SIMPLIFYING ASSESSMENT IN CRIMINAL JUSTICE AND TREATMENT SETTINGS: USING TCU TOOLS TO ENSURE EFFECTIVE SERVICES

Upcoming webinar
August 20th, 2015, 3 pm EDT
Developing a Strategy for Effective Employer Engagement
Register: http://www.performwell.org

Previous webinars
June 25th, 2015
Making the Most of Coordinated Entry: Developing a Performance-Focused System
Archived Recording: http://www.socialsolutions.com
BEHAVIOR MODIFICATION IN DRUG COURTS: SUCCESS USING REWARDS AND SANCTIONS

Moderator
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Social Solutions

Presenters
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Associate Director for Criminal Justice Studies
Texas Christian University

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Administrator of Training and Consulting
Center for Health and Justice at TASC

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Master Trainer
Center for Health and Justice at TASC
Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.

www.ibr.tcu.edu
Drug Use Severity and Reincarceration

% Reincarceration (15 Months)

Drug Use Severity

- None: 22%
- Low: 21%
- Moderate: 24%
- Substantial: 37%
- Severe: 44%

N=324; Weekes, Milison, & Lightfoot, http://198.103.98.138/crd/forum/e073/e073c.htm
Providing Appropriate Treatment?

The Wisdom of the Dakota Indians: When you discover you are riding a dead horse, the best strategy is to dismount.
Using Screening and Assessment Tools to Inform Treatment

- Risks & Needs
- Participation in Treatment
- Change: Acting
- Change: Thinking
- Therapeutic Relationship
- Retention
- Drug Use
- Crime
- Social Relations
- Post-treatment
What Works with “Highest Efficiency?”

- **Low Intensity (Educational in General Pop)**
- **High Intensity (Structured & Segregated)**
- **Longer Term**
- **Aftercare (or Re-entry) Program**

**Offender Drug Use?**

- **Low Severity**
- **High Severity**
**TCU Drug Screen**

*TCU Drug Screen (TCU DRUG SCREEN II & V)*

The TCU Drug Screen is a self-administered, brief screen that identifies individuals with a history of heavy drug use or dependency/addiction (based on the DSM and the NIMH Diagnostic Interview Schedule) and who therefore should be eligible for treatment options.
Alcohol and Drug Dependence Screens

% Overall Correct Classification

TCUDS: 83
ASI-D: 84
SSI: 84
SASSI-2: 70
Others: 30

N=400; Peters et al., 2000 (Journal of Substance Abuse Treatment)
TCU Drug Screen (TCUDS):
Short assessment (2 pages) for --
• Drug problems/dependence
• Treatment history/needs

71% referred to treatment

Eligible for Treatment? The TCU Drug Screen

All new inmates at state jails/prisons

Assessments:
N ~ 50,000 per Year

1. TCUDS Diagnosis
47%

2. Existing Records
24%
TCU Criminal Thinking Scales (TCU CTS)

TCU Criminal Thinking Scales (TCU CTSFORM)

1. Entitlement – sense of ownership and privilege, misidentifying wants as needs.
2. Justification – justify actions based on external circumstances or actions of others.
3. Power Orientation – need for power, control, and retribution.
4. Cold Heartedness – callousness and lack of emotional involvement in relationships.
5. Criminal Rationalization – negative attitude toward the law and authority figures.
6. Personal Irresponsibility – unwillingness to accept ownership for criminal actions.
TCU CJ Thinking Patterns (from TP form)

2/12/2007

Client ID# 133
Facility # 10

<table>
<thead>
<tr>
<th></th>
<th>Norms&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Facility&lt;sup&gt;2&lt;/sup&gt;</th>
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<th>Flags&lt;sup&gt;3&lt;/sup&gt;</th>
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<tr>
<td>POWER ORIENTATION</td>
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<td>25.29</td>
<td>34.00</td>
<td>8.71</td>
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<tr>
<td>PERSONAL IRRESPONSIBILITY</td>
<td>21.90</td>
<td>23.56</td>
<td>30.00</td>
<td>6.44</td>
</tr>
</tbody>
</table>

Interpretation Notes:
1. "Norms" are mean scores (n = 3,286) from Knight et al. (2006, Crime & Delinquency).
2. "Facility" scores are averages of all clients in this program, and "Individual" scores represent client functioning on date of assessment.
3. "Flags" show individual deviations from facility averages on each scale that deserve special attention.

Counselor Notes:
TCU FORMS
AND THEIR ROLE IN THE CJ SYSTEM

Ben Ekelund — Administrator at The Center for Health and Justice (CHJ) at TASC, IL

&

Phillip Barbour — Master Trainer CHJ
TCU Tools

- The TCU Treatment System includes a set of assessments and manual-guided interventions that “target” specific needs and status of clients in different stages of change during treatment.
Screening vs. Assessment

• Screening: Process for evaluating the possible presence of a disorder

• Assessment: Process for defining the nature of a problem, determining diagnosis, and developing treatment plan
Static Risk Factors

- Delinquent onset (< 16 years)
- Age at first arrest (<25 years)
- Substance abuse onset (< 14 years)
- History of (violent) convictions
- Prior incarcerations
- Prior rehabilitation failures
- Others?
Dynamic Needs

1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance abuse
5. Family and/or marital problems
6. Lack of education
7. Poor employment history
8. Lack of prosocial leisure activities
### Practice Implications

#### High Risk

- Status calendar
- Treatment
- Prosocial and life skills
- Abstinence is distal
- Positive reinforcement
- Self-help/alumni groups
- ~ 18-24 mos. (~200 hrs.)

#### Low Risk

- Status calendar
- Treatment (separate milieu)
- Life skills
- Abstinence is distal
- Positive reinforcement
- Self-help/alumni groups
- ~ 12-18 mos. (~150 hrs.)

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#### High SA Needs (moderate - severe)

- Status calendar
- Prosocial and life skills
- Abstinence is distal
- Positive reinforcement
- Self-help/alumni groups
- ~ 18-24 mos. (~200 hrs.)

#### Low SA Needs (mild)

- Status calendar
- Prosocial habilitation
- Abstinence is proximal
- Negative reinforcement
- ~ 12-18 mos. (~100 hrs.)

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- Noncompliance calendar
- Psychoeducation
- Abstinence is proximal
- Individual/stratified groups
- ~ 3-6 mos. (~ 12-26 hrs.)

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Adapted from Marlowe, 2013
Criminal Justice Treatment Forms

• Criminal Risk and Criminal History Assessment
• TCUD - V
• Criminal Thinking Scales
TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? ................................................................. ○ ○

2. Did you try to control or cut down on your drug use but were unable to do it? .......... ○ ○

3. Did you spend a lot of time getting drugs, using them, or recovering from their use? ................................................................................................. ○ ○

4. Did you have a strong desire or urge to use drugs? .................................................. ○ ○

5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? ........................................................... ○ ○

6. Did you continue using drugs even when it led to social or interpersonal problems? ... ○ ○

7. Did you spend less time at work, school, or with friends because of your drug use? .... ○ ○

8. Did you use drugs that put you or others in physical danger? ...................................... ○ ○

9. Did you continue using drugs even when it was causing you physical or psychological problems? .............................................................................. ○ ○

10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? ........................................................ ○ ○

10b. Did using the same amount of a drug lead to it having less of an effect as it did before? .................................................................................................. ○ ○

11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? ................................................................. ○ ○

11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? .......................................................... ○ ○

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

○ None
○ Alcohol
○ Cannabis – Marijuana (weed)
○ Cannabis – Hashish (hash)
○ Synthetic Marijuana (K2/Spice)
○ Opioids – Heroin (smack)
○ Opioids – Oxymorphone (OxyContin)
○ Stimulants – Powder Cocaine (coke)
○ Stimulants – Crack Cocaine (rock)
○ Stimulants – Amphetamines (speed)
○ Stimulants – Methamphetamine (meth)
○ Bath Salts (Synthetic Cathinones)
○ Club Drugs – MDMA/GHB/ROVynol (Ecstasy)
○ Dissociative Drugs – Ketamine/PCE (Special K)
○ Hallucinogens – LSD/Mushrooms (acid)
○ Inhalants – Solvents (paint thinner)
○ Prescription Medications – Depressants
○ Prescription Medications – Stimulants
○ Prescription Medications – Opioid Pain Relievers
○ Other (specify) ___________
Risk-Need-Responsivity: A Foundation for Evidence-Based Justice Decisions

Criminal Thinking Scales

- Entitlement – sense of ownership and privilege, misidentifying wants as needs
- Justification – justify actions based on external circumstances or actions of others
- Power Orientation – need for power, control, and retribution
Criminal Thinking Scales

• Cold Heartedness – callousness and lack of emotional involvement in relationships
• Criminal Rationalization – negative attitude toward the law and authority figures
• Personal Irresponsibility – unwillingness to accept ownership for criminal actions.
TASC and TCU - A Brief History

• TASC (now CHJ) has been working with TCU for over 10-years on a number of research projects, most notably the CJDATS I – II studies. Our work has encompassed change team initiatives, TCU screening and assessment implementation, HIV/AIDS interventions and research on MAT interventions.

• In 2013, TCU contracted with CHJ to provide training and TA on the use of the TCU Interventions with the CJ population.
Institute of Behavioral Research

A national research center for addiction treatment studies in community and correctional settings (over 700 treatment resource files available for free download)

www.ibr.tcu.edu
How the TCU Tools are used at TASC

• Point of referral from the courts
• As a triage tool for program eligibility
• To identify whether a full assessment should be done
• To provide collateral information to the self report from the client
How the TCU Tools are used at TASC (cont)

• To determine readiness for change
• To target criminal thinking for intervention
• To help determine psychological functioning
• To asset with evaluating social functioning
• To measure treatment engagement and process
How the TCU Tools are used at TASC (cont)

- There are 12 primary short forms that make up the core assessment forms in the TCU assessment.
- At http://www.ibr.tcu.edu you will find over 50 tools, not only for direct service work, but also organizational analysis.
- All tools have been normed with a variety of populations, both adolescent, and adults, men and women.
Administration and Scoring Notes

- Most of the forms are available in Spanish and English
- Scantron Forms (cost varies)
- Spreadsheet developed by TCU to assist with manual application
- Written at a 5th grade reading level
Administration and Scoring Notes (cont.)

• Mastering a few scoring rules will allow you to score any of the forms in the Matrix
  – Review the response accuracy check questions first
  – There is some reverse scoring done
  – Some scoring involve simple calculations to get the right value
  – Utilizing the spreadsheets will reduce the risk of human error
Recommended Cut Scores

• TCU Drug Screen II (TCUDS II)

• Low 0-2

• Medium 3-6

• High 7-9
Criminal Thinking Scales (CTSForm)

• Re-grouped by scales
• Responses are 1= Strongly Disagree to 5= Strongly Agree
• Six scales make up the test
  – Refer to key definitions
• No more than ½ the items in any one scale can be missing
Scoring Guideline

• A “high” score on any of the 6 TCU CTS scales (scores ranging from 10 to 50 for each scale) indicates “need” for criminal thinking intervention. Scores at or above the following scores for each scale indicates the level of criminal thinking for that scale.
## Recommended Cut Scores

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<thead>
<tr>
<th>Category</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
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<tbody>
<tr>
<td>Scale</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Entitlement</td>
<td>10-17</td>
<td>18-20</td>
<td>21-40</td>
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<tr>
<td>Justification</td>
<td>10-18</td>
<td>19-22</td>
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<tr>
<td>Power Or.</td>
<td>10-22</td>
<td>23-27</td>
<td>28-40</td>
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<tr>
<td>Cold Hear.</td>
<td>10-20</td>
<td>21-23</td>
<td>24-40</td>
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<tr>
<td>Crim. Rat.</td>
<td>10-28</td>
<td>29-35</td>
<td>36-40</td>
</tr>
</tbody>
</table>
TCU Forms

• Considerations for Administering:
  – Can administer individually or in group
  – Administer at different points of treatment process
  – Segregate scores by gender or intake group so you don’t skew norms
  – Collect information on assessment results by staff or program
  – Share results with clients
Thank You

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  – 312-573-8337

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  – 312-573-8354
NEXT WEBINAR

Developing a Strategy for Employer Engagement

Guest Speakers: Scott Ellsworth, Lucy Houchin, and Tom West

August 20th, 3:00-4:30pm EST
Register at www.performwell.org
Presenters

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Questions?