



SAN FRANCISCO COLLABORATIVE COURTS

STANDARDS
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A comprehensive summary of Evidence Based Practices for Collaborative Courts, Criminal Justice Interventions, and Forensic Professionals.

CORE PRINCIPLES

RISK

Risk refers to the probability that an individual will reoffend. An individual's "risk profile" is more predictive of future crime than the current offense.

Risk should be assessed using a scientifically validated **risk assessment tool** that determines the statistical probability that an individual will reoffend. Such tools are more accurate than professional judgment alone.

The intensity of the intervention should match the risk level.

- Intensive criminal justice interventions, such as Collaborative Courts, should target medium and high risk offenders. Higher risk offenders should attend court more frequently.
- Intensive interventions are unlikely to benefit low risk offenders, and may increase recidivism. Extremely high risk individuals may benefit from these interventions, but require a substantial investment of resources. Ideally, offenders with different levels of risk should not be mixed.
- Drug Courts that accept higher risk defendants, including non-drug charges and defendants with prior violence are more cost-effective.

NEEDS

Eight **Criminogenic Needs** (the "Central Eight") account for the majority of criminal behavior.

Primary Needs are the most predictive of criminal behavior and should be the primary targets of criminal justice interventions.

1. Anti-Social History: early and continued involvement in anti-social and/or criminal acts.
2. Anti-Social Personality Pattern: risk-taking, pleasure seeking, and aggressive behaviors; weak self-control; poor problem-solving skills.
3. Anti-Social Attitudes: values, beliefs and rationalizations that support criminal activity.
4. Anti-Social Peers: close associations with criminals, isolation from pro-social, law abiding people.

Secondary Needs should be secondary targets unless they are assessed as central to the criminal behavior.

5. Family and/or Marital Conflict
6. Substance Abuse
7. Low levels of performance and satisfaction in school or at work.
8. Low levels of involvement and satisfaction in pro-social activities.

By assessing and targeting criminogenic needs, we can reduce the probability of recidivism. The more needs targeted, the more effective the intervention (4-6 is best).

The "Central Eight" drive criminal activity among offenders with **serious mental illness**, and should be addressed by forensic mental health interventions.

In Collaborative Courts, the judge, case managers and probation officers should make criminogenic needs the focus of interactions in court, counseling, and check ins.

RESPONSIVITY

Interventions should be flexible and tailored to the unique needs, goals, stage of treatment, symptom severity, mental health, intelligence, learning style, and cultural, gender and generational perspective of each client.

Collaborative Courts should develop individualized treatment plans that match client characteristics.

TREATMENT & CASE MANAGEMENT PRACTICES

ENHANCE INTRINSIC MOTIVATION

While coerced and voluntary treatment are equally effective, clients are more likely to engage in an intervention if they have **intrinsic motivation** to change.

Motivational Interviewing techniques, which focus on getting clients to verbalize behavior change, have been shown to increase an individual's desire to change. Techniques include: asking open ended questions; reinforcing clients' statements about behavioral change; "resisting the righting reflex" (not telling clients what to do).

Motivational techniques are also effective for individuals with **co-occurring substance use and mental health disorders**.

Collaborative Court case managers should use Motivational Interviewing as a tool to increase client motivation. Judges can also use it by listening with empathy, allowing clients the opportunity to speak, and resisting the impulse to offer advice or lecture.

DEVELOP MEANINGFUL RELATIONSHIPS

The relationship between provider and client may be as or more important than the intervention in reducing recidivism. This relationship, or **therapeutic alliance**, is integral to enhancing a client's intrinsic motivation.

An effective therapeutic alliance is characterized by a "**firm but fair**" relational approach that includes open, genuine and nonjudgmental communication; mutual respect; and, solution focused, structured interactions that reinforce pro-social thinking, skills and behavior. This firm but fair approach is also recommended for offenders with serious mental illness.

In Drug Courts, research has shown that **procedural justice** plays a key role in improving client outcomes. When clients believe that the judge is knowledgeable about their case, gives them the opportunity to speak, and treats them fairly, drug use decreases over time. Drug Courts are more cost-effective when judges spend at least three minutes talking with each client.

CRAFT EFFECTIVE CASE PLANS

Individualized case plans can reduce recidivism. Case plans should be easy to follow written guidelines to make concrete steps towards specific goals.

When clients are involved in their own case planning, they are more likely to follow through. Case plans should use a **strengths-based approach** that draws upon clients' strengths. Case plans should be dynamic—based on continual **re-assessment**—to adapt to the changing needs and goals of the client.

Case plans should be **comprehensive** and address multiple client needs and challenges, including both criminogenic needs and stability issues such as mental and physical health, housing, and transportation.

When possible, case plans should engage and draw upon **families and pro-social community supports** as strengths. Constructive relationships between offenders and families are associated with better outcomes.

UTILIZE EVIDENCE-BASED TREATMENT

Expedient treatment placement is associated with improved outcomes. Drug Courts that place clients in treatment within 20 days of arrest are more cost-effective.

Cognitive Behavioral Interventions

- The most effective offender treatment interventions for reducing recidivism **combine cognitive restructuring with behavioral approaches**. Based on the notion that thinking affects behavior, these programs strengthen thought processes that lead to positive behaviors, and reinforce those behaviors through skill building and practice.

- Cognitive behavioral offender treatment emphasizes the present, problem-solving, coping strategies, self-control and anger-management, and pro-social modeling.

- **Relapse Prevention**, a cognitive-behavioral approach that evaluates behavioral patterns and identifies coping techniques to promote recovery, is recommended for substance abuse disorders and co-occurring disorders.

Substance Abuse Treatment

- **Both outpatient and residential substance abuse treatment reduce recidivism.** For individuals who are chemically dependent, 3 months is considered the minimum effective dose of treatment, with 6-12 months being the most effective.
- Pharmacological interventions, such as **Narcotic Replacement Therapy**, are very effective when combined with counseling and behavior therapies. For chronic heroin users, methadone is the gold standard.

Co-Occurring Disorder Treatment

- **Integrated treatment**, which merges substance abuse and mental health treatment, is the primary evidence based practice in the treatment of co-occurring disorders. In its ideal form, integrated treatment is seamless and provided throughout systems of care.
- **Assertive Community Treatment**, which provides comprehensive, community-based psychiatric treatment, rehabilitation, and support to individuals with serious and persistent mental illness, is particularly effective with clients facing multiple problems.

Gender-Responsive Treatment

- Women and men experience distinct pathways to crime and are different in terms of cognition, emotions, social development, communication patterns, social roles, risks and resiliency.
- While the eight criminogenic factors apply to both men and women, they are weighted differently for women: **substance abuse, education and employment needs are the strongest predictors of criminal behavior in women.**
- Women in the criminal justice system typically have extensive histories of sexual and physical abuse, severe trauma, chronic addiction and mental health problems, and experience high rates of poverty. Assessment tools should address these areas, including specific questions about trauma.
- Gender-responsive offender treatment should be **trauma-informed**, recognize the importance of relationships in women's lives, acknowledge family roles, and emphasize integrated substance abuse and mental health treatment, education and vocational training.

COLLABORATE

Collaborative approaches to case management, such as joint case planning with shared goals across service agencies, are recommended to address clients' multiple needs and challenges. Drug Courts are more effective when all team members are required to attend all case conferencing sessions.

ACCOUNTABILITY PRACTICES

ADMINISTER INCENTIVES AND SANCTIONS

Increasing positive reinforcement is one of the central evidence-based practices in offender behavior modification. **Rewards are more powerful than sanctions in promoting pro-social change.** Incentives and sanctions can be effectively administered by case managers, probation officers, and judges.

Incentives and sanctions are most effective when they emphasize the following:

Immediacy: The immediacy of the response is the best predictor of behavior change. The longer the delay between the target behavior and the response, the less effective the sanction or incentive.

Certainty: The greater degree of certainty, the more effective the response. To increase certainty, clients should be carefully monitored, behaviors reliably detected, and consequences clearly articulated in advance. Drug Courts that set sanctions and incentives standards in advance, and memorialize them in a written form for clients are more effective.

Proportionality: Responses should be proportional to the act and the capacity of the client. Moderate responses are more effective than either minimal or severe responses. Sanctions and incentives should be graduated, enabling a ratcheting up or down in response to target behaviors.

Response Magnitude

- A. Responses to short-term goals: sanction high; reward low
- B. Responses to long-term goals: sanction low; reward high

Fairness: If clients do not perceive the system of sanctions and incentives as being fair, it will not be effective. Written guidelines increase the perception of fairness.

ACCOUNTABILITY PRACTICES

DRUG TEST FREQUENTLY

Drug Courts that administer drug tests two or more times per week during the first phase of participation, and receive results within 48 hours, are more cost effective.

EVALUATE YOUR PROGRAMS

Criminal justice programs that regularly measure progress, and use this information to adjust policy and practice are more effective. Automated databases support effective case management and evaluation efforts.

EMPHASIZE EXPERIENCE & TRAINING

Judges who spend at least two years on the Drug Court bench are associated with better client outcomes and significant cost savings. Drug Courts are more cost effective when all team members receive formal training. Investing in staff training promotes clinical competency and treatment model fidelity.

DISCUSSION QUESTIONS

1. Does your jurisdiction assess offender risk using a scientifically validated risk assessment tool?
2. How do you address the four primary criminogenic needs in collaborative court hearings?
3. How does your collaborative court address the unique characteristics of each client?
4. What techniques do your case managers use to engage ambivalent participants?
5. What do case plans consist of in your collaborative court?
6. Are there cognitive behavioral programs for offenders in your jurisdiction?
7. To what extent are substance abuse and mental health treatment integrated in your jurisdiction?
8. Does your collaborative court provide trauma-informed care for female participants?
9. Which does your collaborative court administer more frequently: sanctions or incentives?
10. Do you provide collaborative court participants with written guidelines regarding expectations and consequences?
11. How often are collaborative court clients drug tested?
12. How often do you evaluate collaborative courts in your jurisdiction?

References & Resources can be found here: <http://www.sfsuperiorcourt.org/index.aspx?page=94>

Written by Maria McKee, Policy & Program Analyst, San Francisco Collaborative Courts