# Maintaining Best Practices in Times of Crisis or Disaster

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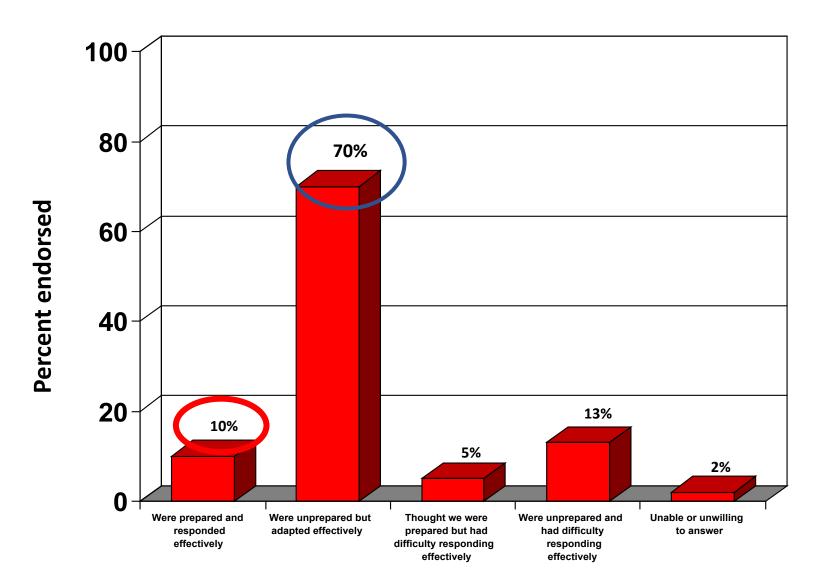


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## Regarding the COVID-19 crisis, we . . .

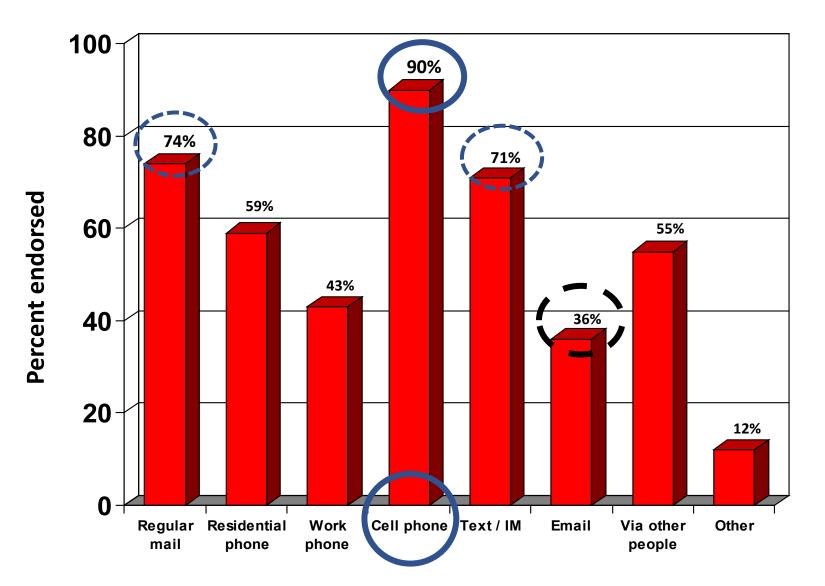




N = 702 participants onNADCP & APPA sponsored webinar(4/30/2020)

## We can reach our clients readily via . . .

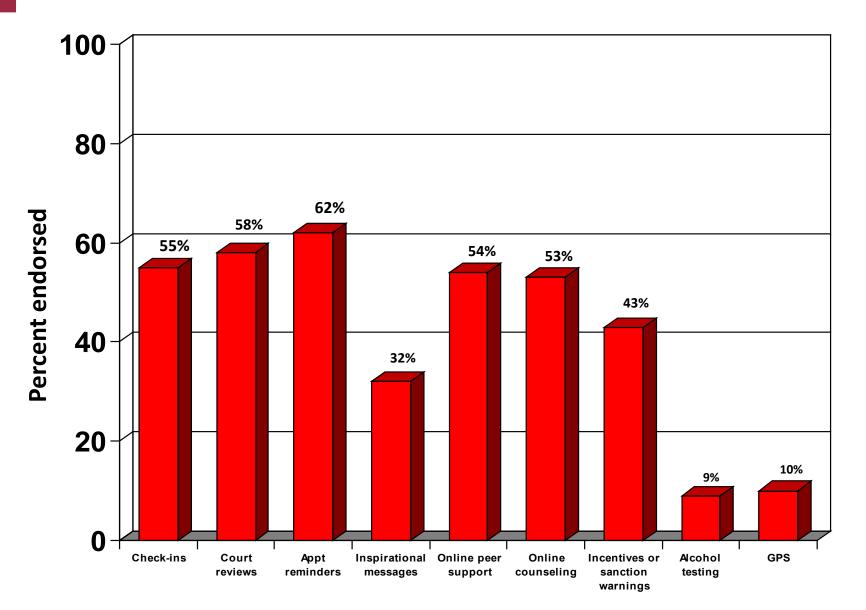




N = 703 participants onNADCP & APPA sponsored webinar(4/30/2020)

## We can deliver remotely . . .





N = 550 participants on NADCP & APPA webinar(4/30/2020)

## Crisis or Disaster Response



- Best practices are <u>unchanged</u> less room for error
- Physical distancing but social proximity
- Connection, honesty and safety are proximal (all else is distal)
- Immunity or amnesty for self-reported infractions unless immediate danger to self or others
- Certainty and celerity of positive reinforcement is key
  - All efforts at connection, honesty and safety should receive copious praise, time-credits, community service hours, or token rewards (e.g., text or email vouchers, mail rewards)
- Don't threaten sanctions you can't or won't deliver

ADULT DRUG COURT
BEST PRACTICE STANDARDS

VOLUME I



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS
ALEXANDRIA, VIRGINIA

## Social Proximity



- Designate crisis coordinator <u>not</u> the judge to oversee contacting participants (prioritize high risk & need cases) and maybe graduates
- Phone, text, email, mail and/or home visits with due protections – reward compliance
- Welfare checks, not compliance checks
- Establish contact procedures going forward reward compliance
- Push daily prosocial messages, appointment & task reminders, warnings, etc. – request info., feedback, and reward compliance
- Automated praise (certainty & celerity) <u>and</u> personalized praise (fairness & therapeutic alliance) – <u>density</u> is key!
- Reimburse costs (e.g., text data fees)



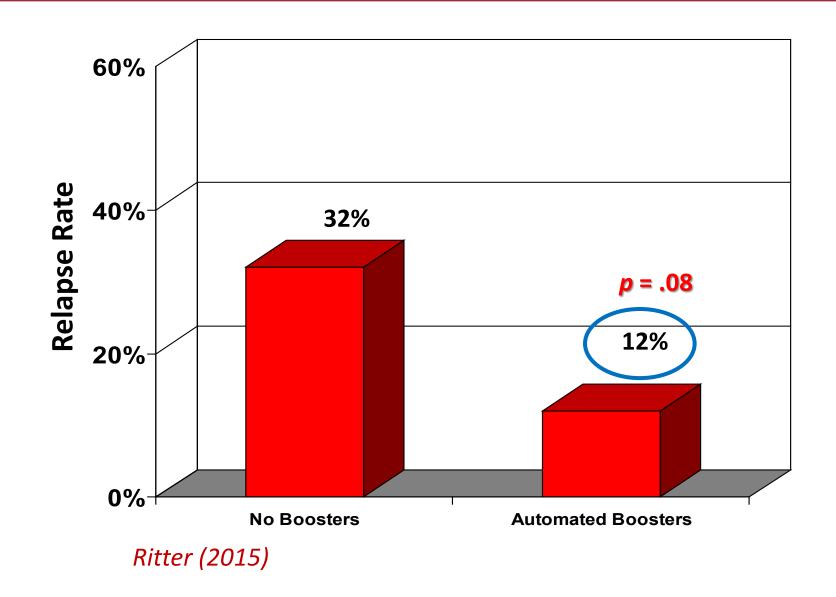
- We're still here; drug court is open
- COVID-19 education and prevention tips -- e.g., Addiction Policy Forum Message from Gramma
- Crisis resources (food, ER, DV-PFA, etc.)
- Online peer-support examples:
  - SmartRecovery <a href="https://www.smartrecovery.org/">https://www.smartrecovery.org/</a>
  - Tribe https://support.therapytribe.com/addiction-support-group/
  - In the Rooms (12-step) <a href="https://drugabuse.com/benefits-of-online-support-in-recovery/">https://drugabuse.com/benefits-of-online-support-in-recovery/</a>
  - CHESS Health Connections <a href="https://www.chess.health/">https://www.chess.health/</a>
- Stable graduates or peer specialists lead online alumni association chatrooms, text chains
- Automated and personalized reinforcement



- Patients in intensive outpatient treatment
- Read and respond to 4 randomly generated treatment cues per day for one month
- 94 phrases developed from focus groups and counseling materials, e.g.:
  - "1 is too many and 1,000 are never enough"
  - "Have you done a self inventory?"
  - "Slow down and breathe"
  - "Take care of yourself first"
  - "Resentment is the number one offender"
  - "You can only change one thing: Everything"
  - "I might have another drunk left in me, but do I have another recovery?"
- 1 daily diary of proximal dynamic risk factors (e.g., stress, cravings, interpersonal conflicts)

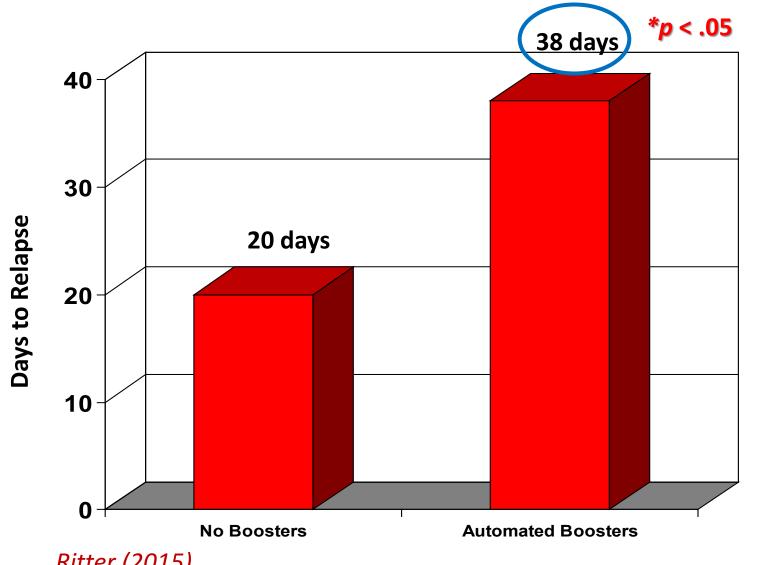








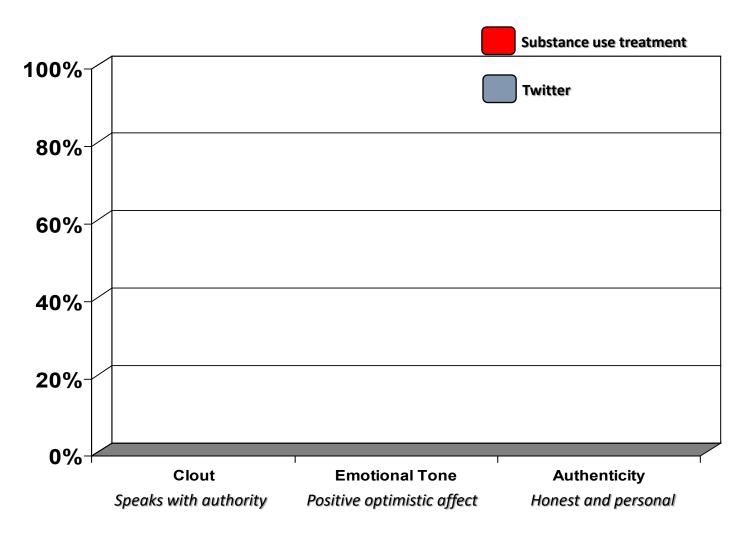




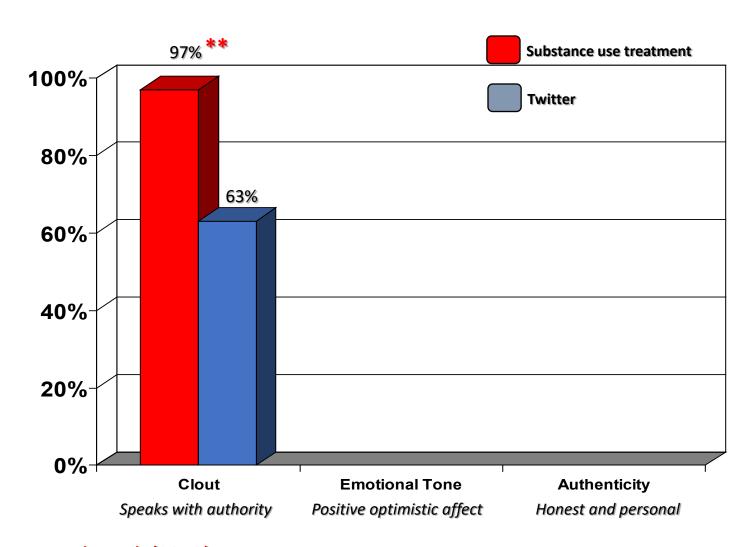


Ritter (2015)

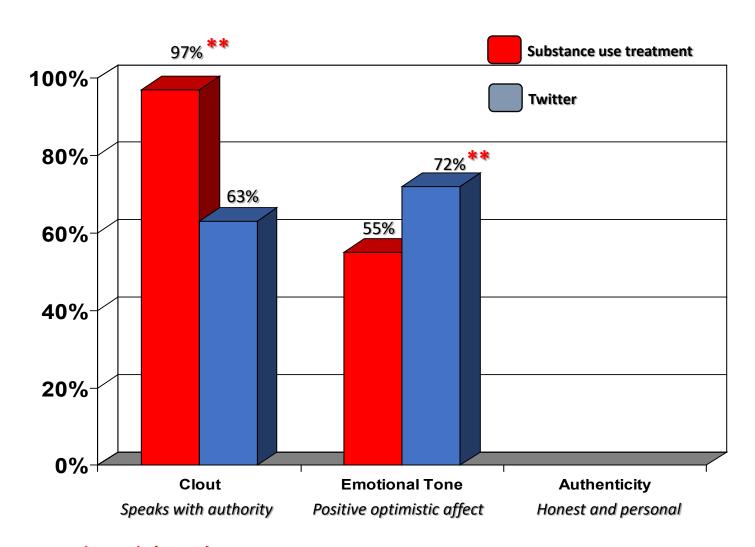




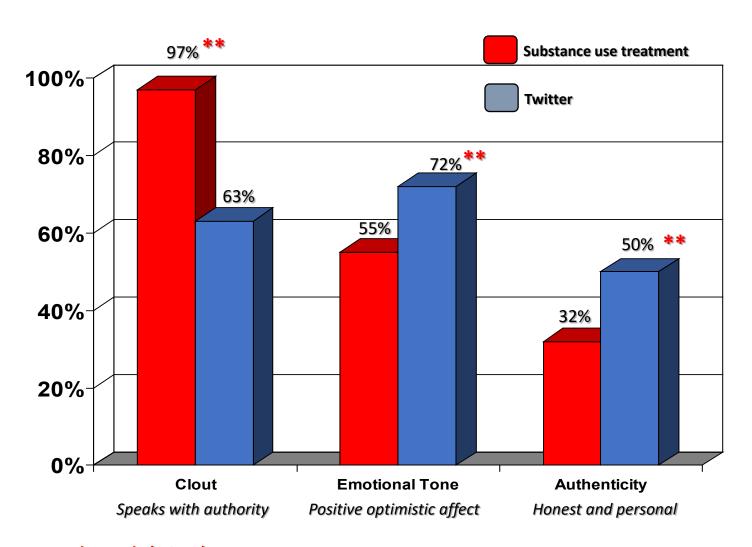












#### Personalized Feedback



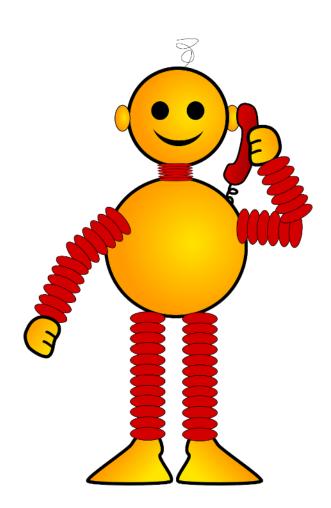
- Goal monitoring alone: moderate effect size (d = .40)
- Least perceptible threshold proximal before distal behaviors (e.g., attendance before drug test results)
- Active monitoring (e.g., weighing yourself) is superior to passive monitoring (e.g., noticing clothes fit better)
- Compare performance to past behavior first (proximal goals), and then to desired outcomes (distal goals)
- Monitor rate of progress first (proximal), and then distance from ultimate goals (distal)
- Private monitoring and sanctions; public applause and incentives



#### Robo-Feedback



- Daily automated phone calls for 30 days after release from prison (lasting up to 60 seconds)
- Assessed dynamic risk and protective factors, including peer affiliations, treatment & self-help engagement, cravings, mental health symptoms, stress, substance use
- Immediate feedback on trends since last call (positive, negative, or no change)
- Automated recommendations (e.g., talk to trusted friend, go to NA meetings, call P.O.)
- Daily report to parole officer of summary scores and recommendations (stimulate follow-up text or call)
- Significantly lower psychological symptoms, alcohol use, illicit druguse, and daily stress



Andersson et al. (2014)

#### Live Cell Phone Boosters



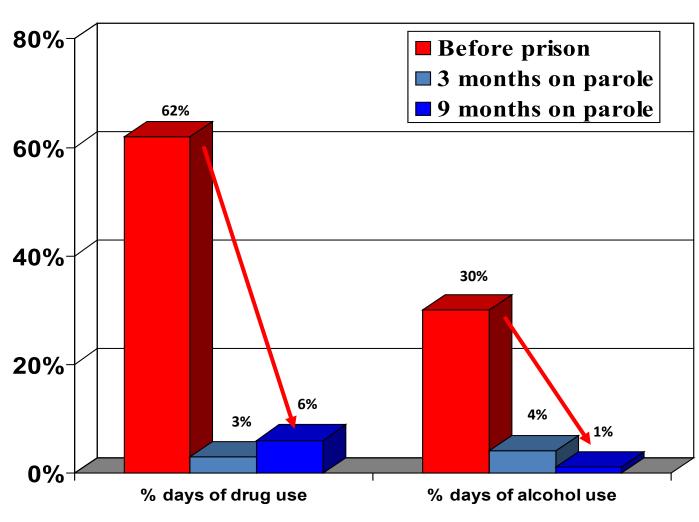
- Women on parole from state prison
- "Sober phones" to remain in contact with same counselors from prison
- Can only call approved parties (e.g., P.O., counselor, crisis center, AA sponsor, family)
- 3 months (titrated from daily to weekly calls)
- Bachelor's degree level counselors
- Encourage positive supports, reflective listening, recommend treatment, resolve ambivalence, etc.

Johnson et al. (2015)

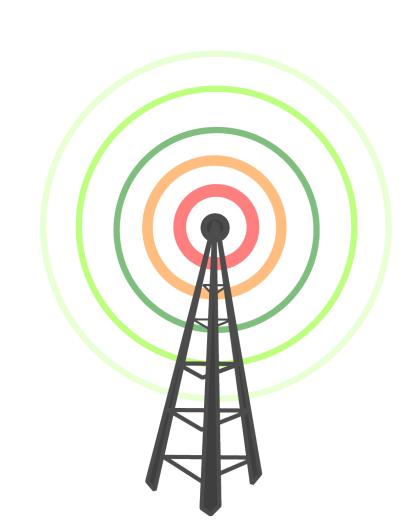


#### Live Cell Phone Boosters





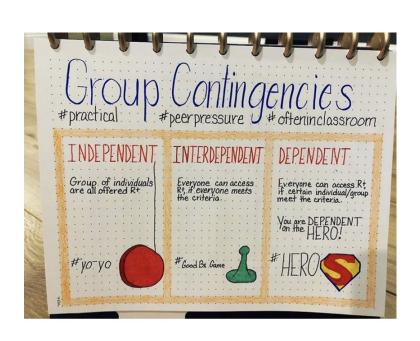




## **Group Contingencies**

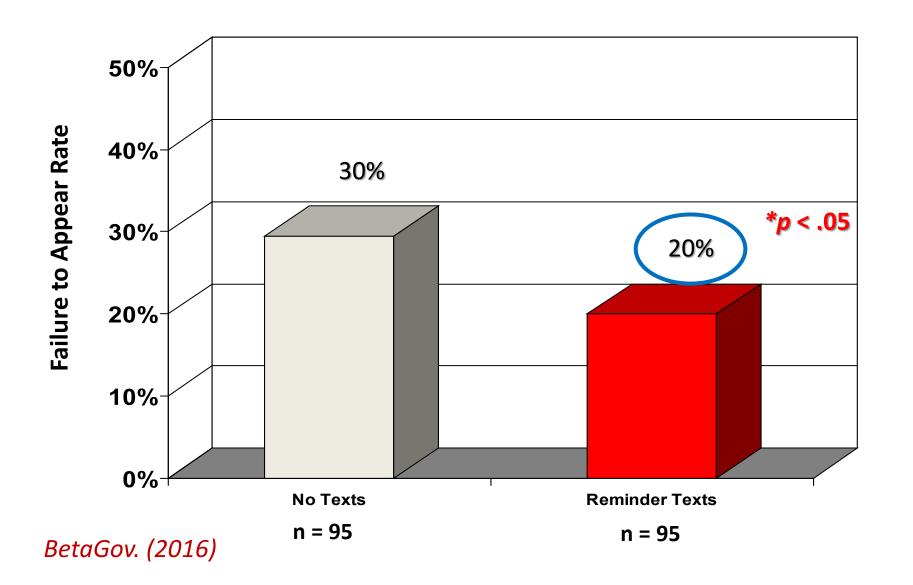


- Not for teaching new skills or difficult behaviors
  - proximal goals that are often resisted (e.g., attendance)
- Not for punishment or response cost
- All members meet minimum criteria + bonus if exceed specified group average
- Group feedback on group performance only
- Individual feedback compared to group norms
- Publicize high contributors but not low ones
- Peer pressure
  - ensure behavior is proximal for all members
  - form new groups if necessary
- Sabotage
  - form new group or deliver individually
- Builds learning community & engagement



## Reminder Texts

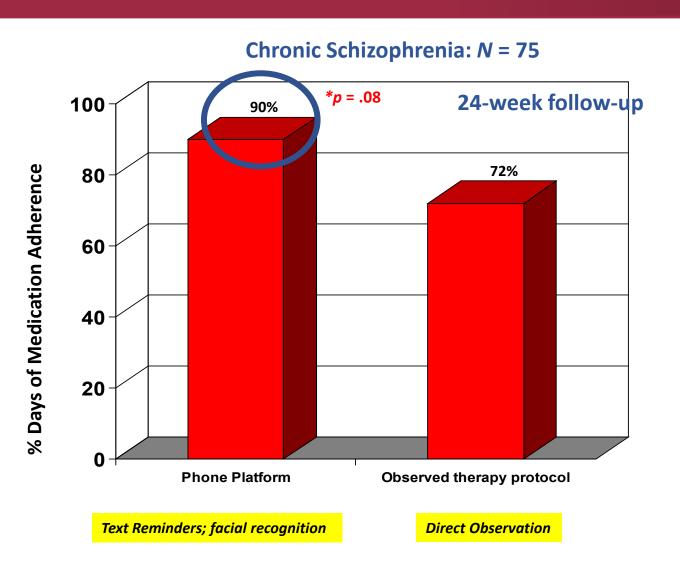






#### **Medication Reminders**

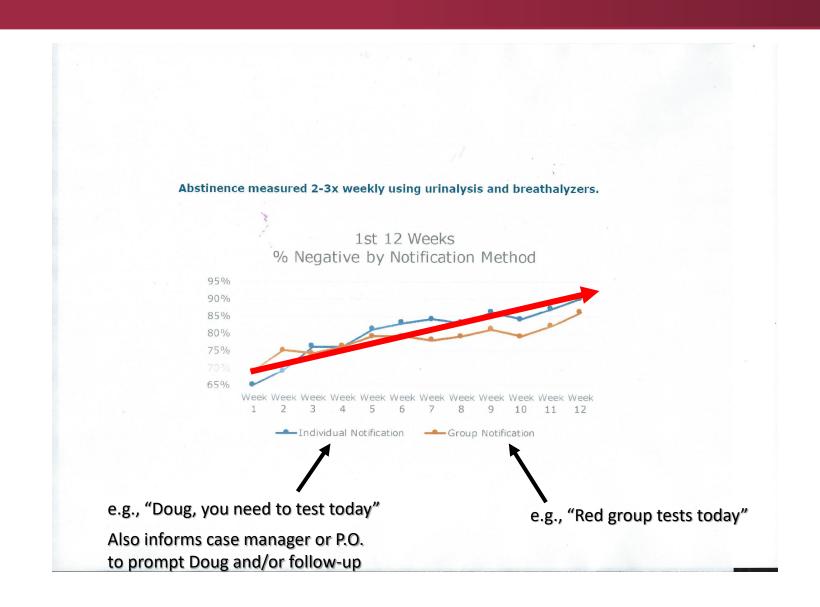






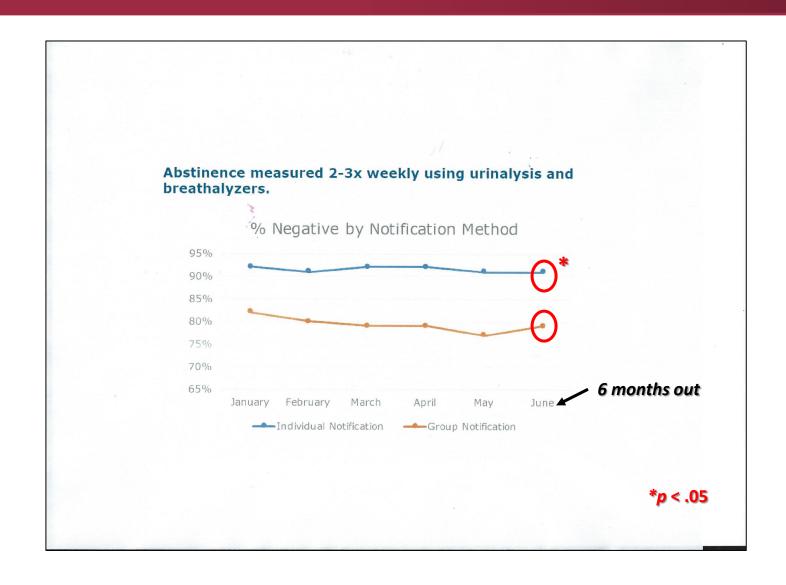
#### Personalized Reminders





#### Personalized Reminders





#### Remote Check-ins



- Bring-your-own or locked-down
- Facial recognition, thumb-print, password, etc.
- Random, scheduled or on-demand notifications & reminders; configurable questions; document management; GPS pins
- Automated and personalized reinforcement
- Individual or group chats (e.g., caseload)
- Can be linked to RB, CAM, etc.
- Audit trails everything is data!
- Minimal training; Cloud-based
- Allowable under several federal grants



## Remote Court Hearings



- Counsel should also be on possible ex parte issue
- Otherwise, summary of check-ins and other info.
   to judge and counsel; judge reply-all
- Contested facts or liberty infringement (?)
- Public access to the courts (NCSC document)
  - Live stream; monitored "wait room";
     watermarked; do not record order; option for audio call-in; petition for individual review;
     eCourt for document filing



## Drug and Alcohol Testing



- Remote breath and GPS with facial recognition (e.g., LifeSafer, AMS/SCRAM, CheckBAC)
- Continuous transdermal monitoring (e.g., SCRAM)
- Sweat patches or hair (longer windows)
- Self-report with amnesty and incentives for honesty







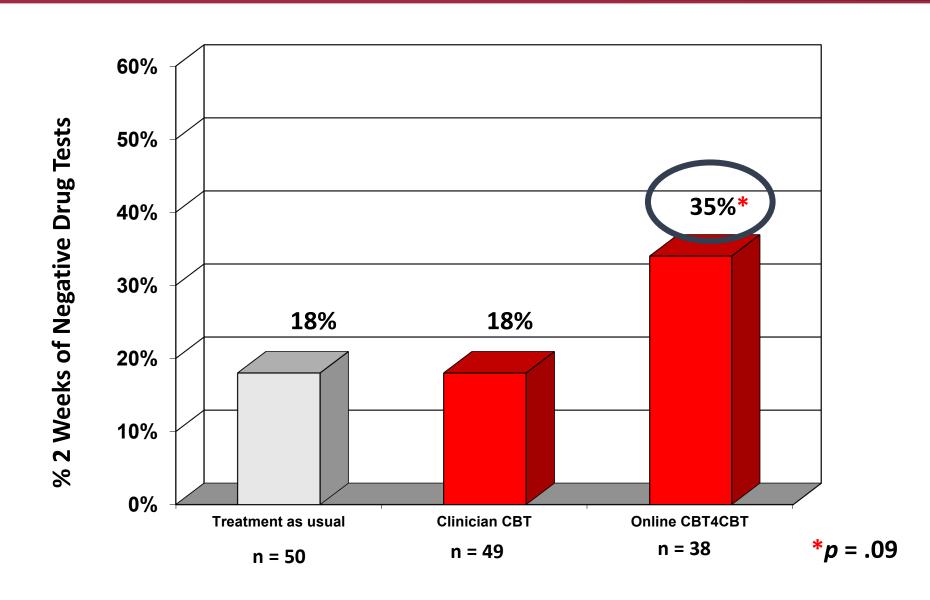
## Counseling Curricula



- Superior to no treatment; same as face-to-face
- Mostly online recruits for CBT for depression, anxiety, PTSD, problematic alcohol use
- 27% don't respond (high need, male)
- Few evidence-based for substance use treatment or criminal justice systems
  - CBT4CBT (12 weeks) triggers, refusal skills, relapse prevention
  - Therapeutic Education System (12 weeks) -- community reinforcement approach (CRA) and prize-based contingency management
- Guided self-paced or counseling adjunct are best
- Modules and homework assignments completed are the best predictors of success
- Asynchronous (e.g., text) preferred; no different from live chat -- both may be best for high risk

## Abstinent at 6 Months





## **Ethics and Confidentiality**



- Licensure where client resides many states are waiving licensing restrictions (e.g., PA)
- CARES Act brought 42 CFR disclosure and redisclosure provisions in line with HIPAA
  - May be identified by category or description if for purposes of treatment, health care management, payment, or healthcare operations ("minimum necessary rule")
  - Office for Civil Rights (OCR): Deference to professional discretion re. health threat
  - Patient may revoke consent & entitled to account of disclosures
- OCR waiving penalties for "good faith" telehealth whether or not related to COVID-19
- SAMHSA: 42 CFR inapplicable to bona fide medical emergencies
- CMS expanded coverage for audio telehealth services

#### Nevertheless...



- All other ethical and professional obligations apply
- Competence in both (1) treatment delivered and (2) telehealth delivery
- Informed consent should be obtained if feasible, including acknowledging understanding of potential negative consequences
- Electronic signature is generally permissible unless expressly barred by law
- Option to opt-out of group interventions & check-ins
- Option of audio or avatar group participation after individual verification (telephone may not be reimbursable)
- Therapeutic contract to protect group confidences

## Platforms, Apps and Services



No Additional Cost	Additional Cost
FaceTime	Polycom
Skype	Zoom
Microsoft Teams	GoToMeeting
Community Corrections	
SCRAM Touch Point (60-day trial)	Corrisoft
TeleMedicine	
Doxy.me	Vsee
	Thera-Link
Chat Groups	
Google Hangouts Voxer (30-day trial)	

## Summary



- ✓ We are open for business and best practices remain our guide
- ✓ Our clients use mobile technology (so should we!)
- ✓ Social proximity is critical (frequent, colloquial, informative, treatment-reinforcing messages)
- ✓ Appointment reminders, inspirational messages, brief motivational boosters, and online CBT curricula work as well, or better, than live services (best when combined)
- ✓ Frequent and consistent personalized feedback on attainment of proximal goals.
- ✓ Dense delivery of low-dose positive reinforcement (celerity & consistency are primal)
- Automated and personalized incentives
- ✓ Encourage pro-social online peer community