

Arkansas Specialty Court Conference

Strengthening Your Core: Essentials tools for Coordinators to enhance team dynamics

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Center for Justice Innovation

Our approach involves collaboration among:

- research and evaluation
- direct-service programming
- training and expert assistance.

The technical assistance (TA) team provides specialized support to multidisciplinary criminal legal stakeholders and organizations. As thought partners, we take time to identify and understand stakeholders' needs and address those needs with targeted training or specialized assistance from appropriate experts in the field.

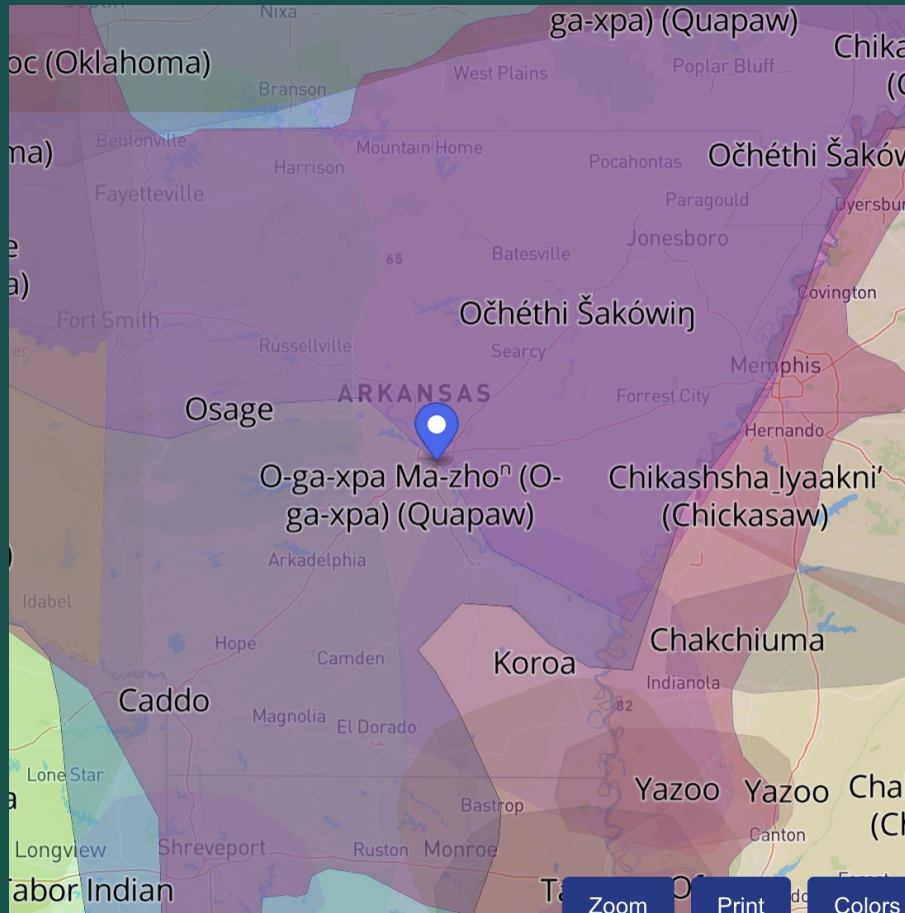


Center for Justice Innovation

Technical Assistance Team Values

Through **equitable collaboration**, promoting **person-centered practices**, exercising **transformative** approaches, prioritizing **anti-racism**, and **anti-oppression**, our goal is to ensure that people of all backgrounds have access to and are supported in treatment courts and the court system.

Indigenous Land Acknowledgment



www.native-land.ca



What we will cover today

Hour one:

- Roles and Responsibilities
- Shared values

Hour two:

- Understanding the Impact of Word Choice

Hour three:

- Communication styles
- Role reversal activity



Learning Objectives

- Review team roles and discover strategies to keep each member focused on their tasks and duties.
- Understand how to identify shared team values and utilize that common ground to build a stronger, more cohesive team.
- Learn tools for managing difficult conversations and conflicts to maintain a positive work environment.
- Identify sustainable program strategies through continuous learning and burnout prevention.

Successful Treatment Courts

- Leadership
- Collaboration
- Competent team members
- High standards
- External support / recognition



Your Core Team



Multidisciplinary Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the treatment court, including:

- Reviewing participant progress during pre-court staff meetings and status hearings
- Contributing observations and recommendations within team members' respective areas of expertise
- Delivering or overseeing the delivery of legal, treatment, and supervision services
- Applying person-centered practices to all programs, services, practices, and policies

Team Members



Team members will come with different backgrounds and perspectives



Understanding and accepting these differences is important for effective communication

Responsibilities of the Entire Team

- Attend staffings and court sessions.
- Provide information regarding each participant's progress to the team.
- Productively communicate with the team.
- Protect the integrity of the program.
- Ensure incentives and sanctions are given on a consistent and fair basis.
- Remain abreast of best practices in the field / attend trainings.
- Understand your role and the role of each team member.
- Commit to a collaborative approach.

Judge

- Leads the treatment court team
- Listens to all viewpoints and makes a final determination
- Knows each participant and case, treating each fairly and in a procedurally just manner
- Stays abreast of emerging issues and trends in treatment courts
- Offers a consistent presence

Defense and Prosecution

Defense Attorney

- Advocates for participant's interests
- Mitigates non-compliance/advocates for exceptions
- Facilitates participant entry
- Encourages full participation

Prosecutor

- Reviews cases for objective legal eligibility
- Advocates for public safety and victim's interest
- Aware of participant's other pending cases, seeks resolution
- Encourages compliance

Be Non-Adversarial

Community Supervision and Law Enforcement

Community Supervision

- Typically, a probation officer or pretrial service officer
- Form trusting relationship with participant
- Perform drug and alcohol testing
- Conduct home and/or employment visits

Law Enforcement

- Typically, a police officer or sheriff
- “Eye and ears” of the treatment court in the community
- May assist with home and/or employment visits

Treatment Provider

- A licensed addiction counselor, social worker, psychologist, or clinical case manager
- Collaborate with participant to develop individualized treatment plan
- Provide clinical case management
- Update team about participant progress
- Offer important clinical context to treatment court team
- Bolster participants with relapse and overdose prevention tools

Beyond the Core Team



Peer
Mentor

Family Advocate



Healthcare
Provider



Veterans
Justice
Outreach



Mental Health
Provider



Vocational
Rehabilitative
Provider



Prescriber



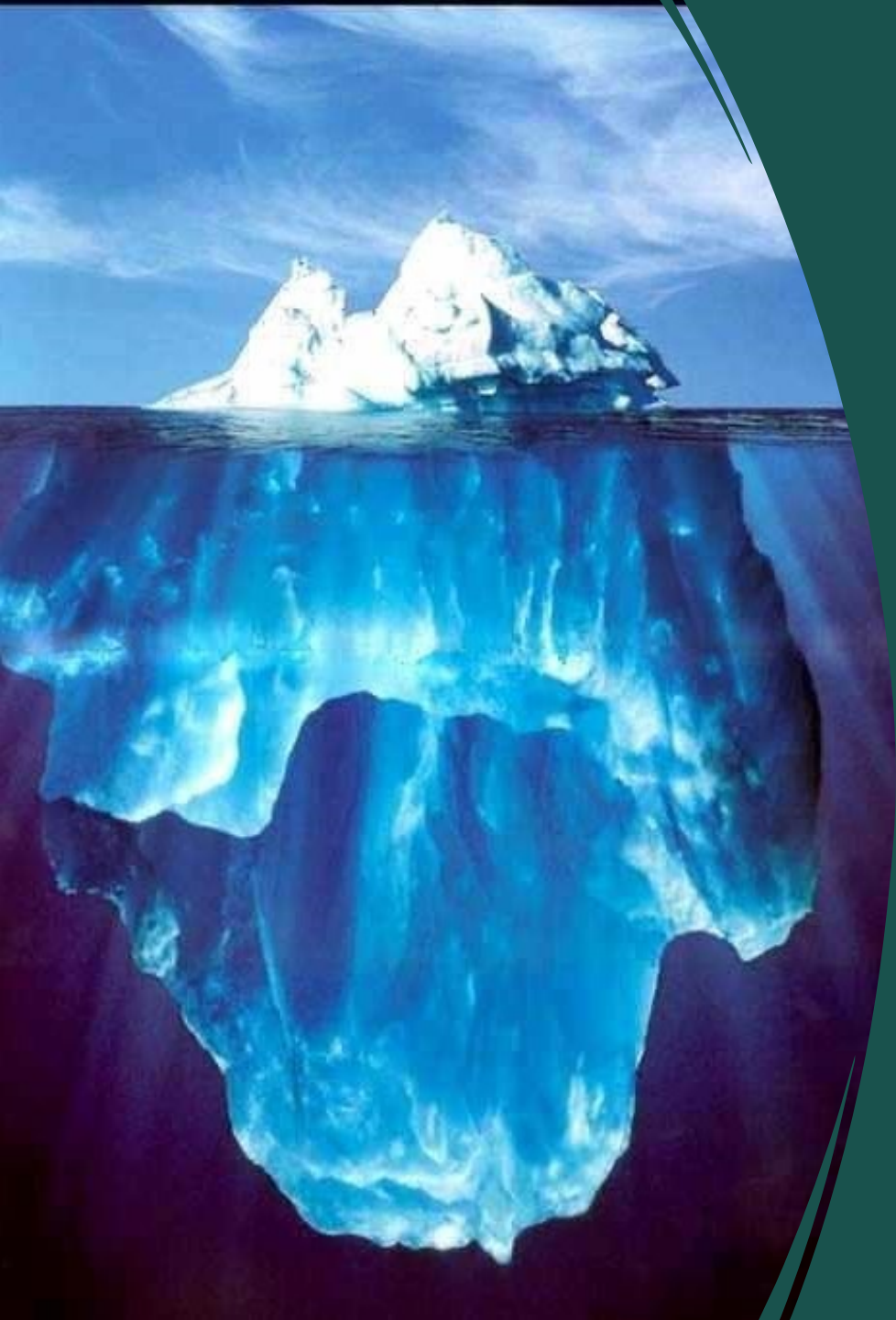
Public Housing
Representative



Health Department
Representative



Evaluator/
Researcher



And what about the
Coordinator?

Coordinator

- Oversees budget and grant writing
- Oversees data collected and guides the team towards data-driven decision-making
- Facilitates communication between team members and partners
- Ensures policies and procedures are maintained
- Ensures language access is provided for all participants and their families
- Schedules court sessions and staffings
- Trains and orients new team members
- Participates in team meetings
- Setting proximal and distal goals (incentives and sanctions)

Pre-Court Staffing Meetings



What Happens in Staffings?

- All core team members attend
- Staffings are closed
- Review participants' progress
- Develop a plan to improve outcomes
- Prepare for the court hearing

The purpose of staffing is to present a coordinated response to participant behavior



Information Sharing at Staffings

- Sharing information between team members reduces the burden on participants
- Understand how HIPAA and other confidentiality statutes apply
 - Does not prohibit treatment professionals or criminal justice professionals from sharing information related to substance use and mental health treatment
- Scope of disclosure must be limited to minimum information necessary to achieve intended aims of disclosure

Using Waivers

Have you checked your waivers to make sure they comply with HIPAA, CFR Part 2, and state laws?

- Must have a legally valid informed consent document that specifies what data elements may be shared, with whom, and for what authorized period of time
- Consent must be written
- Need a waiver for every individual in the staffing

Status Hearings

In the Courtroom



- In court, the judge speaks directly to the participant
- Decisions are based on what team members discussed in staffing
- All core team members attend the status hearing

Partner Meetings

- Partner meetings are to discuss the treatment court policies and procedures, not individual participants.
- Broader membership than staffing meetings.

Building Stronger Teams



Teams are more than just a group!

Groups

- Commonality, shared identity
- Vary drastically in size
- Members can have only a loose connection or relationship
- Members might influence each other

Teams

- Actively cooperate towards a shared purpose
- Tend to be smaller and more intimate
- Inherent interdependence
- Direct interaction and accountability

Strong teams are predicated on...



Activity for identifying shared values

1. What values, attitudes, and beliefs shape me as a person?
2. What brings me to this work?
3. How do those values apply to this work?
4. Share with the group and keep a list of commonalities for each question—see how much you have in common!

- Team norms are a shared, agreed-upon set of behaviors
- Norms can help build trust, openness, and candor
- Areas to consider:
 - Attendance
 - Contribution
 - Courteous, respectful conversation
 - Decision-making process
 - Navigating disagreement
 - Punctuality
 - Time management

What are team norms?

1. Think of the most **difficult** team you've been on and what made it negative
2. Reflect on the **best** team you've been on and what made that a positive experience
3. Compare both the negative and positive experiences with your table
4. Suggest behaviors and team norms that would contribute to the current team's success

How can you establish shared norms?

1. Think of the most difficult team you've been on
2. Write down what made it a negative experience
3. Share with the team
4. Reflect on the **best** team you've been on
5. Share that experience with the team
6. Compare both the negative and positive experiences
7. Suggest positive team behaviors
8. Make a list and discuss which behaviors could be agreed upon
9. Get feedback from **every** team member, especially those that tend not to share
10. Create a list of the final shared norms

How can you establish shared norms?

Ensuring Sustainability



- Establish a list of core trainings
- Lunch & Learn every quarter
- National and local resources
- STAY RELEVANT!

Team meetings and training

Navigating Conflict



Understanding different communication styles

- Taking an assessment of your team's communication styles can build trust and strengthen relationships
- Understanding differing styles can make small tasks and big challenges easier
 - Move past communication barriers
 - Leverage each member's strengths

Strategies for Self-Care and Team Care

- Team bonding
- Maintain clear boundaries
- Set realistic expectations
- Encourage healthy self-care habits
- Separate work and home balance
- Seek additional training.
- **Find the small wins!**



Personality/communication style quiz

Language and Team Engagement

Language publication



The Use of Language in Treatment Courts

Word Choice Matters

by Colleen Gibbons, Kelly Van Develde, Shawn Rogers,
Courtney Williams, Spencer Geiger, Kristen DeVall, and
Christina Lanier

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Understanding the impact of language use on individuals

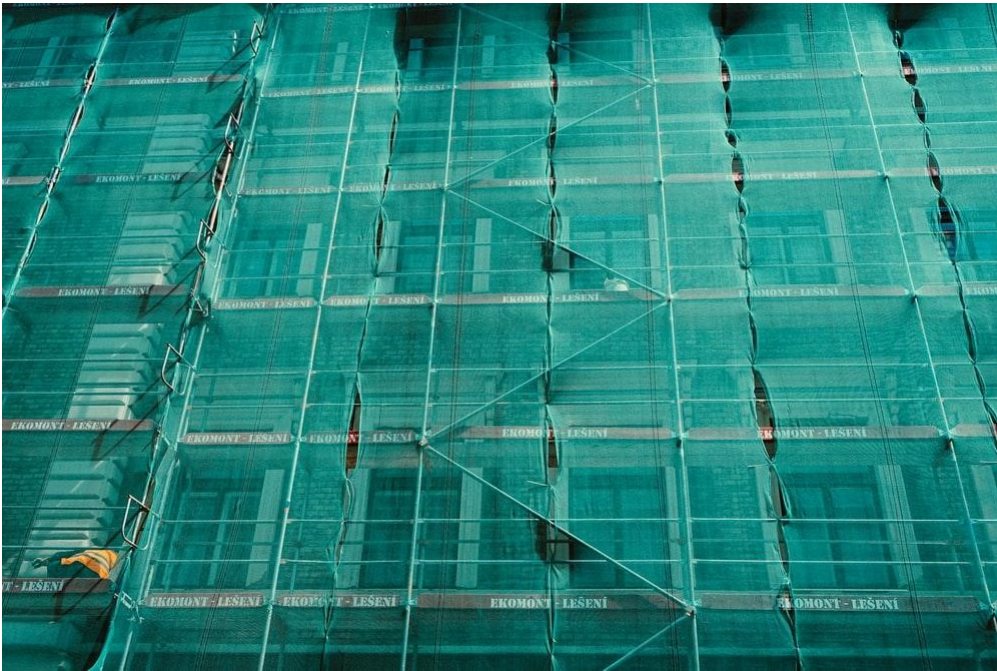
Establish Trust, Support and Safety

Putting participants at ease increases their ability to listen and understand the message

Consider person's history with:

- Social services / housing
 - Psychiatry / doctors
 - Jails and prisons / police
 - Courts / judges, lawyers
 - Media / journalists, public opinion
 - Healthcare / doctors, nurses
 - Schools / teachers
 - Child welfare / social workers
-

Understanding: System Survivorship



- "Mistrusting" ...intuitive
- "Hesitant" ...cautious
- "Unmotivated" ...pragmatic
- "Indifferent" ...protective
- "Ambivalent" ...seeks clarity
- "Overconfident" ...hopeful
- "Challenging" ...passionate
- "Critical" ...has standards

Language is Critical

- Language is an important tool in the system of how we communicate. Like most tools, it can be effective when used properly. When misused, it can have consequences beyond its initial use.
- The way we communicate and the words we chose can encourage and empower individuals or perpetuate stigma, discrimination, and impact self-worth.



Metacommunication

The communication behind the verbal use of words or language. The unspoken cues we communicate.

Metacommunication involves:

- Body Language
- Eye Contact
- Facial Expression
- Personal Space
- Tonality
- Appearance
- Vocalizations (sighing, laughing)
- Touch
- Objects
- Media elements (profile picture, posts, or chosen quotes)



What does research tell us about language choice and use?

The language you chose
can imply **moral values**
and **create barriers** to
treatment for people
who use substances.

(HARTWELL ET AL, P.3)

Stigmatizing language
can reinforce **negative**
public perceptions of
substance users.

(MCGINTY, P. 111)

Choosing appropriate language to reduce the stigma around mental illness and substance use disorders

Neuropsychopharmacology, December 2021

- The words used to describe mental illness and substance use disorders can impact the likelihood that people will seek help and the quality of help they receive
- "I urged a man [with a] massive abscess in his leg to go to an emergency room... He refused to even consider it and told me that when he had previously sought medical help, he had been so badly mistreated that he was frightened of returning. **He would rather jeopardize his life or risk a leg amputation than endure being dismissed as a 'drug addict.'**"

Table 7.67B Detailed Reasons for Not Receiving Substance Use Treatment in Past Year among Persons Aged 12 or Older Classified as Needing But Not Receiving Substance Use Treatment at a Specialty Facility and Who Perceived a Need for Substance Use Treatment in Past Year: Percentages, 2015-2019

Reason for Not Receiving Substance Use Treatment ¹	2015	2016	2017	2018	2019
TOTAL POPULATION	100.0	100.0	100.0	100.0	100.0
No Health Care Coverage and Could Not Afford Cost	30.0	26.4	30.3	32.5 ^a	20.9
Had Health Care Coverage But Did Not Cover Treatment or Did Not Cover Full Cost	4.6	11.5	10.5	10.4	4.6
No Transportation/Programs Too Far Away or Hours Inconvenient	11.8	7.2	6.7	7.6	7.3
Did Not Find Program That Offered Type of Treatment That Was Wanted	10.8	14.2	9.0	11.0	14.7
Not Ready to Stop Using	40.3	37.7	39.7	38.4	39.9
No Openings in a Program	4.5	3.1	5.0	5.3	5.2
Did Not Know Where to Go for Treatment	12.5 ^a	18.6	10.9 ^a	21.1	23.8
Might Cause Neighbors/Community to Have Negative Opinion	8.3 ^a	13.2	17.2	14.9	17.2
Might Have Negative Effect on Job	16.1	11.5	20.5	16.0	16.8
Did Not Feel Need for Treatment at the Time	7.3	3.7	12.3	5.3	6.4
Could Handle the Problem Without Treatment	8.2	8.9	12.6	11.1	11.7
Treatment Would Not Help	3.3	2.1	3.9	3.8	4.6
Did Not Have Time	8.9	4.8	7.9	7.0	8.5
Did Not Want Others to Find Out	9.6	4.6	7.1	6.2	7.6
Some Other Reason	2.1	1.4	3.0	4.4	4.2

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Respondents were classified as needing substance use treatment if they met the DSM-IV criteria for an illicit drug or alcohol use disorder or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

NOTE: Perceived Need for Substance Use Treatment includes persons who did not receive but felt they needed illicit drug or alcohol use treatment, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

NOTE: Measures and terms are defined in Appendix A of the 2019 NSDUH detailed tables at <https://www.samhsa.gov/data/>.

^a The difference between this estimate and the 2019 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.

¹ Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019.

Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*

“Substance Abuser”

Mr. Williams is a **substance abuser** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge to determine his status.

“Substance Use Disorder”

Mr. Williams has a **substance use disorder** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge to determine his status.

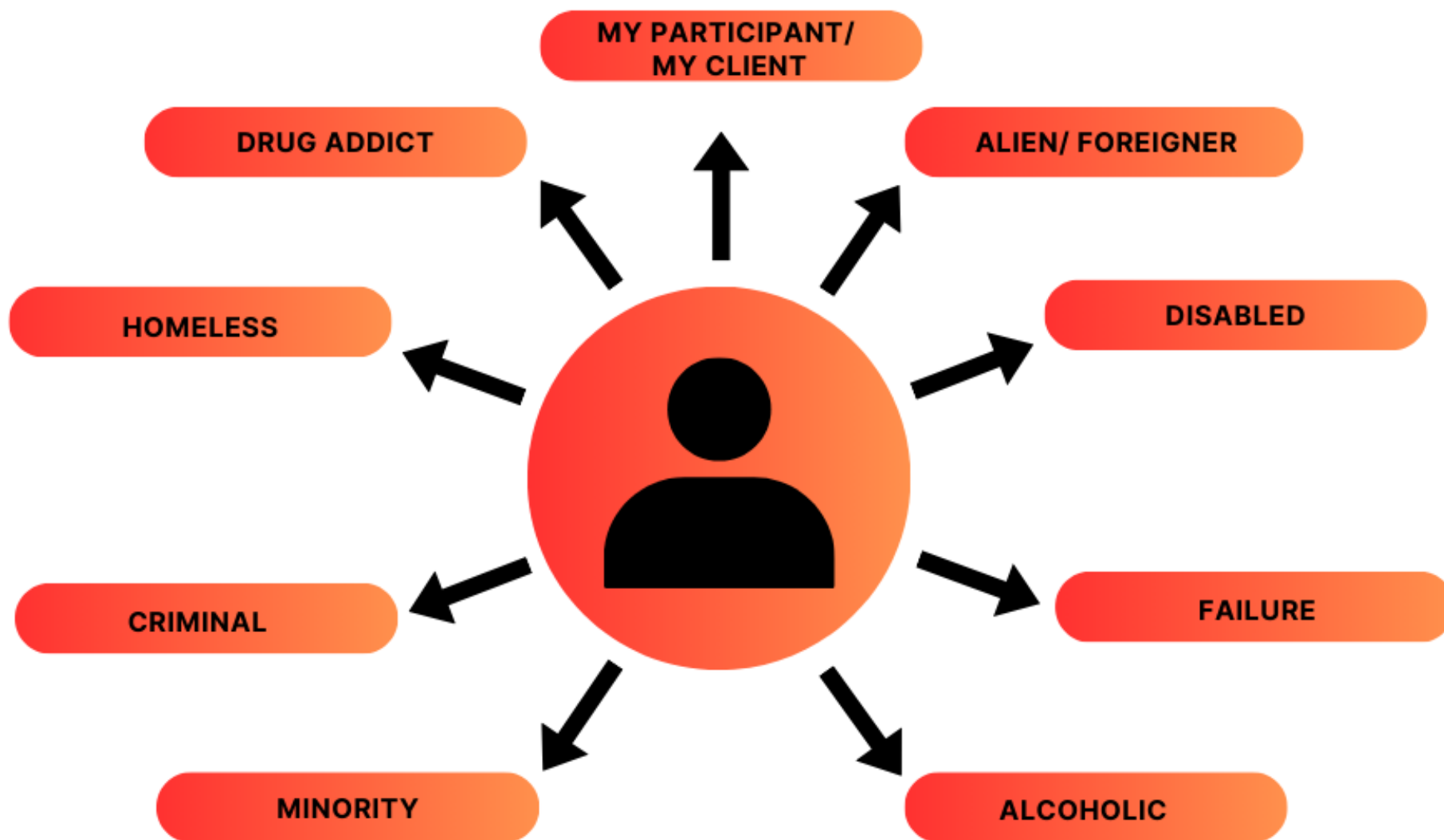
Fig. 1. Study vignettes

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms.

International Journal of Drug Policy, May 2010

- Objective: determine which terms evoke different judgments about behavior, social threat, and treatment vs. punishment
- Method: mental health clinicians asked to read two vignettes and rate their agreement with statements along three subscales
- Results: no difference for social threat or victim-treatment; difference seen along perpetrator-punishment scale
- Conclusion: “substance abuser” term evokes negative judgments and may perpetuate stigmatizing attitudes, even among highly trained mental health professionals

Terms We Hear



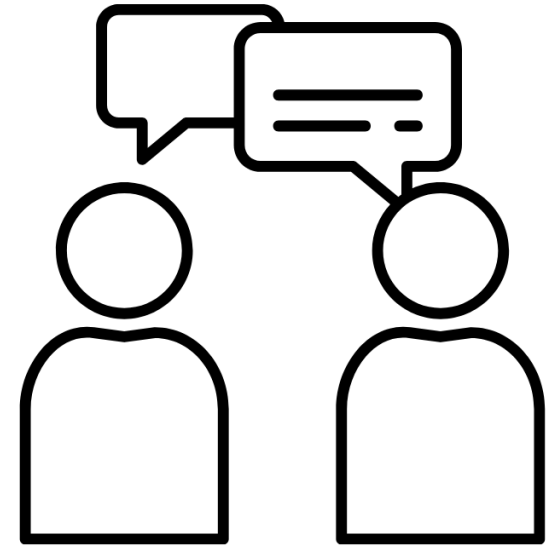
Encountering **stigmatizing language** from staff in treatment settings can **discourage clients** from continuing treatment, while treatment providers who use **nonjudgmental language** can **positively benefit** individuals in treatment.

(HAMMARLUND ET AL., P. 133)

Use of person-centered and inclusive language may **build trust and strengthen communication** between clients and treatment providers.

Where Do We Start?

- Review mission statements
- Review policies and procedures/operations manual
- Ongoing Training
- Make the conversation part of regular practice



Reviewing mission statements and policies and procedures/operations manual

- Why does your team do the work that you do?
- How does language help you achieve those goals?
- Are your policies and procedures/operation manuals reflective of your mission and does your language uplift your work?



- Language is always evolving.
- Training on inclusive language should not happen once, it needs to continuously be part of the conversation.

Training



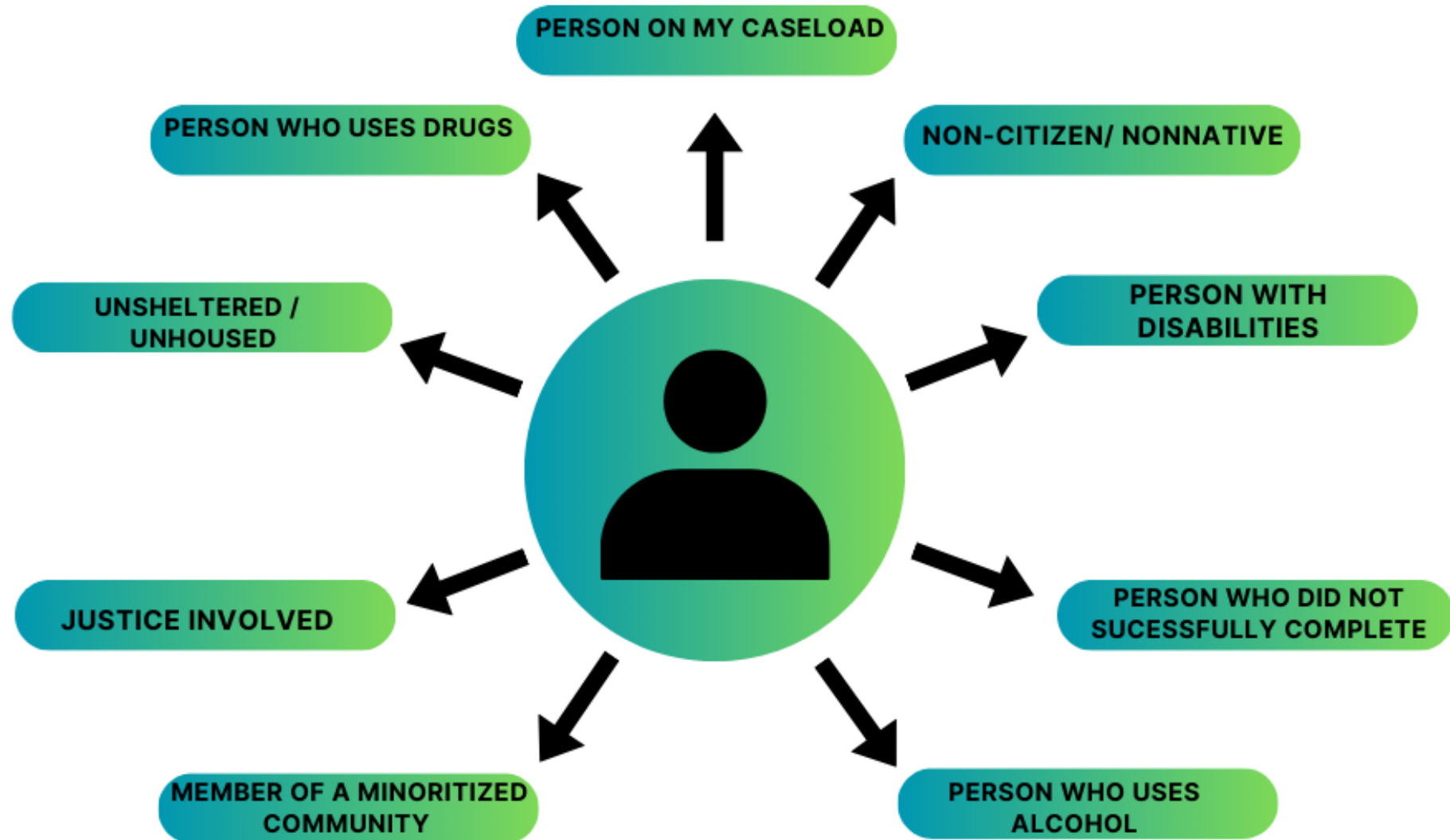
Listening to Other Voices

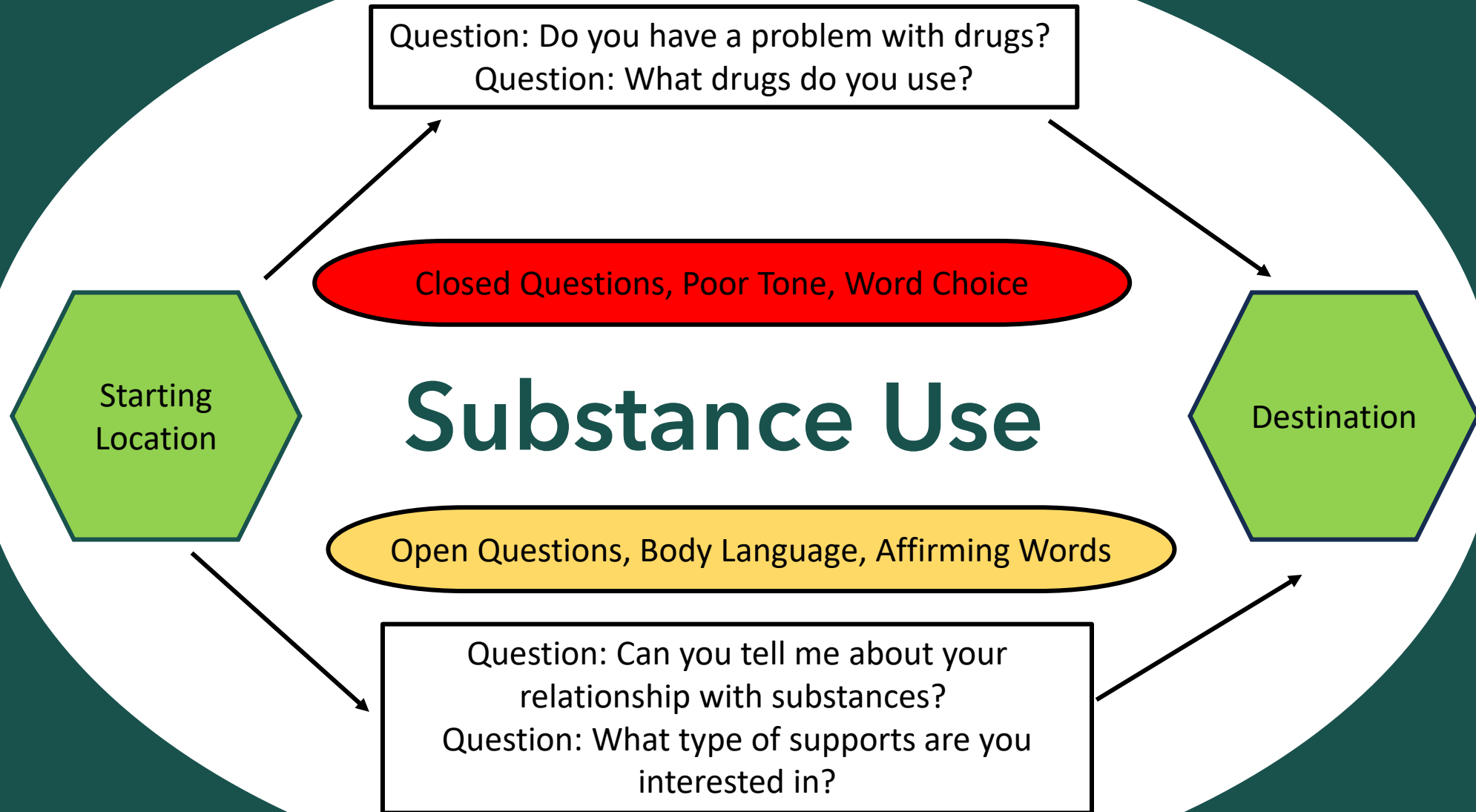
- Who has input in your court's practices?
- Are you surveying your participants/graduates?
- What community connections do you have?

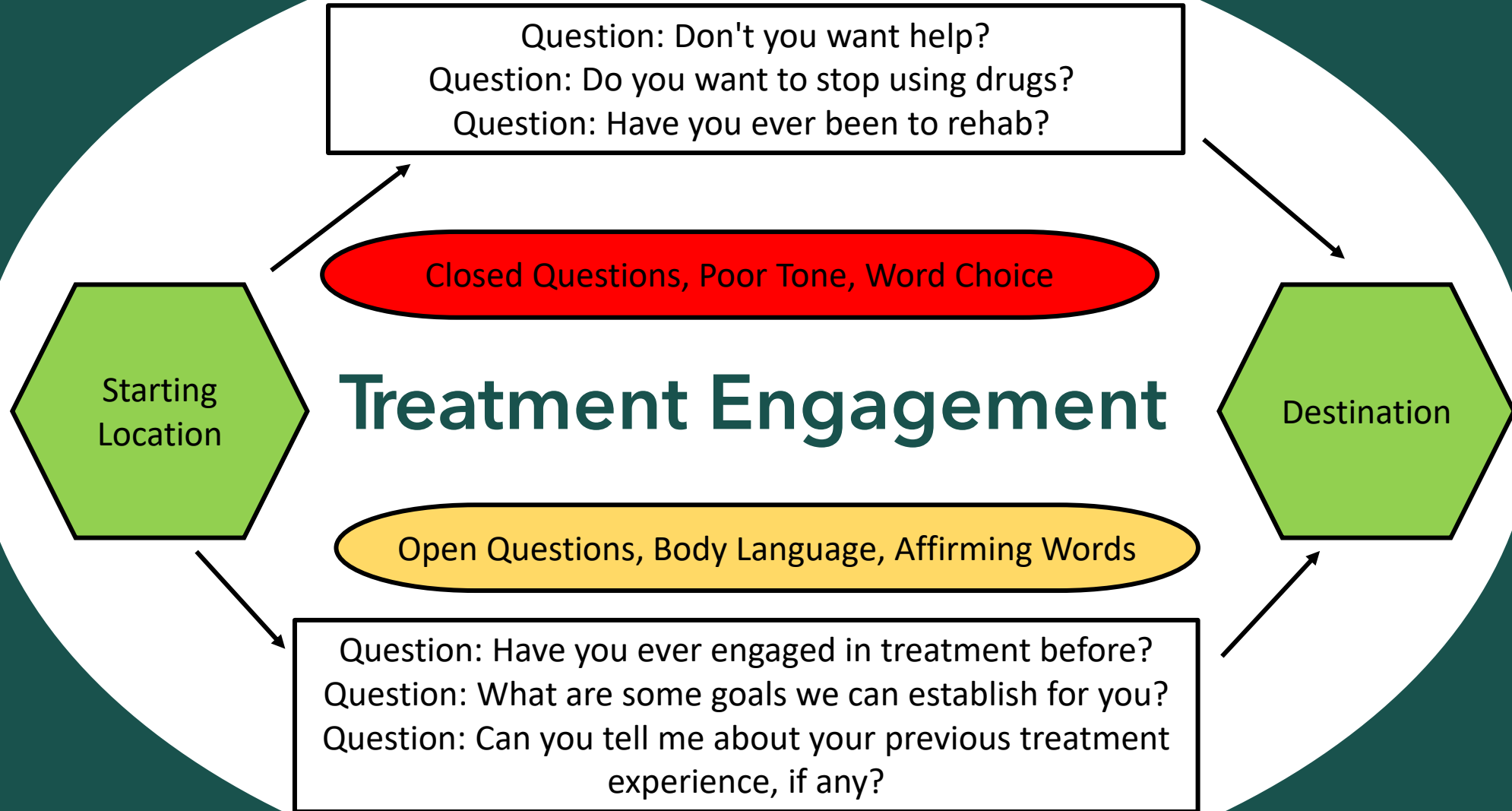
Engaging with Your Participants

- Person-first language requires that you listen to the terms your participants want used.
- Providing/introducing inclusive language into your interactions

Terms We Can Use







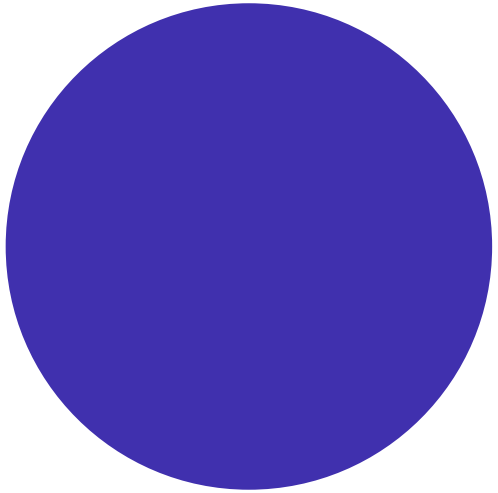


BREAK

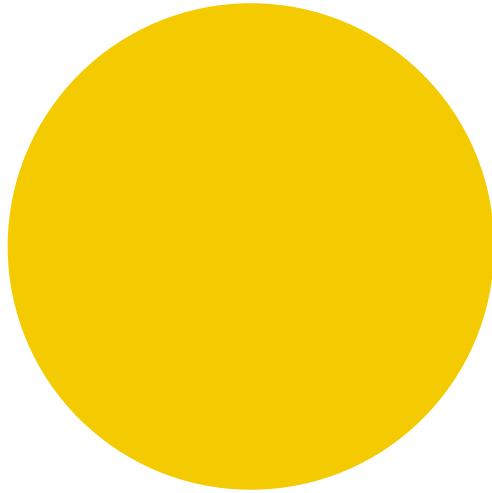
Communication styles

Role reversal activity

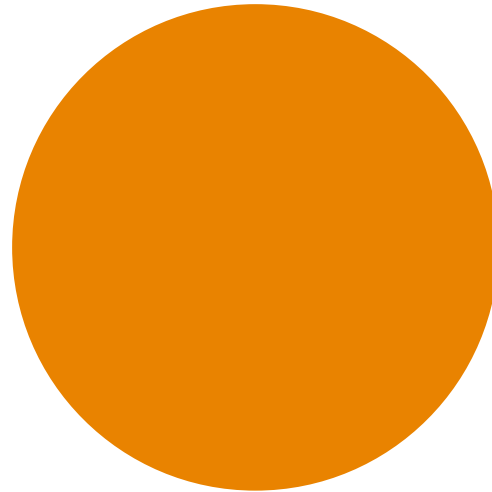
True colors quiz results



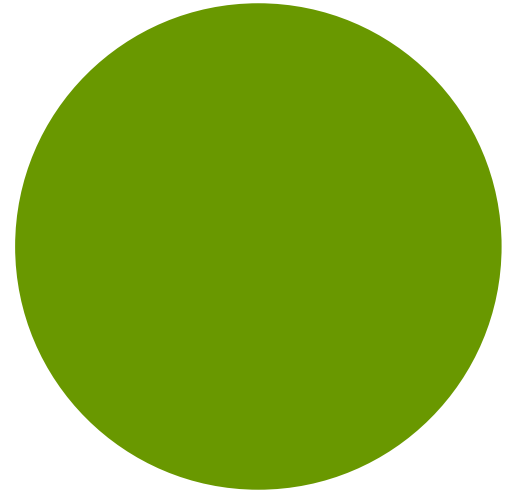
BLUE



GOLD



ORANGE



GREEN

BLUE

Overall	At work	Leadership style
Unique and Authentic Enthusiastic, Sympathetic, Personal Warm, Communicative, Compassionate Idealistic, Spiritual, Sincere Peaceful, Flexible, Imaginative	Have a strong desire to influence others so they may lead more significant lives. Often work in the arts, communication, education, and helping professions. Adept at motivating and interacting with others.	Expects others to express views Works to develop others' potential Individuals oriented Democratic, unstructured approach Encourages change VIA human potential Change time allows for sense of security Expects people to develop their potential

GOLD

Overall	At work	Leadership style
Follow rules and respect authority Loyal, Dependable, Prepared Thorough, Sensible, Punctual Faithful, Stable, Organized Caring, Concerned, Concrete	Provide stability and can maintain organization. Ability to handle details and to work hard makes me the backbone of many organizations. Believe that work comes before play, even if I must work overtime to complete the task.	Expects punctuality, order, loyalty Assumes "right" way to do things Seldom questions tradition Rules oriented Detailed/thorough approach - threatened by change Prolonged time to initiate any change Expects people to "play" their roles

ORANGE

Overall	At work	Leadership style
Witty, Charming, Spontaneous Impulsive, Generous, Impactful Optimistic, Eager, Bold Physical, Immediate, Fraternal	Am bored and restless with jobs that are routine and structured. Am satisfied in careers that allow me independence and freedom, while utilizing my physical coordination and my love of tools. View any kind of tool as an extension of myself. Am a natural performer.	Expects quick action Works in the here and now Performance oriented Flexible approach Welcomes change Expects people to “make it fun”

GREEN

Overall	At work	Leadership style
Analytical, Global, Conceptual Cool, Calm, Collected Inventive, Logical, Perfectionist Abstract, Hypothetical, Investigative	Am conceptual and an independent thinker. For me, work is play. I am drawn to constant challenge in careers, and like to develop models, explore ideas, or build systems to satisfy my need to deal with innovation. Once I have perfected an idea, I prefer to move on, leaving the project to be maintained and supported by others.	Expects intelligence and competence Assumes task relevancy Seeks ways to improve systems Visionary Analytical Encourages change for improvement Constantly "in process" of change Expects people to follow through

Coordinator's Guide to Staffing Facilitation Role Reversal Activity Instructions

A multidisciplinary team's strength lies in the contribution of every member. Each role brings a unique, distinct perspective that helps the team understand the full picture of the program's participants. This activity will highlight the importance of facilitating staffing meetings where each member of the team can participate—better informing decisions impacting participants.

Each person in your group will receive a role on the team. You will all receive information about a hypothetical participant in your program. After hearing an update on that participant, discuss your initial thoughts about what response you all think would be most appropriate.

Next, the Coordinator will facilitate a conversation among the team, with each role offering information specific to their relationship with the participant. Afterwards, the group will discuss how that information changed their perception of what response would be most appropriate, as well as how reaching that informed decision would have been more difficult without the participation of each team member.

Scenario #1

Steve is a 36-year-old man who is currently in phase two of the treatment court. He was referred to the program from a reckless driving charge. When stopped, an officer found drug paraphernalia in the car. A later assessment revealed Steve has a substance use disorder. His primary substances were alcohol, methamphetamines, and cannabis.

Steve is currently in outpatient treatment. He no longer uses alcohol and has reduced his methamphetamine use. His most recent UA tested positive for cannabis. Last week, the team learned that Steve violated a no contact order from a prior case involving his ex-girlfriend, who has primary custody of their children.

Scenario #2

Rhonda is a 42-year-old woman currently in phase three. She has had three arrests over the last year for petit larceny. She spoke with her attorney and disclosed a substance use disorder, for which she has previously been in treatment. Her attorney referred her to the program.

Rhonda had been testing negative, but recently had a positive UA for cocaine. The judge gave her a stern warning, but now she has tested positive again.

Rhonda recently secured stable housing, and she has been steadily employed at two part time jobs for the last year.

Questions

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