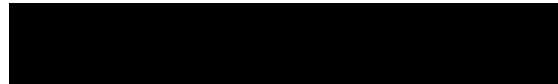


**The Importance of INTENTIONALITY in our Tx  
Courts in dealing with Difficult issues;  
Relationships, Legalized Marijuana, and others.**

**Duluth Tx Court Conference 2024**

**Eric Olson**



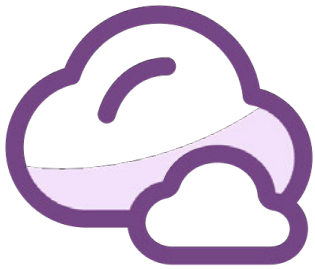
*District Manager, Adult and Juvenile Mental Health Courts  
State of Idaho's 7<sup>th</sup> Judicial District*

# Presentation Objectives

---

- 1- Understanding the Importance of our Teams being Intentional in Responding to Participant Needs and Behaviors
- 2- Addressing Difficult Issues in Treatment Court Teams and how to do so Effectively.
- 3- Addressing the Issue of Legalized Marijuana in Treatment Courts

slido



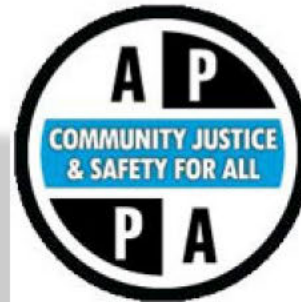
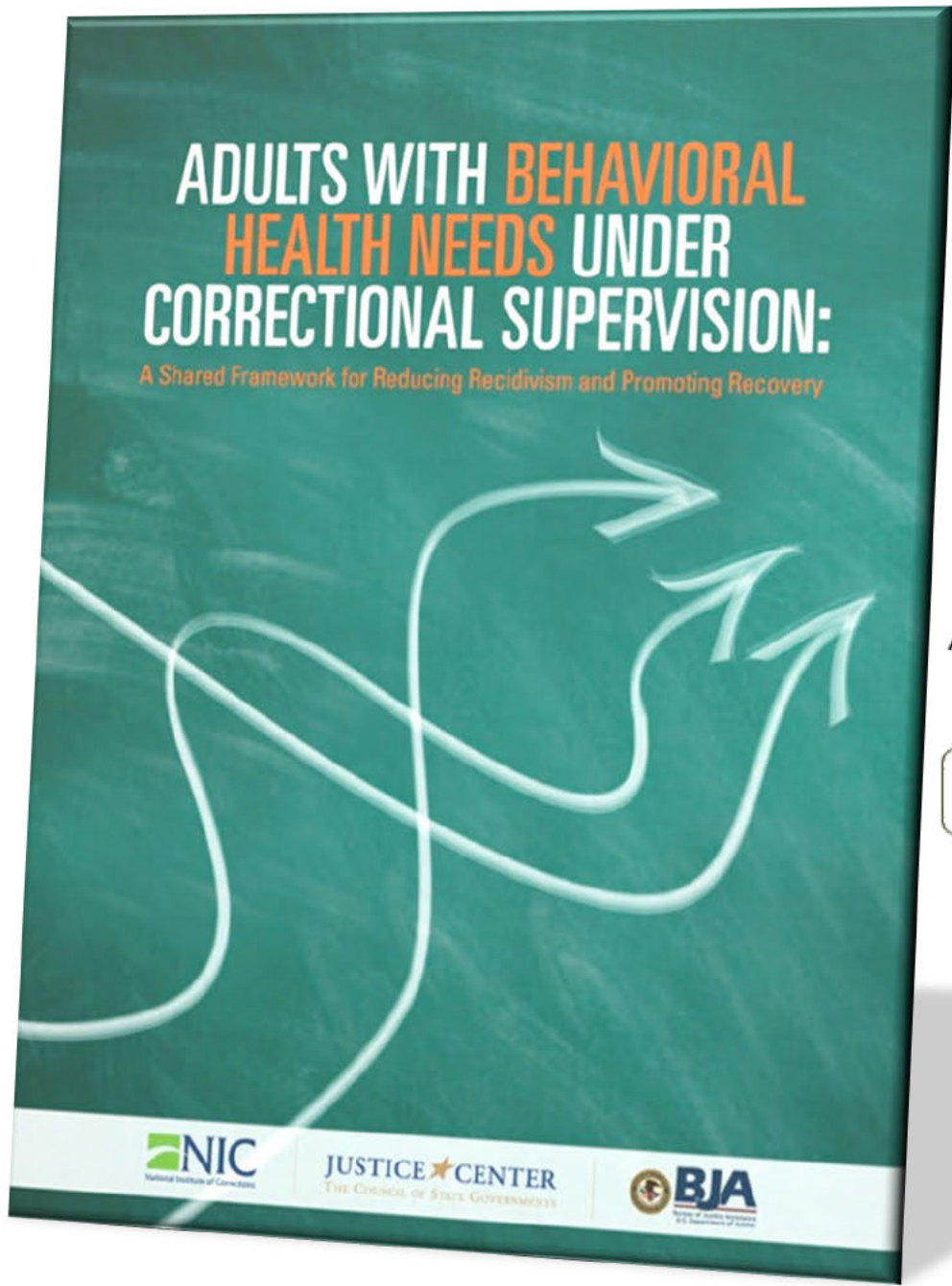
**Whats the most difficult issue  
you deal with in your Court?**

① Start presenting to display the poll results on this slide.

# Buzz Phrases We All Know

---

- HIGH RISK/HIGH NEED
- CO-OCCURRING
- STAY IN YOUR LANE (ROLE)
- TRAUMA-INFORMED CARE



# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

**Principle**

**Impact on Practice**

**R**isk Principle

**N**needs  
Principle

**R**esponsivity  
Principle

# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle		Impact on Practice
<b>R</b> isk Principle	Match the intensity of individual's intervention to their risk of reoffending ( <i>WHO to target</i> )	Focus resources on high <b><u>RISK</u></b> cases

**N**needs  
Principle

**R**esponsivity  
Principle

## 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.



# Criminogenic Risk

## Risk:

- ≠ Crime type
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level
- ≠ Dangerousness

**Risk** = How likely is a person to commit a crime or violate the conditions of supervision?

# Criminogenic Risk Factors

## Static and Dynamic Risk Factors

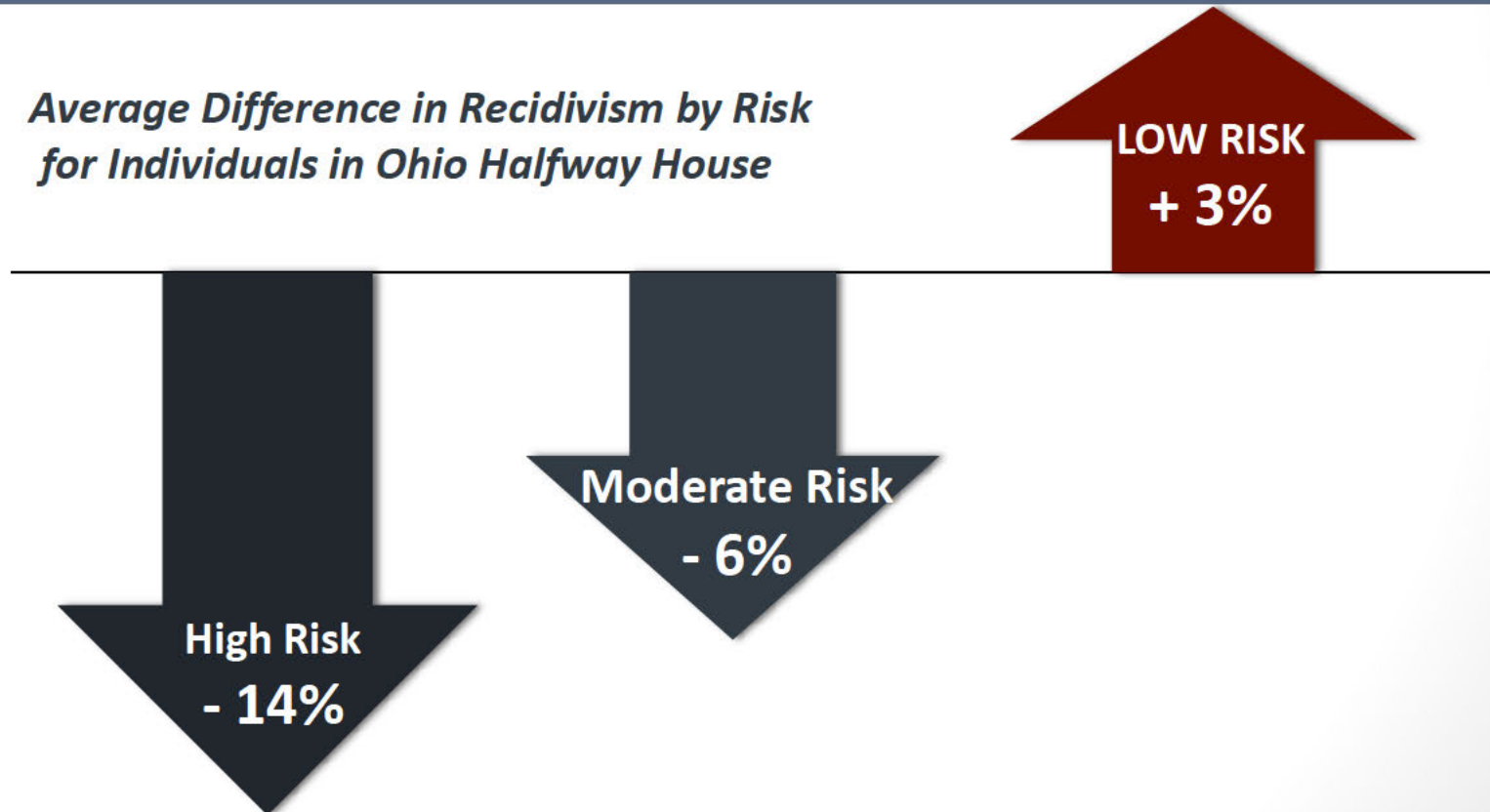
Dynamic Risk Factor
History of antisocial behavior
Antisocial personality pattern
Antisocial cognition
Antisocial associates
Family and/or marital discord
Poor school and/or work performance
Few leisure or recreation activities
Substance Use Disorder

Static Risk Factor
Criminal History
Current Charges
Age at First Arrest
Current Age
Gender

# Importance of Risk Principle

Failing to adhere to the risk principle can **increase** recidivism

*Average Difference in Recidivism by Risk  
for Individuals in Ohio Halfway House*



Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle		Impact on Practice
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending ( <i>WHO to target</i> )	Focus resources on high <b>RISK</b> cases
Needs Principle		
Responsivity Principle		

## HIGH NEED

*“High Need”* refers to offenders who are assessed at being moderate to severe based upon DSM-V for illicit substances or alcohol.

# NEED PRINCIPLE

- ✓ Clinical syndromes or disorders.
- ✓ The higher the need level, the more intensive the treatment or rehabilitation services should be, *and vice versa*.
- ✓ Mixing need levels is contraindicated.

(Andrews & Bonta, 2010)



# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle		Impact on Practice
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending ( <i>WHO to target</i> )	Focus resources on high <b>RISK</b> cases
Needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers ( <i>WHAT to target</i> )	Target criminogenic <b>NEEDS</b> , such as antisocial behavior, substance abuse, and antisocial attitudes
Responsivity Principle		

# Skills, Skills, Skills...What Skills?

---

- Manage MH Sx's
- Learn Skills to Attain Sobriety
- Work? Self Sustaining...
- Family relationships/issues
- Associations?
- Intimate relationships?
- Criminal Thinking.... Ex. Of PHIL!



# Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle		Impact on Practice
<b>R</b> isk Principle	Match the intensity of individual's intervention to their risk of reoffending ( <i>WHO to target</i> )	Focus resources on high <b><u>RISK</u></b> cases
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<b>R</b> isk Principle	Match the intensity of individual's intervention to their risk of reoffending ( <i>WHO to target</i> )	Focus resources on high <b><u>RISK</u></b> cases
<b>N</b> needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers ( <i>WHAT to target</i> )	Target criminogenic <b><u>NEEDS</u></b> , such as antisocial behavior, substance abuse, and antisocial attitudes
<b>R</b> esponsivity Principle	Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender ( <i>HOW to best target</i> )	Address the issues that affect <b><u>RESPONSIVITY</u></b> (e.g., mental disorders)

# Responsivity: You can't address dynamic risk factors without attending to mental health

---



# Address Responsivity Factors First

---

- MEDS
  - MONEY
  - HOUSING
- Trauma
  - Culture
  - Learning Issues
  - Ability to Read
  - Appropriateness  
Inappropriateness  
in Groups/Tx
  - Others...

# Continually Assessing to Address Issues

---

- MH- SUD- Criminogenic Risk / Personality Disorders
- What is driving the process?
- **Non-compliance vs. non-responsive.**



# Latest RNR Research Info

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- Robert D. Morgan, Faith Scanlon, Stephanie A. Van Horn; 2019
- Confirmed what we've known about Criminogenic risk and individuals with PMI (Persistent Mental Illness)
- Emphasizing mental health treatment and ignoring criminogenic risk does not reduce recidivism
- “In fact, a body of literature now supports the conclusion that mental illness is not the driving force behind PMI's criminal justice involvement, but that criminogenic risk (dynamic risk factors commonly associated with criminal activity) is likely the primary cause of crime, similar to criminal justice populations that do not have mental illness.”
- “Variables that best predicted recidivism for PMI were essentially the same as the variables that predicted recidivism for offenders without mental illness.”

[https://criminogenic\\_risk-and-mental-health-a-complicated-relationship-div.pdf](https://criminogenic_risk-and-mental-health-a-complicated-relationship-div.pdf)

# Latest RNR Research Info

---

- Robert D. Morgan, Faith Scanlon, Stephanie A. Van Horn; 2019
  - Traditional psychiatric services have limited impact on criminal justice outcomes IE:: Don't reduce recidivism
  - “Mental illness and criminalness feed each other in a continuous loop”
  - “Mental illness may be a responsivity factor for crime...”
  - AND “criminalness may be a responsivity issue for mental health functioning”

# EFFECTIVE CASE PLANNING

---

- Must address Responsivity issues First
- Must Integrate information from Risk Assessment and Central 8 Factors
- Must be Focused and Intentional
- Must be Simple for Participant



# Central 8 Dynamic Risk Factors

Dynamic Risk Factor
History of antisocial behavior
Antisocial personality pattern
Antisocial cognition
Antisocial associates
Family and/or marital discord
Poor school and/or work performance
Few leisure or recreation activities
Substance Use Disorder

slido



**Which of these Central 8 do you feel is most Critical in Participants Recovery?**

ⓘ Start presenting to display the poll results on this slide.

# University of California Irvine research

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- SPMI offenders are at **double the risk of failing supervision.**
- More likely than their counterparts to fail because of **technical violations.**
- **The strongest risk factors for recidivism are shared by those with and without mental illness.**
- **Risk reduction is not based on receiving more mental health services.**
- **Relationship quality partially mediates relation between specialty supervision and arrests and revocation.**
- **Avoid negative pressures and increase positive dual role relationship quality.**
- **More problem solving techniques and approach.**

# MENTAL ILLNESS

*“Mental illnesses* are health conditions involving changes in thinking, emotion, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.”

(American Psychiatric Association)

# SUBSTANCE USE DISORDER

A ***substance use disorder*** is diagnosed when the recurrent use of alcohol and/or drugs results in clinically and functionally significant impairment as evidenced by: Health and social problems; Disability; Failure to meet responsibilities; Inability to control intake; Risky behaviors

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

# CO-OCCURRING DISORDER

A *co-occurring disorder* (COD) is a condition in which a person experiences a mental illness and a substance abuse problem simultaneously.

CODs represent a very broad category and extent of disorder, ranging from someone with mild, situational depression due to their substance abuse all the way to a person with bipolar disorder who uses meth during acute episodes of mania.

# CO-OCCURRING DISORDER

People with mental health disorders are more likely than others to also have an alcohol or substance use disorder

Persons with a substance use disorder are more likely to have a mental health disorder when compared with the general population

# CO-OCCURRING DISORDER

Studies have found that between 72 and 87 percent of justice-involved individuals with severe and persistent mental illness (SPMI) have co-occurring substance use disorders.

Therefore, if you are treating persons with mental illness, you are treating persons with co-occurring disorders.

(Abram & Teplin, 1991; Abram, Teplin, & McClelland, 2003; Chiles, Cleve, Jemelka, & Trupin, 1990; James & Glaze, 2006).



# Not all Substance Use Disorders are Alike

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## The Substance Abuse Continuum

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# What Does Co-Occurring SUD Tx Look Like in MHCT?

---

- Level of Care Still Applies?
  - What does that look like? Do MH group count or only SUD groups?

Drug Testing

Should it look any different?

What if No Hx or Use?

Criminal Thinking groups part of Tx or Supervision?

We all know Co-Occ... But What does it mean???

# Challenges with Co-Occurring

---

- Different Challenges based on Core of Team? Core Dg Ct or MH based?
  - How do MHCT Participants look different than Drug Court Participants? Define population!
  - Assessments ( Different assessors, different Dx)
  - “They are not showing up and we need a Sanction, these are valued spots”
  - Training? What does it look like?

# LEGALIZED MARIJUANA

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- Medical Marijuana and Tx Courts..Oct 2022
- FAQ: Hon. William G. Meyer (ret)
  - Senior Judicial Fellow, Treatment Court Institute
  - Aaron Arnold and Carolyn Hardin... Allrise
- “Marijuana remains illegal under federal law, but federal authorities forgo prosecution when the use of marijuana is legal under state law. Therefore, treatment courts must consider state law and determine how much it affects the rights of participants to use medical marijuana.”

# LEGALIZED MARIJUANA

---

- **Group A- MT, AZ, OR, PA;** Medical Marijuana Use is expressly permitted.
- Courts have No discretion to limit a probationer's use of medical marijuana
- Bottom Line:
  - Tx Courts may Not prohibit participants from using MM if they comply with legal use.
  - Supervise to ensure they comply with use according to State law.

# LEGALIZED MARIJUANA

---

- **Group B- CA; NY; CO;** Medical Marijuana Use may be Prohibited on a case-by-case basis.
- More Flexible; Tx Courts may limit MM use; considering individual case circumstances.
- What to Consider:
  - Did Marijuana use play a role in criminal behavior?
  - Is there a history of Marijuana abuse in past?

# LEGALIZED MARIJUANA

---

- **Group B- CA; NY; CO;** Medical Marijuana Use may be Prohibited on a case-by-case basis.
- More Flexible; Tx Courts may limit MM use; considering individual case circumstances.
- What to Consider:
  - Did Marijuana use play a role in criminal behavior?
  - Is there a history of Marijuana abuse in past?

# LEGALIZED MARIJUANA

---

- **SO WHAT ABOUT MINNESOTA?**
- If the State SC has not addressed or ruled on this yet, handle like Group B..
  - Tx Court can make a decision on a case by case basis; **HOWEVER**, make sure the ruling is made On The Record.
  - A Blanket Policy Prohibiting use will not work.



# LEGALIZED MARIJUANA

---

- **More Considerations**
  - **Particularly in Group A; still follow HIPAA, 42 D.F.R Part 2 protocols and have releases**
  - **Federal Grants and funds from those grants cannot be used to support the use of medical marijuana**
  - **Laws are continually changing in this area, stay abreast of the latest rulings and updates.**

## Developing a Mental Health Court

An Interdisciplinary Team:  
The Bonneville Mental Health Court  
Idaho Falls, ID



### ACT Team Clinical Supervisor

Jannell Eggleston



### Bonneville County Deputy Prosecuting Attorney

Penny Shaul



### Court Coordinator

Eric Olson



### District Court Judge

Judge Joel Tingey



JUSTICE CENTER  
The Council of State Government

## Developing a Mental Health Court

An Interdisciplinary Team:  
The Bonneville Mental Health Court  
Idaho Falls, ID



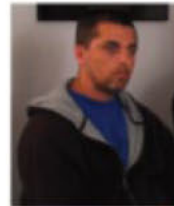
### Felony Probation Officer

Aimee Austin



### Misdemeanor Probation Officer

Paul Meigio



### Program Graduate who has been through Peer Support Specialist Training

Thomas



### Vocational Rehabilitation Assistant

Amy Empey



JUSTICE CENTER  
The Council of State Government

# The Team

- ◆ Judge
- ◆ Clerk
- ◆ Coordinator
- ◆ Treatment/ACT Team
- ◆ Attorneys
- ◆ Probation Officers
- ◆ Law Enforcement
- ◆ Vocational Rehabilitation
- ◆ Peer Support/ Recovery Coach
- ◆ Jail Clinician
- ◆ NAMI
- ◆ Housing
- ◆ Others as needed; Child Support, Inpatient SUD partners
- ◆ **All ACCOUNTABLE to Judge and Court...**
- ◆ **Share info/Collateral Info**

# OBJECTIVES

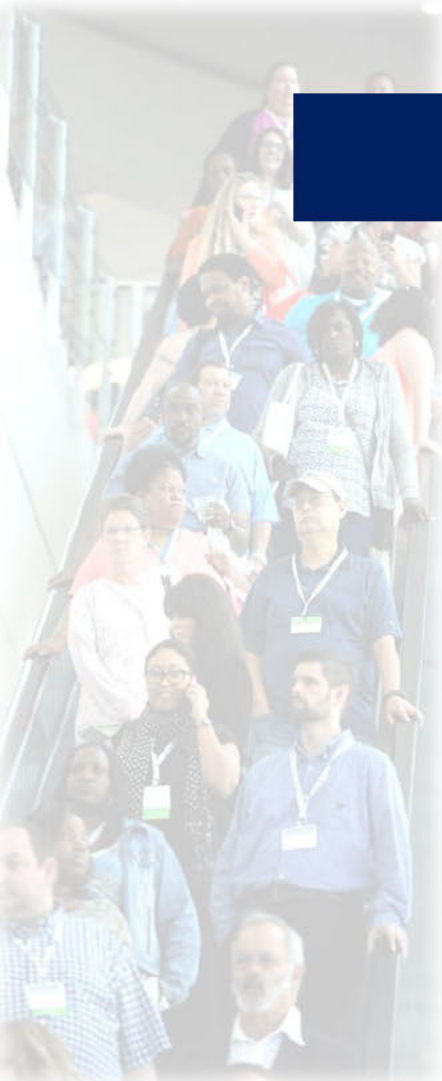
Composition  
& Training

Sharing  
Information

TEAM

Communication  
and  
Decision  
Making

Pre-Court  
Staffing &  
Status  
Hearings



# 5 BIGGEST BARRIERS TO EFFECTIVE COMMUNICATION



## 1. Lack of Clarity

- Be concise
- Avoid sarcasm or being condescending
- Give your point quickly, give the listener context, and check for understanding

## 2. Inconsistency

- Deliver the same message to everyone
- Be aware how mood and thoughts effect the message
- If inconsistency happens, own the behavior instead of passing blame

# 5 BIGGEST BARRIERS TO EFFECTIVE COMMUNICATION



## 3. Language Differences

- Beware of *ACRONMYS*
- Criminal Justice  $\neq$  Treatment
- Understand each team member has a vital role they need to advocate for

## 4. Not Enough Listening

- Communication is a two-way street
- Limit distractions
- Practice Active Listening

# 5 BIGGEST BARRIERS TO EFFECTIVE COMMUNICATION



## 5. Non Verbal Cues

- What you don't say is just as important as your spoken words
- Don't assume everyone's non verbal cues are the same (cultural differences)
- Make sure your body language is communicating an open message
  - Crossed arms, eye rolling, furrowing your brow = closed to the discussion

# KEY FACTORS TO IMPROVE COMMUNICATION



**Keep email communication about the facts** – arguing your position should be done in person

**Keep communication professional** – name calling, talking behind people’s back, and gossip only harm team dynamics

**Don’t let problems fester** – just as undesired problems with clients are dealt with immediately to change behaviors, so must unproductive behaviors of team members that divide the team



# **WHAT ARE WE DISCUSSING PRIOR TO STAFFING?**





# WHAT ARE WE DISCUSSING AND FOCUSING ON IN STAFFING? INTENTIONALITY!

- ✓ Who is sharing information?
- ✓ What information are they sharing?
- ✓ How do we decide what to focus on?
- ✓ **BE INTENTIONAL IN STAFFING!!!** What does this mean?
  - ✓ Phase ?
  - ✓ C8 Risk area(s)
  - ✓ Specific Skills
  - ✓ Are Behaviors Non-Compliant or Non-Responsive?



# WHAT ARE WE DISCUSSING AND FOCUSING ON IN STAFFING? INTENTIONALITY!

- ✓ Does every team member share info on every participant?
- ✓ How much detail do we discuss...on each participant?
- ✓ What if they are doing very well?
- ✓ What if they're doing very little well?
- ✓ How do we Challenge each other's ideas and opinions and remain a Healthy; Functional team?
- ✓ Should we Challenge each other or do we simply "Stay in our Lane?"

# Assess and Treat All 3 Areas

---

- MH- SA- Criminogenic Risk / Personality Disorders
- What is driving the process?
- **Non-compliance vs. non-responsive.**



# Focus on the “Big Four”

---

- Researchers have identified the “central eight” dynamic risk factors that place a person at risk for future criminal behavior and have found the first “big four” must be effectively addressed before a focus on the remaining factors will show positive outcomes...
- Pg 23 of “the green book”

# LSI: Attitudes/Orientation; MRT+

---

- Central 8 – First 4
  - History of Antisocial Behaviors
  - Antisocial Personality Pattern
  - Antisocial Cognitions
  - Antisocial Attitudes

# Cognitive-Behavioral Adaptations

## CJ-Involved Populations

---

- Aggression Replacement Therapy
- **Reasoning and Rehabilitation**
- Relapse Prevention Therapy
- Criminal Conduct and SA Treatment
- **Thinking for a Change**
- **Moral Reconciliation Therapy**
- Options
- **Lifestyle Change**

# Build Skills with the Other 4

---

- Central 8 – Next 4
  - Substance Use
  - Family/Marital Issues
  - Employment/Education
  - Leisure/Recreation



# Integrate Information from Risk Assessment and Central 8 Risk Factors – Be Intentional!

## Dynamic risk factors and associated needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

# Progress helps Engagement

---

- Must address Responsivity issues First
- Must Integrate information from Risk Assessment and Central 8 Factors
- Must be Focused and Intentional
- Must be Simple for Participant

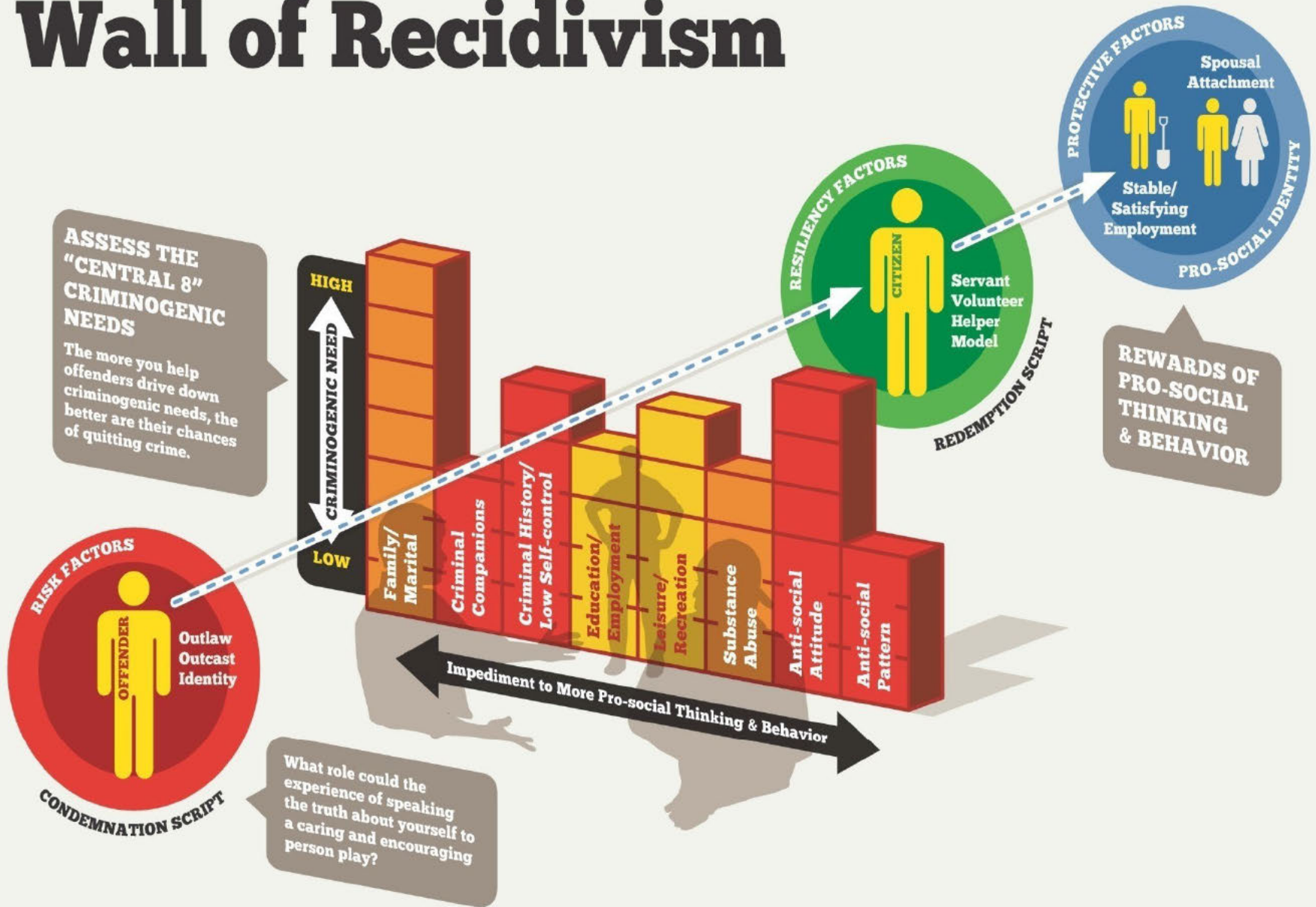
# Phase up Meetings

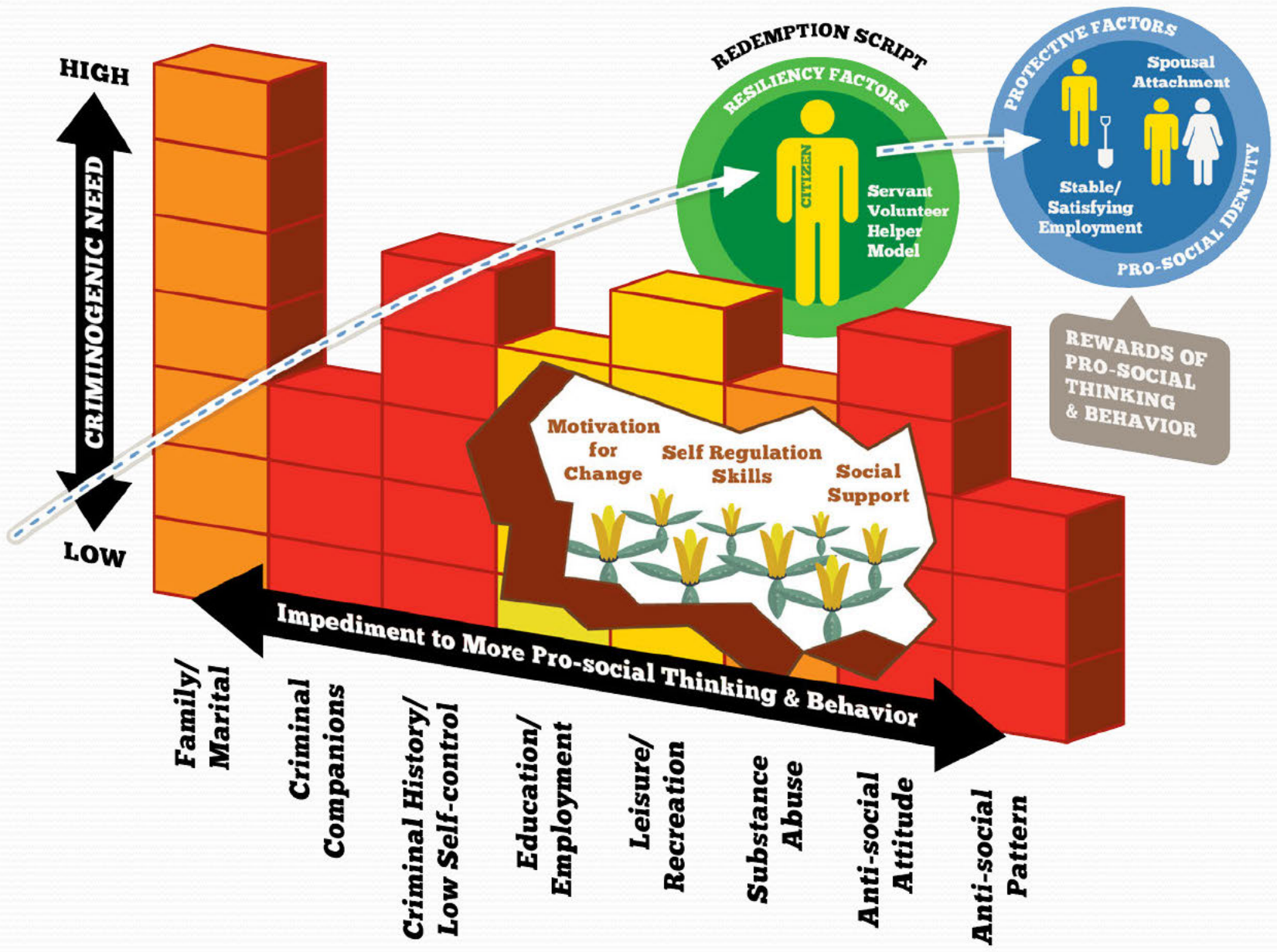
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- Review Central 8
- Re-evaluate Risk levels with each area
- Re-evaluate Needs and how they will be addressed
- Responsivity issues
- What have we missed? Further Tx needed? MRT level?
- Who else needs to be at our meeting???
  - Family
  - Peer supports
  - Friends???
  - Child Support?
  - Employer, etc..

**BE INTENTIONAL WITH RESPONSES**

# Wall of Recidivism





# Last Few Things

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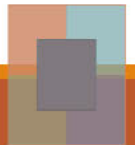
- Motivation
- Supervision Techniques
- Judicial Interaction

# Don't Expect Motivation Initially

---

“Motivation or readiness is important for individuals success but may not be the best factor for determining program participation in prisons and jails”

“Using motivation as a filter for program participation is particularly problematic because the least motivated may pose a greater threat to public safety...there are interventions that can improve their motivational state”



# FIRM, FAIR AND CARING!

---

- “When treatment is Mandated, high-quality relationships between clients and their providers promote positive outcomes”
- Dual-Role
  - A- Promote Participant Recovery
  - B- Protect Community
- (Gochyyev and Skeem; APA 2018)

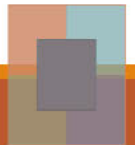


# Remember: Relationships Matter!

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We know Traditional Confrontational approaches are ineffective with clients with co-occurring disorders.

Shift focus from OUR perspectives and goals to THEIR'S...



# RELATIONSHIP MATTERS

## Relationship quality between probation officers and client

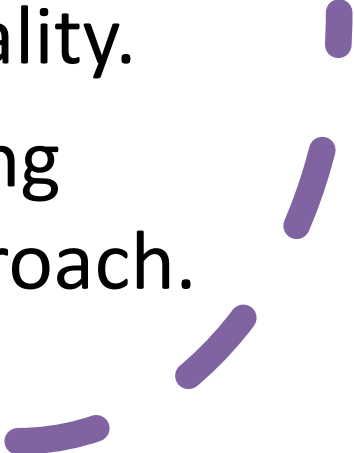
- ✓ Quality of the client-officer relationship predicted rule compliance (*e.g., probation violations, probation revocations, and new arrest*)

**Officers who use a combination of caring, fairness, trust, and authoritativeness with clients are the *most* likely to influence reductions in offender recidivism**

(Skeem, Eno Louden, Polaschek, & Camp, 2007)



University  
of  
California  
Irvine  
research  
(cont.)

- Relationship quality partially mediates relation between specialty supervision and arrests and revocation.
  - Avoid negative pressures and increase positive dual role relationship quality.
  - More problem solving techniques and approach.
- 

# Factors That Make the Difference

## Target criminogenic needs

- spend more of the time focused on criminogenic needs, the factors that drive the criminal behavior.

## How to get people to comply with treatment mandate

- different ways of dealing with non-compliance.

Traditional: sanction threats, reminders of consequences, exaggerate consequences.




# Factors That Make the Difference

- Problem-solving:
- Talk with probationer or client to identify obstacles to compliance (like transportation problems) remove those obstacles, and agree on a treatment plan.
- How you talk with the client matters in this model! Requires a sense of being understood, a connection, **a sense that one is cared for, and that the worker has the client's best interests in mind.**

(Skeem, Eno Louden, Polaschek and Camp, 2007; Eno Louden et al. 2010)



Research  
on  
sanction  
threats as  
a  
motivator



Officers who rely on sanction threats have probationers who are more likely to be rearrested and revoked. The sanction-threatening attitude appears to bring about poorer outcomes!

The sanctioning attitude may hurt the alliance. **Discuss consequences without a threatening attitude.** (Skeem and Petrila, 2004; Eno Louden et al. 2010)

Dr. Tom  
Tyler (1990  
– Present)  
Procedural  
Justice



*Perceived fairness and  
interpersonal interactions  
with participants*



*It is about **their**  
perceptions not about your  
intentions*

# Elements of Procedural Justice

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**Voice**

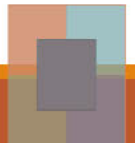
**Respect**

**Neutrality**

**Understanding:** *Highest rated dimension in drug court sample*

plus

*greatest difference between drug court & comparison samples*





# Research

The role of the judge is critical.

- Motivational effect: program success
- Supervision effect: reduced crime and drug use
- Mentoring effect: for other court staff

## Research (2)

### Multi-Site Drug Court Evaluation

**Offender Perceptions**: Perceptions of judge were a key factor in reducing crime and drug use (Rossman et al. 2011)

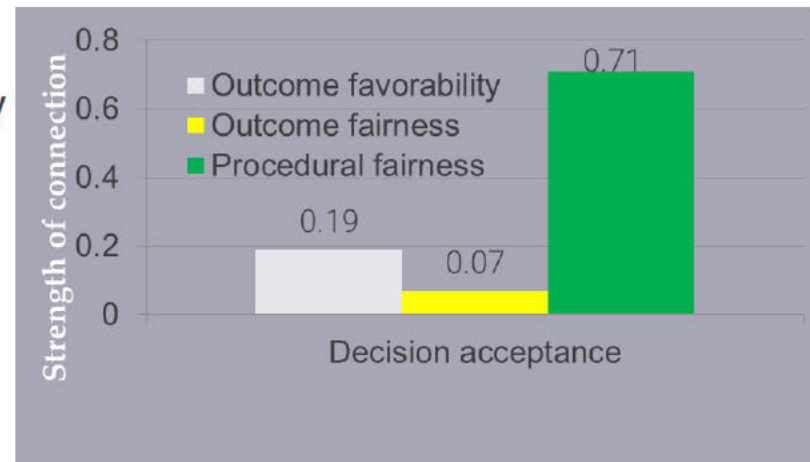
**Observed Judicial Demeanor**: Greater crime and drug use reductions when the judge was rated as more respectful, fair, attentive, consistent, caring, and knowledgeable (Rossman et al. 2011)

\* Significantly greater impact when judge averaged > 3 minutes/hearing (Carey et al. 2012)

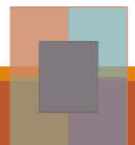
# Research (4)

## Decision Acceptance

- Procedural justice is the primary factor in litigants' willingness to accept decision – regardless of why the litigant came to court



Tom Tyler, Yale Law School



# Case Study

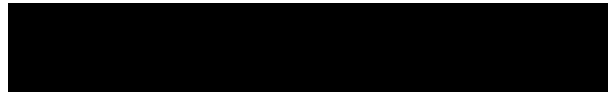
- PH 3- Female with Dx of Bipolar Disorder, stable currently, SUD of Methamphetamine Use; Moderate; 4 months sober... Has solid work history, likes to work. Wants to work Midnight shift 3 days per week because can get \$18/hr. Has 2 kids in Juvenile system, both not doing well. Has multiple family members in the criminal justice system, wants to live with them. Also has boyfriend/fiancé in prison....
  - Being Intentional.... What would you like to focus on with this participant?
  - What Skills need to be built?
  - How else would you like to know or consider?

# Thank you

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Any Questions?

**Eric Olson**



District Manager  
Adult & Juvenile Mental Health Courts  
Idaho's 7<sup>th</sup> Judicial District