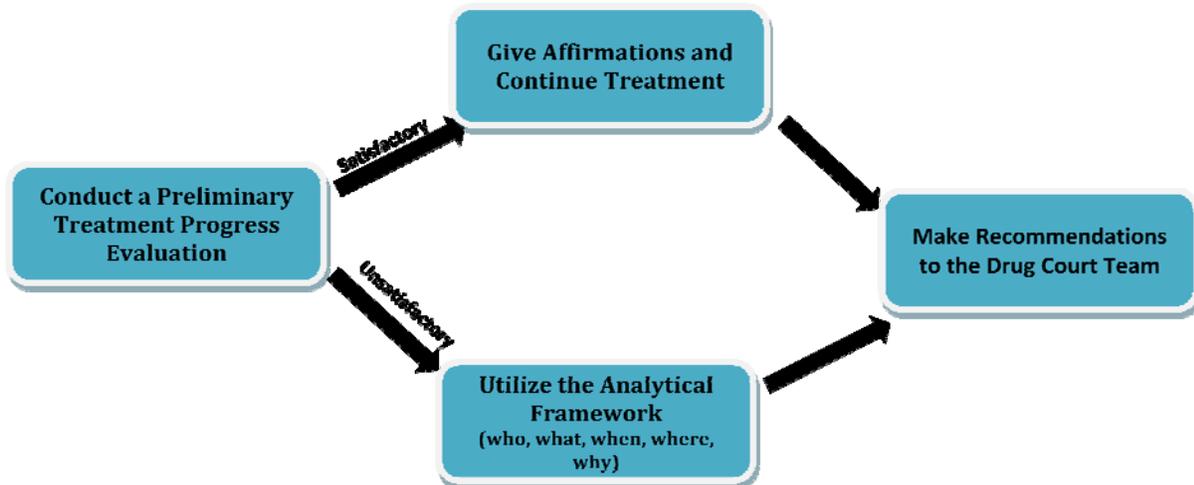
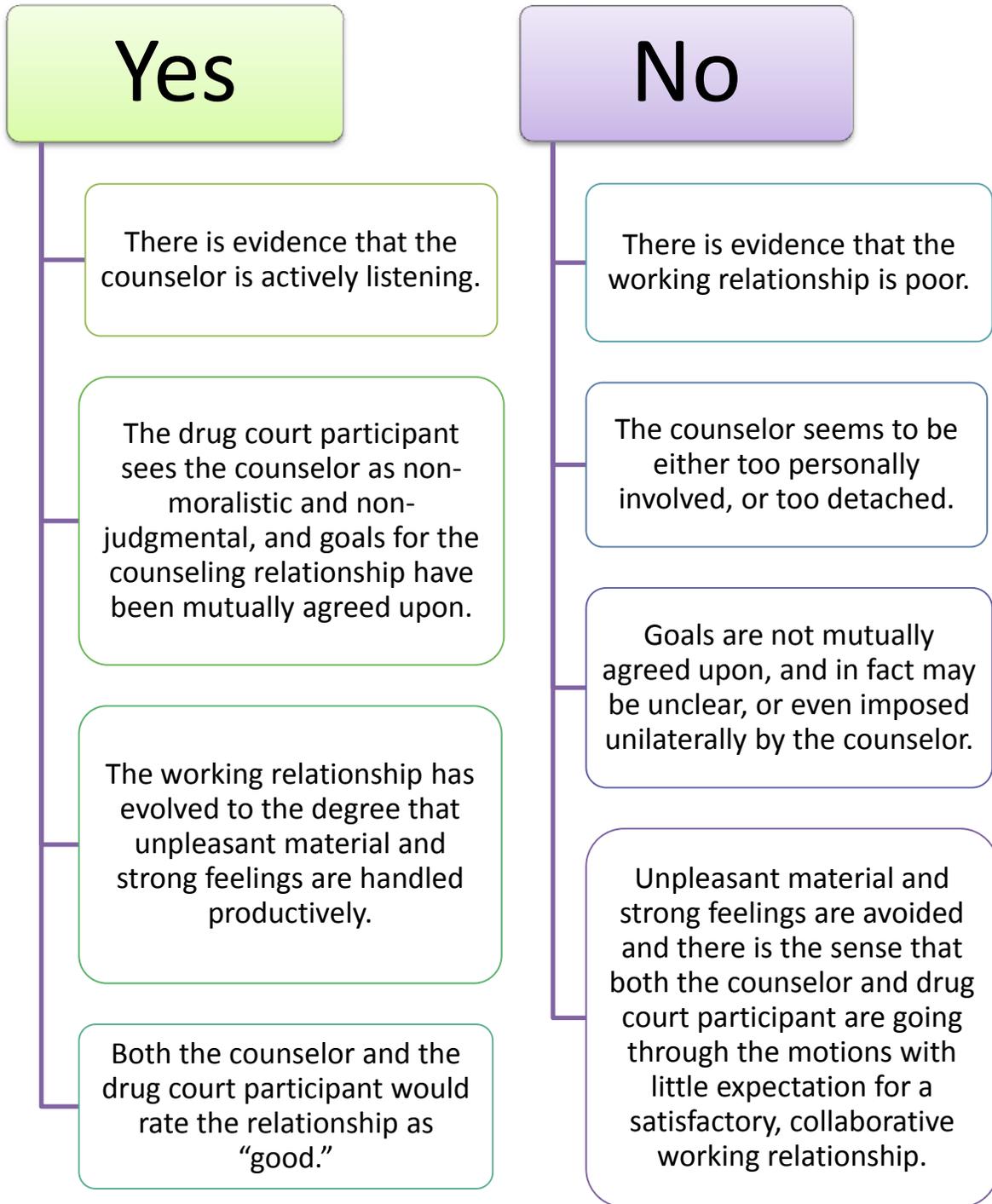


Figure 2: Using Treatment Progress to Drive Recommendations

Let’s start with generating an overall assessment of the progress and quality of treatment, and then look at a situation where there is no, or minimal progress being made. Assessing the collaborative relationship with clients is difficult but important to the overall success of drug court participation. Here are some questions to ask to guide your assessment of the overall progress and the quality of treatment.

*Have the counselor/drug court treatment team<sup>2</sup> and the drug court participant developed a collaborative working relationship?*



<sup>2</sup> The terms counselor and drug court treatment team in this section are used interchangeably. Use of one over the other is purely for style and ease of reading.

*Are resistance and ambivalence in treatment productively handled?*

**Yes**

The counselor sees the participant's resistance and ambivalence as a normal part of the process.

The process actively challenges the drug court participant's selective perceptions by examining the evidence he uses to make judgments about self and environment.

The process is clearly utilized to motivate the drug court participant to continue in treatment.

**No**

The counselor and the drug court participant appear to be engaged in a pointless struggle to determine who is going to "win."

The counselor seems to want to bend the participant to his way of thinking, and the drug court participant, holding to his beliefs is equally committed to showing the counselor he is wrong.

*Is problem solving part of the treatment process?*

**Yes**

There is evidence that the counseling process examines the choices that people have to make and the resultant behavior.

Staff model problem solving behavior and give drug court participants a basic set of problem solving tools that they can master.

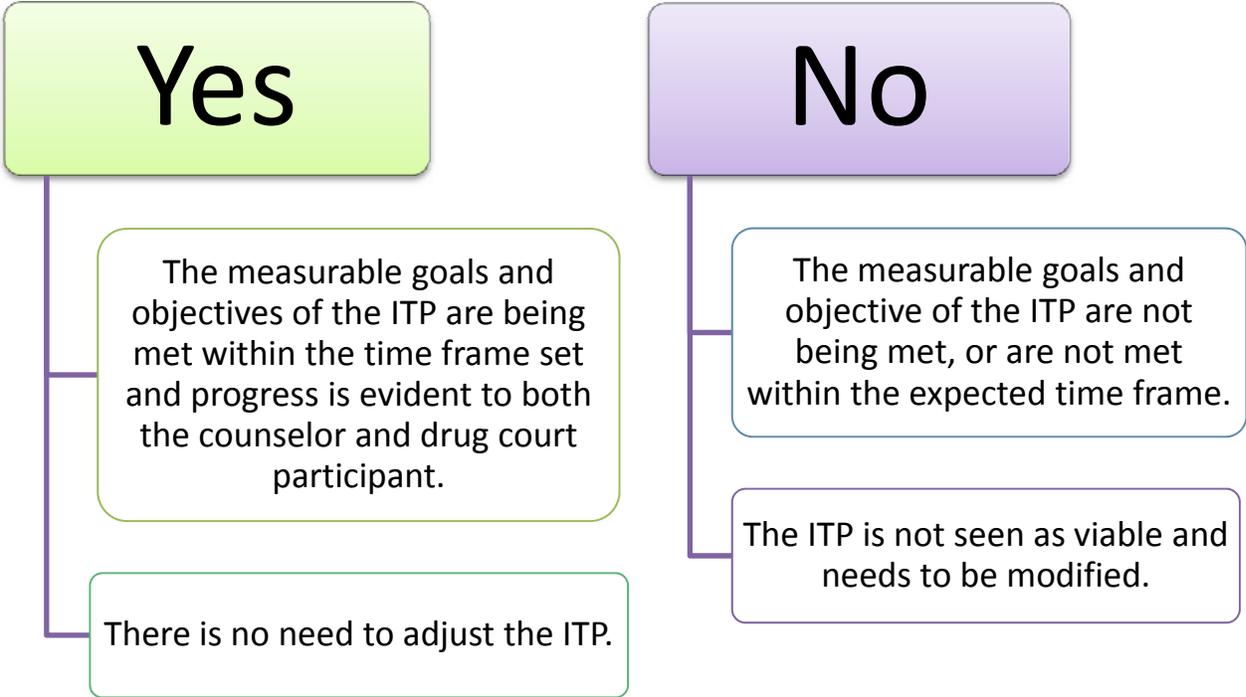
**No**

There is little evidence that the counseling relationship is driven by a problem solving framework.

Drug court participants may not be learning the tools and hence the skills, they need to complete drug treatment court and be successful in the community.

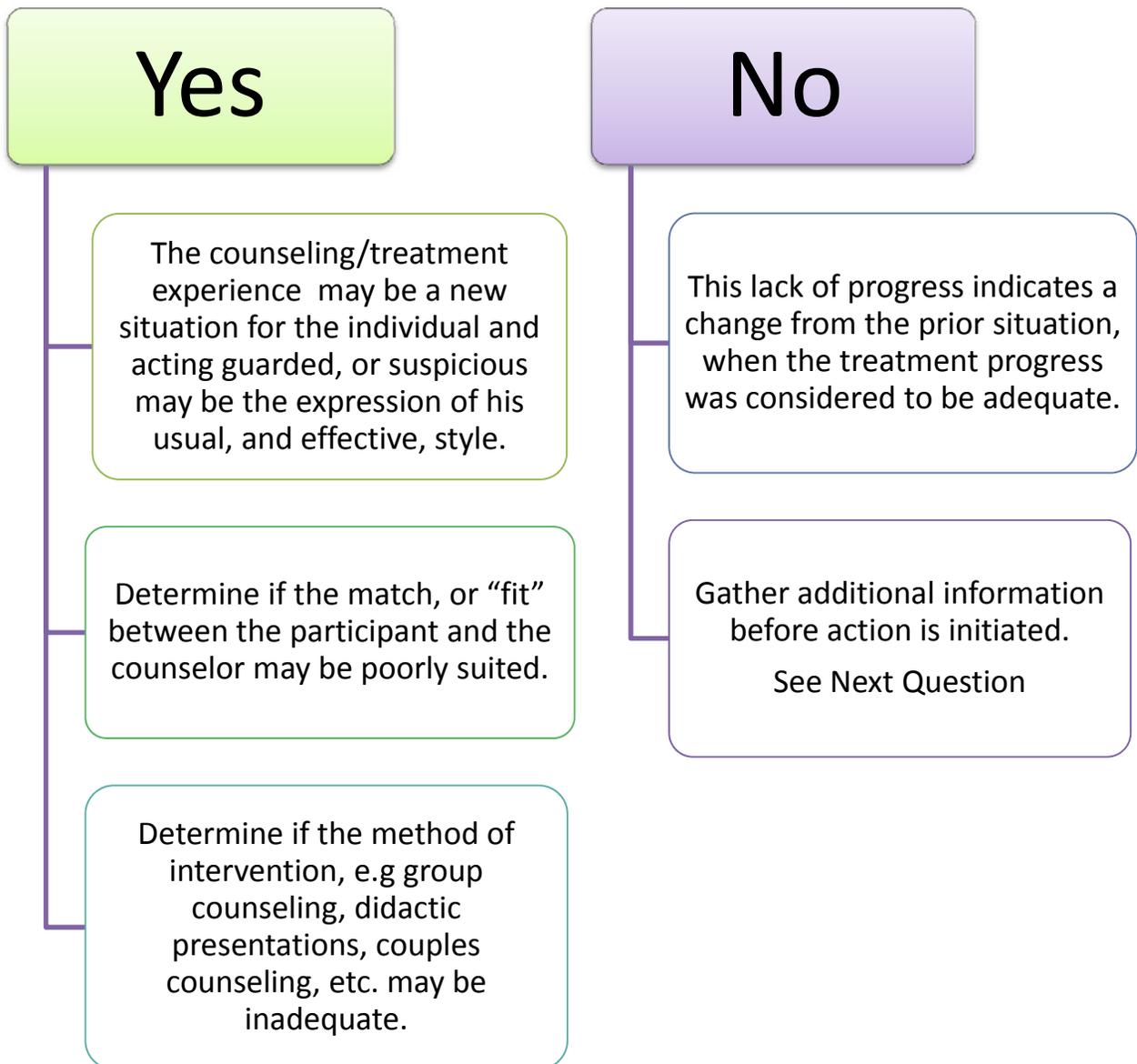
The counseling approach is eclectic and poorly suited for an offender population.

*Is there progress in meeting the goals and objectives of treatment as specified in the Individualized Treatment Plan (ITP)?*



Each one of these preceding questions looks at the overall progress of treatment and the quality of the treatment process. If treatment progress is satisfactory, continue treatment as is and make recommendations to the drug court team for possible use of incentives. If there is little indication that treatment is progressing, and the quality of the treatment relationship is poor; here are some questions to ask that will help to guide your response:

***Is this lack of progress at the initial stage of treatment?***



*Is the participant still associating with the persons, places and things of a drug taking lifestyle?*

**Yes**

The drug court participant is having difficulty distancing himself, from the persons, places and things that contribute to, or reinforce his drug taking, and poor behavior.

Review the personal, family and cultural supports available to the individual.

Consider imposing a sanction as agreed upon in the drug court treatment contract.

**No**

The lack of progress is not associated with a reversion to a drug taking lifestyle, but may be more indicative of a normal slowing of progress in counseling, or other situations.

Gather more information before action is considered.  
See Next Question

*Have there been changes in the participant's living situation, employment, and family relationships?*

**Yes**

The drug court treatment team needs to assess the relative disruption to the participant's stability by the occurrence of any of these events.

Consider changes in the treatment plan to target the specific problem area(s) identified.

Bring in additional social service agencies, as appropriate, to offer assistance.

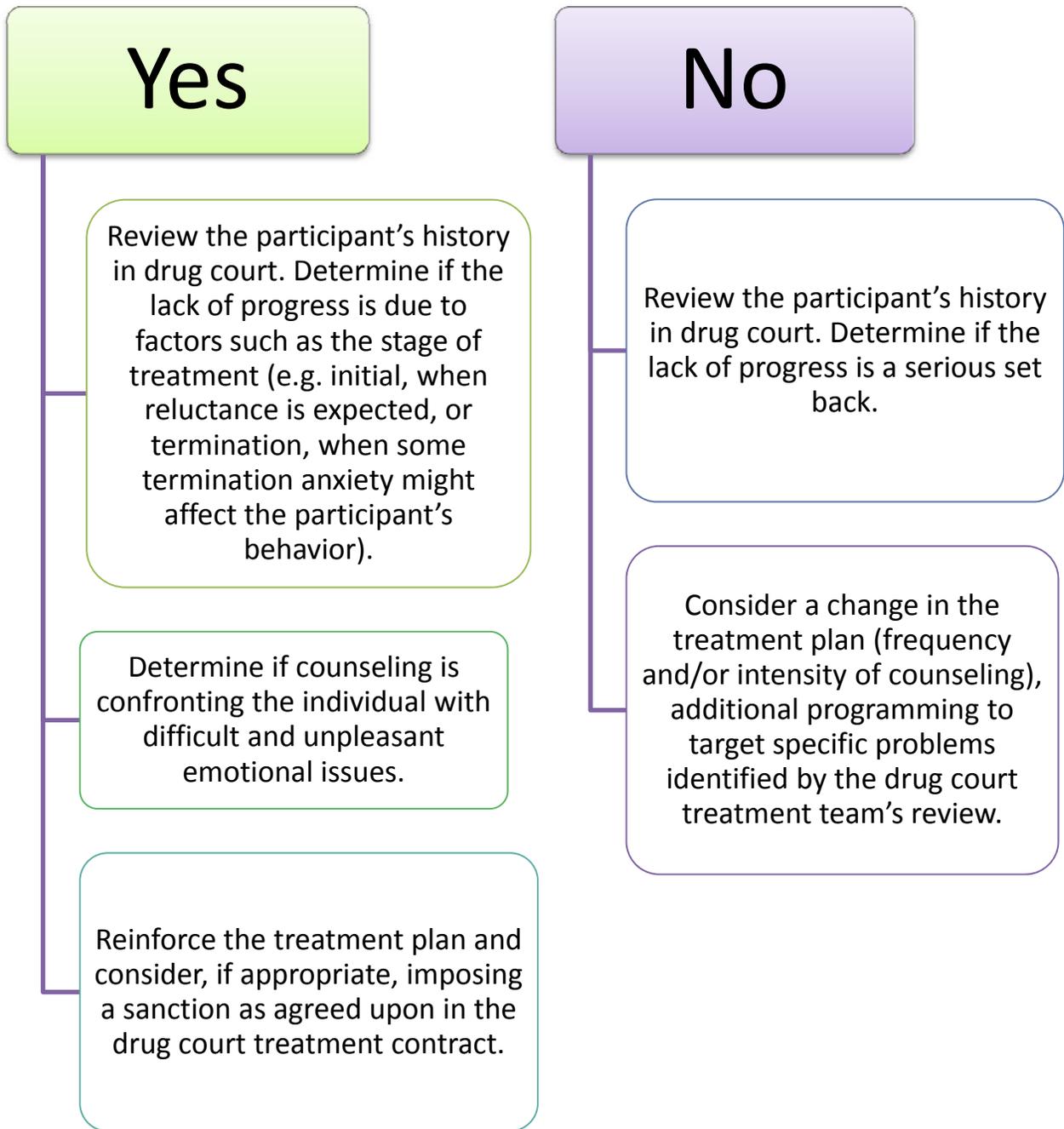
**No**

The lack of progress is not associated with changes in living situation, employment, and family relationships.

Review the adequacy of the current treatment plan to address the participant's drug abuse and criminal life style.

See Next Question

*Is the current intensity and level of treatment adequate?*



Now let's apply this approach with another case example and rate the progress of treatment:

## **Case # 4**

Will is a single 19 year old African-American male who recently completed a GED and was scheduled to enlist in the Marine Corps until his recent arrest for Possession with Intent to Distribute CDS (marijuana). The Marine Corps refused his enlistment after the arrest. This is his first arrest. He is currently unemployed and living with an older sister and her 2 children after his mother moved back to Georgia leaving him with no place to live.

Will has been a chronic marijuana user since age 16, but had abstained from use for approximately 3 months as he prepared for his entrance test and physical for the Marine Corps. He actually passed the physical, was short on money, began dealing marijuana and was subsequently arrested.

Will has been difficult to engage in counseling. He is generally unresponsive to group and passively sits through education sessions. He rarely offers comments or discloses information about himself and situates himself as far from the counselor as possible for groups. He has attended all the required sessions, but has 2 positive urines in the first 2 months of treatment. Will shrugs off the positives and offers no insight, nor excuses when offered the opportunity to discuss the positives as a problem. He keeps to himself and has not established any relationships with counseling staff or other participants except to respond to direct questions.

**11. *Have the counselor/drug court treatment team and the drug court participant developed a collaborative working relationship?***

No. Will's 2 months in treatment have not resulted in the development of a collaborative working relationship. Will participates in a minimal way and provides no indication that the experience may be of benefit,

**12. *Are resistance and ambivalence in treatment productively handled?***

No. There is no indication to date, that Will's ambivalence is being productively handled, or will be in the future.

**13. *Is problem solving part of the treatment process?***

No. Will has not been receptive to an exploration of the 2 positive urines. Typically, positive test results present as a good therapeutic opportunity to explore with drug court participants the where, when, why etc of use and to develop alternative responses to the normal cues that reinforce drug use. To date, none of that has happened with Will.

**14. *Is there progress in meeting the goals and objectives of treatment as specified in the Individualized Treatment Plan (ITP)?***

No. Will has attended sessions as required, but has 2 positive urines and has yet to engage the counseling process in any meaningful way.

Overall, treatment progress for Will is rated as poor. The next step for the drug court treatment team is to use the analytic framework (who, what, where, why, when) to examine the treatment progress and make specific recommendations for Will's treatment.

**Based on the case example above, please fill in the following questions and make recommendations for Will's treatment.**

Treatment Progress Assessment 		
<input type="radio"/>	Is the lack of progress at the initial stage of treatment?	
	Is the participant still associating with the persons, places, and/or things of a drug taking lifestyle?	
<input type="radio"/>	Have there been changes in the participants living situation, employment, and/or family relationships	
	Is current intensity and level of treatment adequate?	

		Recommendations 	
○			
○			

## **Glossary**

**Abstinence Pattern:** A defined period of time markedly different from prior periods of active substance use in which the participant tests negative for the presence of any illicit or non prescribed medications or alcohol. The time period is set by the court, but clinically a 30 day period of time drug and alcohol free is usually sufficient to establish an abstinence pattern.

**Drug of Choice:** Established by the participant's history and lab tests, the drugs that the individual has habitually used over time and by so doing, demonstrates a preference.

**Social Support:** Network of family, friend, work and community relationships that are available as resources to assistance in the participant's recovery.

**Resistance:** Avoidance behavior used by the participant that may interfere with his/her drug court treatment plan.

**Ambivalence:** The coexistence of positive and negative feelings toward the same person, object, or action