The Development of Two Manuals to Enhance Program Integrity in the Kingston Drug

By

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The policies and procedures outlined in the KDTC Policies and Procedures Manual are meant to
be used by service providers from Frontenac Community Mental Health and Addiction Services,
and committee members involved with the Kingston Drug Treatment Court.
Dedication

For My Beautiful Boy, Noah.

For without you, this would not exist.
Abstract

The Kingston Drug Treatment Court (KDTC) was a newly operating program which commenced summer of 2014. The goal of the program was to provide an alternative to regular criminal court processes for individuals who committed drug or minor Criminal Code offences to support substance dependence. At the time of the thesis, the KDTC program had no formal manual in place for participants or involved committee members. The KDTC Participant Manual was created to increase understanding of the program and help eligible participants decide on whether or not this was an appropriate program for them, as well as increase the likelihood of successful program completion. Participants were given a copy of the manual from referring legal counsel or during the intake appointment with Frontenac Community Mental Health and Addiction Services (FCMHAS) once released from custody. Feedback received on the participant manual determined it to be a beneficial tool for both service providers and participants, as well it was said to have met its intended use. The KDTC Policies and Procedures Manual, which was adapted from manuals based out of the Ottawa Drug Treatment Court, was created to improve program integrity and act as a structured guide to decision making in areas such as participant suitability and admission into the program. This manual provides information on reliable assessment tools and best practice guidelines for service providers in the realms of most effective treatment practices, for both addiction and correctional based approaches. Due to time constraints, there was limited feedback received on the KDTC Policies and Procedures Manual and therefore, it is recommended that future research is conducted to determine if this manual can be used by committee members, and to evaluate whether or not the KDTC program is being run according to the guidelines suggested in the manual.
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Chapter I: Introduction

Incarceration for drug-related offences has been on the rise since the 1980s, providing professionals with evidence that links addiction to crime (Murphy, 2011). It has been estimated that over half of offenders with substance dependence will re-offend within three years of being released from prison (Koetzle, 2014). Individuals whose criminal offending is linked to substance use should be involved in programs targeted to substance use intervention as a way to manage future risk (Alm et al., 2011). Drug Treatment Courts (DTC) were introduced to meet the needs of individuals whose criminal offending was related to substance use, as well as provide treatment/ intervention within a criminal justice setting (Murphy, 2011).

The first DTC in Canada began operating in Toronto in 1998 (“Toronto Drug Treatment Court Program,” 2008). DTC programs have since expanded to various locations across the country, including Kingston (Canadian Association of Drug Treatment Court Professionals, 2012). The Kingston Drug Treatment Court (KDTC) is a novel program which began operating in August, 2014. Many professionals in the field of corrections and mental health are unaware of its components and practice guidelines.

At the time of the thesis, there were no formal manuals in place for participants or committee members involved with the KDTC. The KDTC Policies and Procedures Manual, and the KDTC Participant Manual, were designed to address this gap in the program. According to Raso (2010), manuals play an important role in guiding decisions and managing compliance within a program. Creating formal manuals for the KDTC was hypothesized to benefit both the committee members and the participants of the program, and improve overall program integrity.

The goal of the KDTC Policies and Procedural Manual was to act as a guide to program delivery for involved committee members. If the position of the KDTC was formally laid out in a
policies and procedures manual, committee members were expected to deviate less from the original standpoint and rules of the program. The *KDTC Policies and Procedures Manual* furthermore, was thought to have the ability to act as an orientation tool to new committee members, or professionals in the field interested in referring a client into the program.

The goal of the *KDTC Participant Manual* was to help facilitate decisions on whether or not to become involved with the program and to increase readiness for treatment. The manual introduced the KDTC program, outlined expectations of participants, and provided strategies to increase the likelihood of successful program completion. The *KDTC Participant Manual* also served as informed consent for participating in treatment.

**Overview of Chapters**

The following section reviews literature relevant to the history and components of DTC programs. It includes literature on validated assessment tools, and best-practice treatment approaches recommended for service providers and ultimately appear within the *KDTC Policies and Procedures Manual*. The method section outlines how the manuals were formulated and distributed, while the results section provides a summary of both manuals. Additionally, the conclusion/discussion section covers strengths and limitations of the manuals, implications for the field of Behavioural Psychology, and recommendations for future use and revisions to the manuals.
Chapter II. Literature Review

Substance Abuse and Criminal Offending

According to Prairie, Gliksman, Erickson, Wall, and Newton-Taylor (2002), there is a strong correlation between criminal activity and substance abuse. Offender surveys have identified a substantial proportion of offenders with substance abuse issues (Andrews & Bonta, 1998). Offenders abuse illicit drugs at a greater frequency than individuals not involved in the criminal justice system (Prairie et al., 2002). The immediate effects that drugs have on the brain and body can create circumstances that lead to aggressive behaviour (Andrews & Bonta, 1998). Also, drug use has the potential to alter one’s personality and enhance pro-criminal attitudes, making that person more susceptible to engage in unlawful behaviour (Hart & Ksir, 2013).

Substance abuse is associated with antisocial personality traits and impulse control problems, all of which are risk factors for criminal offending (O'Driscoll, Larney, Indig, & Basson, 2012).

Aside from personality characteristics, there are a number of other factors which play an important role in crimes committed to support substance dependence, including the street value of illicit drugs (Hart & Ksir, 2013). For example, individuals often need to commit thefts or other crimes to obtain money to purchase drugs (Hart & Ksir, 2013). Additionally, selling, buying and using drugs that are not prescribed are classified as criminal (Andrews & Bonta, 1998).

Punishment and Criminal Offending

Historically, it was thought that offenders with substance abuse problems could be controlled through the use of punishment and incarceration (Andrews & Bonta, 1998). Recent evidence suggested that these measures do not decrease recidivism with this population, and argue against the use of sanctions to deter drug related crimes (Andrews & Bonta, 1998). In fact, punishment has been said to have the opposite effect on society, creating over-worked police and

Treatment, conversely, has been said to reduce recidivism in offenders with substance abuse problems (Hart & Ksir, 2013, p. 422). According to Koetzle (2014), individuals receive minimal treatment for substance related problems while incarcerated. If substance abuse problems are left untreated, individuals run the risk of cycling in and out of the justice system for drug-related offenses (Peters, Kremling, Bekman, & Caudy, 2012). Providing offenders with an opportunity to engage in treatment in place of incarceration can help break this cycle and reduce future involvement with the law (Prairie et al., 2002).

**History and Effectiveness.**

Research suggests that offenders are less likely to re-offend when enrolled in treatment programs specific to their needs (Prairie et al., 2002). DTCs were created in response to the large number of non-violent offenders who were incarcerated for drug-related crimes (Somers, Rezansoff, & Moniruzzaman, 2014). DTCs are an intensive treatment-based program for individuals whose criminal behaviour co-occurs with substance dependence (Tyuse & Linhorst, 2005). Taking place in the community, DTCs provide an alternative to incarceration (Tyuse & Linhorst, 2005). Although DTCs are a treatment-based program, they still hold offenders accountable by mandating regular court appearances and urine screens (Prairie et al., 2002). Studies have shown that those who graduate from DTC programs demonstrate improved life outcomes in areas such as relationships, education and employment, substance use, and criminal recidivism (Fulkerson, Keena, & O’Brien, 2013). DTCs not only help offenders re-integrate back into the community, they also significantly improve public safety in the community by reducing recidivism rates in participants (Brown, 2011).
The first DTC was created by a Florida Judge and opened in Miami, Florida in 1998 (Fulkerson et al., 2013). By 2011 there were 2,193 Drug Courts operating throughout the United States (Fulkerson et al., 2013). In December, 1998, Canada opened its first DTC program in Toronto (“Toronto Drug Treatment Court Program,” 2008). DTCs provide participants the opportunity to receive treatment for substance dependence, repair relationships harmed by substance use and criminal offending, and improve overall quality of life (Fulkerson et al., 2013). Previous graduates from the program have reported different successes such as finding employment, maintaining abstinence from substances, and in one case, giving birth to a healthy baby (McCoy, 2010).

**Components of the KDTC**

DTCs have numerous components. The *KDTC Policies and Procedures Manual*, and the *KDTC Participant Manual* were created to act as guides for those involved in the KDTC. Participants admitted into the KDTC program have been released on DTC bail conditions which include, but are not limited to, attending both individual and group addiction counselling, individual case management, bi-weekly court appearances, and weekly urine screens (“Toronto Drug Treatment Court Program,” 2008). These specific bail conditions were universal to all participants. Participants may have also had individual conditions such as, curfews, restrictions against non-association, and other treatment programs in which they are to engage (“Toronto Drug Treatment Court Program,” 2008). Participants could also receive sanctions or incentives during their participation (Fulkerson et al., 2013). A sanction could include a warning by the KDTC Judge, or in extreme cases a revocation of bail or dismissal from the KDTC program (Prairie et al., 2002). Rewards such as verbal praise or encouragement, could be given to participants demonstrating progress in treatment and included (Prairie et al., 2002). Those who
participated in no less than nine months of treatment and remained abstinent for at least three months were eligible to apply for graduation (“Drug Treatment Court of Vancouver,” n.d.). Other requirements for graduation included having established resources in the community, stable housing, and having completed the treatment phases for individual and group counselling sessions (“Drug Treatment Court of Vancouver,” n.d.). Members of the KDTC committee gather together before each Court date to discuss participant progress; this discussion determined the direction (sanction vs. reward) the Judge would take when addressing each participant in the Court room (Prairie et al., 2002).

Admission into the KDTC Program

Both the KDTC Policies and Procedures Manual and the KDTC Participant Manual, applied structured guidelines so that only the most suitable participants were to be accepted into the KDTC program (Peters & Peyton, 1998). Admission into the DTC program was voluntary, and dependent on meeting the appropriate criteria for participation (“Ottawa Drug Treatment Court,” 2011). An application form completed by the client in collaboration with legal counsel, and then sent to DTC committee members for review (“Toronto Drug Treatment Court Program,” 2008). The admission process began immediately following arrest and screening and assessment tools identified those individuals who would have likely benefitted the most from the program to be deemed eligible, therefore making the admission process in the best interest of the client and staff as it minimized the likelihood of wasting resources on inappropriate participants (Peters & Peyton, 1998). The qualities that made an individual more likely to benefit from the program were high levels of internal motivation to change, low levels of ambivalence, and a greater likelihood of recidivism. Screening and assessment tools were to be completed in addition to the other relevant information brought forth by other professionals who had worked with the
client prior to the KDTC, including probation or police officers who had extensive contact with the client in the past (Peters & Peyton, 1998). This information related to the client’s ability to engage and willingness to participate in the past, which are predictors of how well the individual may fare in the KDTC program (Peters & Peyton, 1998). The designated KDTC Crowne Attorney screened the application form, and if the legal criteria for participation were met, service providers conducted a series of assessments thereafter during an intake appointment (“Toronto Drug Treatment Court Program,” 2008). The Case manager and Addictions Counsellor submitted their findings back to the KDTC Crown Attorney who made the final decision on whether or not the participant was to be admitted into the program (“Toronto Drug Treatment Court Program,” 2008).

**Intake Assessment Tools.**

Assessing potential participants are crucial to the initial decision-making process of determining eligibility for the KDTC program, therefore the *KDTC Policies and Procedures Manual* was created to act as a guide to these decisions during the intake process (Peters & Peyton, 1998). It was important that assessment tools were empirically validated to ensure validity of the results (Peters & Peyton, 1998). It is also important that service providers used the same assessment tools on each potential participant to standardize the criteria of eligibility. The *KDTC Policies and Procedures Manual* provided evidence to support empirically validated assessment tools used in other DTCs, and suggested standardized assessment measures that could be used in the KDTC admission procedure.

Assessment tools were used to gather information such as substance use history, criminal history, and motivation for changing substance use behaviour which were all relevant factors for deciding who to allow in the program (Peters & Peyton, 1998). The assessment tools were
administered during the intake appointment by the Addictions Counsellor and Case Manager, and were used to uncover criminogenic need areas to target in treatment (Peters & Peyton, 1998). The assessment tools were also used to determine possible barriers to treatment and to identify the necessary level of intensity and supervision of treatment (Peters & Peyton, 1998). The intake appointment allowed the Addictions Counsellor and Case Manager to become familiar with the individuals’ life history, and start the building of therapeutic rapport (Peters & Peyton, 1998). If assessment tools are not used, therapists run the risk of creating a treatment plan that does not match the needs of the client, making the treatment virtually ineffective (Peters & Peyton, 1998). The KDTC Policies and Procedures Manual aimed at limiting the likelihood this will happen and thus enhanced best-treatment practices.

**Treatment in the KDTC**

The KDTC was composed of many members, each with different backgrounds and expertise. The addictions counsellor, for example, may have lacked knowledge regarding Court processes, while legal counsel may have been ignorant to treatment approaches. The KDTC Policies and Procedures Manual will help members of the KDTC become familiar with information out of their realm of expertise, and minimize discrepancies caused by personal opinions by replacing them with evidence-based practice guidelines. In order to facilitate successful treatment, there must be communication and understanding amongst service providers and members of the KDTC (Harrison & Scarpitti, 2002). The KDTC Policies and Procedures Manual was intended to be used as a tool to cross-train and improve overall competence regarding treatment in KDTC staff (Harrison & Scarpitti, 2002). The KDTC Policies and Procedures Manual also defined the roles of each committee member involved in the treatment aspect of the program (Peters & Peyton, 1998).
**Addiction treatment.** In regards to addiction treatment as a component of the KDTC program, addiction counsellors and the client worked collaboratively on various aspects revolving around the substance use behaviour itself such as recovery and relapse prevention (Peters et al., 2012). It was important that the addiction counsellor be knowledgeable in the best assessment tools and intervention techniques to identify and treat substance use behaviour (Rideauwood Addiction and Family Services, 2011). The Addiction Counsellor was responsible for addressing the substance use behaviour in a supportive manner which promoted abstinence (Rideauwood Addiction and Family Services, 2011). The *KDTC Policies and Procedures Manual* combined research on the assessment tools and treatment interventions used in the Drug Treatment Court of Ottawa (DTCO) and other DTCs to create a best-practice guide to assessment tools and treatment interventions for the KDTC.

**Risk needs responsivity.** The *KDTC Policies and Procedures Manual* addressed the importance of using validated assessment tools to evaluate the severity of participants’ substance use, as well as the criminogenic need areas of the individual (Koob et al., 2011). This was intended to further guide treatment professionals on how to assess for the most relevant information, rather than focus on factors that were irrelevant to treatment. Since the KDTC worked with an offender population, the most appropriate correctional treatment approaches should have been adhered to (Rideauwood Addiction and Family Services, 2011). This approach used the Risk Needs Responsivity (RNR) principles as guiding factors for treatment (Rideauwood Addiction and Family Services, 2011). The Risk Principle states that in order for participants to succeed in treatment, the treatment intensity and supervision must match the level of needs and motivation of the offender (Koob, Brocato, & Kleinpeter, 2011). Since treatment is not a one size fits all approach, admitting participants whose risk level did not match the
intensity of the program may have set them up for failure (Koob et al., 2011). The KDTC was considered to be an intensive program, therefore, it was suggested that individuals with high needs who were at a higher risk level for re-offending be admitted into the program because of the support and supervision it provided (Koob et al., 2011). The Need Principle states that interventions should target dynamic risk factors predictive of criminal offending, as they have the potential to change over time (Rideauwood Addiction and Family Services, 2011). The Responsivity Principle states that the way interventions are delivered should match the factors which influence the way each individual responds to treatment (Rideauwood Addiction and Family Services, 2011). It also states that interventions should use evidence-based treatment practices such as cognitive behavioural therapy (Rideauwood Addiction and Family Services, 2011).

In addition to RNR principles, the KDTC Policies and Procedures Manual had a section on residential treatment, as it was still a factor in KDTC participation that had not been researched. Literature suggested that participants who had severe substance use may benefit from residential treatment upon entering the KDTC (Koob et al., 2011).

**Harm reduction and methadone.** It was very important for KDTC staff to know how to use the harm reduction approach when working with clients who were accepted into the program, therefore the KDTC Policies and Procedures Manual introduced the concept of harm reduction and applications on how to use it effectively.

If individuals with substance use problems felt judged by treatment providers or KDTC staff, it was likely they would have rejected the help offered to them (Bartlett, Brown, Shattell, Wright, & Lewallen, 2013). Harm reduction teaches DTC staff strategies for engaging in non-judgemental interactions with participants in order to avoid further potential harm caused by
negativity (Bartlett et al., 2013). Harm reduction can positively affect participants’ self-esteem and reduce resistance and defensiveness towards service providers (Bartlett et al., 2013). Research suggests that harm reduction strategies, alongside other evidence-based interventions such as Cognitive Behavioural Therapy (CBT), is the best-practice treatment when working with clients with substance abuse problems (Bartlett et al., 2013). DTCs take a harm reduction approach in terms of substance use, as they acknowledge that recovery is a long process in which relapse is likely to occur (Fulkerson et al., 2013). Harm reduction is seen as a supportive approach as it is more lenient on relapse (Prairie et al., 2002).

According to Bartlett et al. (2013), when an individual has a substance addiction they build up a tolerance to the substance with continued use, requiring them to increase their dosage as time passes. The use of Methadone was approved in the KDTC program as a harm reduction approach to addiction treatment, as it helped clients gradually maintain abstinence from opiate use without suffering the symptoms of withdrawal ("Toronto Drug Treatment Court Program," 2008).

Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT). CBT and MI are primary treatment techniques used with offenders in the Drug Treatment Court of Ottawa (DTCO) as well as other DTCs across Canada (Rideauwood Addiction and Family Services, 2011). The treatment interventions suggested in the KDTC Policies and Procedures Manual were based off of the treatment techniques used in other DTCs, and therefore introduced CBT and MI as best-practice treatments and suggested ways to incorporate each technique when implementing interventions with substance using offenders.

CBT was an appropriate intervention to use with individuals who had substance abuse
problems, as well as individuals who had a history of criminal offending (Rideauwood Addiction and Family Services, 2011). CBT is one of the most popular treatment strategies when working with substance addiction due to its efficacy (Hart & Ksir, 2013). According to O’Connor and Stewart (2010), CBT teaches individuals the necessary skills needed to develop effective coping strategies to reduce substance use and prevent relapse. Additionally, CBT teaches individuals to identify triggers to substance use, identify pro-criminal attitudes towards substance use, and alternative thinking to reinforce sobriety (Hart & Ksir, 2013). CBT explores consequences of substance use and helps participants set goals towards a life without substances (“Toronto Drug Treatment Court Program,” 2008). According to Hofmann, Ansari, Vonki, Sawyer, and Fang (2012), CBT is an intervention incorporating a wide array of techniques to treat emotional distress and problematic behaviour resulting from maladaptive thinking patterns. These maladaptive thinking patterns, or cognitions, express themselves as negative automatic thoughts and influence the way individuals view themselves and the world, as well as how they will react in a given situation (Hofmann et al., 2012). O’Connor & Stewart (2010), explain that individuals with substance use problems often lack effective coping strategies and problem-solving skills to deal with high risk situations, which in turn decreases self-efficacy and promotes problematic outcomes. According to O’Connor and Stewart (2010), the main goal of CBT is to help the individual overcome ineffective coping strategies and teach them alternative strategies and skills to deal with personal and environmental triggers that maintain substance use behaviour.

Before applying CBT interventions it was important to ensure the client was engaged in the program to maximize the likelihood of successful outcomes (Andrews & Bonta, 1998). O’Connor and Stewart (2010) describe MI as a technique used by therapists to increase motivation levels in clients’ willingness to change a problematic behaviour. MI was used to
assist individuals in realizing they had an addiction, and begin making preparations and taking actions towards minimizing their substance use (O’Connor & Stewart, 2010). MI involves the exploration of ambivalence and aims to increase a participants’ motivation for changing problematic behaviour (O’Connor & Stewart, 2010). The therapist and client collaboratively worked together towards resolving ambivalence and moving through the stages of change (O’Conner & Stewart, 2010). The stages of change, as defined by Prochaska and DiClement, determined that there were five stages of change, which reflect levels of motivation (Pendergast, Greenwell, Farabee, & Hser, 2009). In the pre-contemplative stage the KDTC participant may have been unaware a substance use problem exists and therefore was unlikely to be motivated for treatment (Pendergast et al., 2009). In the contemplative stage, the KDTC participant had recognized a substance problem existed and had begun to weigh the pros and cons relating to their substance use (Pendergast et al., 2009). In the preparation stage, the KDTC participant began to favour making changes to their substance use (Pendergast et al., 2009). In the action phase, the KDTC participant had taken active steps towards changing their substance use, and finally in the maintenance phase, there was an emphasis on maintaining abstinence and preventing relapses (Pendergast et al., 2009).

MI incorporated goal setting and was centered on personal choice by exploring the advantages and drawbacks of reducing substance use (Lubman, King, & Castle, 2010). Motivation was a known predictor of the level of effort an individual put into their treatment and could have been increased if treatment providers used MI throughout therapy (Pendergast et al., 2009). Research suggests that in the initial stages of the KDTC program, treatment providers should have been flexible with expectations as it was the most difficult stage for participants (Patra et al., 2010). Low levels of motivation have been linked to early program drop-out, while
individuals with high levels of motivation have shown to be twice as likely to succeed (Pendergast et al., 2009).

Evidence suggested that MI was more effective in producing successful outcomes when combined with CBT, rather than when it is was used as a stand-alone technique for treating substance use (O’Connor & Stewart, 2010). O’Connor and Stewart (2010) argue that combining MI and CBT as a collaborative treatment approach would assist the client in developing the necessary skills to recognize warning signs leading to substance use and effective coping strategies to manage these urges. O’Connor and Stewart (2010) also suggest that MI would prepare the client for CBT and promote compliance, participation, and readiness to change which would encourage a more positive and successful experience.

**Urinalysis.** Along with other types of treatment such as MI and CBT, urine screens also provided a number of benefits to the KDTC program, including monitoring compliance with program expectations (“Toronto Drug Treatment Court Program,” 2008). Urine screens are a mandatory element of DTC programs (“Toronto Drug Treatment Court Program,” 2008). The results from these screens allowed treatment providers and KDTC committee members to monitor whether participants’ actual drug use was consistent with their reported drug use (“Toronto Drug Treatment Court Program,” 2008). This was important because honesty is one of the key elements to the KDTC program, and continued discrepancy between urine screen results, and reported usage indicated sanctions to be administered in court (“Toronto Drug Treatment Court Program,” 2008). Information regarding urinalysis was derived from the DTCO and other DTCs, and used in both manuals to provide structured guidelines surrounding what was expected from urine screen results and how they affected participation.
**Case management.** In addition to drug-dependency, many of the clients accepted into the KDTC presented with problems across multiple domains including: mental health, employment/education, housing, finances, and lack of pro-social supports (Peters et al., 2012). The Case Manager was in charge of developing treatment plans to target participants’ strengths and needs identified by assessment tools (Peters & Peyton, 1998). Need areas may have included mental health factors and/or environmental factors which had the potential to increase barriers to treatment and impede on personal and community safety (Peters & Peyton, 1998). Barriers to successful program completion were to be addressed by the case manager in the treatment plan (Peters et al., 2012). The Case Manager was also responsible for supervising Court orders and created weekly reports on participants’ progress to provide to KDTC committee members (“Drug Treatment Court of Vancouver,” n.d.). As well, the Case Manager provided information on Court dates, and in some instances was able to assist participants in transportation if it was needed (“Drug Treatment Court of Vancouver,” n.d.).

The Case Manager played a very important role in treatment and it was important that she was aware of the best treatment practices used in other DTCs. The *KDTC Policies and Procedures Manual* was intended to act as a guide for all case managers when implementing interventions based on individual criminogenic needs identified by the assessment tools (Rideauwood Addiction and Family Services, 2011). These intervention plans were intended to reduce risk level of future offending once participants graduate from the program (Rideauwood Addiction and Family Services, 2011).

**The Present Project**

The KDTC was not an accredited program at the time of the thesis, however, its goal was to become accredited to receive government funding. In order to achieve this goal, the KDTC
was advised to model the structure and components of the DTCO. Having a policies and procedures manual in place would show organization and standardization to the program and assist with the accreditation process. The DTCO has a policy and procedures manual and a practice guidelines manual, both of which were used in the development of the *KDTC Policies and Procedures Manual*. At the time of the current project, the KDTC was a newly operating program with no manual in place for committee members or participants to act as program guidelines. It was hypothesized that the manuals would assist in promoting success in offenders’ treatments within the KDTC program by allowing both the KDTC staff and participants to review the necessary guidelines for best-practice treatment and implement them successfully.

The KDTC was a very intensive program and was not suited for all offenders. It was important that all potential participants were provided with the necessary information relating to the KDTC before entering a guilty plea in the Ontario Court of Justice. At the time of the thesis, lawyers had limited information regarding the KDTC program to pass on to their clients. Legal counsel was responsible for informing their client on the components of the KDTC before signing the waiver. This was not an effective strategy as clients often forgot important details, or lawyers did not accurately inform clients of important aspects of the program. The *KDTC Participant Manual* was designed as a tool to be used in assisting competent decision-making on whether or not participants wished to voluntarily enter the KDTC program. The manual could be read by participants and their legal counsel to decide whether it was a suitable program. The *KDTC Participant Manual* was intended to engage participants early on and promote early compliance with the program, as well as provide predictability of treatment and Court processes to offenders, and eliminate any future surprises to in turn decrease early dropout rates.

At the time of the thesis, the KDTC was using limited assessment tools to gather
information about the clients. The *KDTC Policies and Procedures Manual* was created to fill this gap and assist treatment providers in learning the most appropriate tools to incorporate in their intake appointment. It was imperative that only the most appropriate participants were admitted into the program, and that treatment providers used the most evidence-based assessment tools when determining eligibility. The *KDTC Policies and Procedures Manual* attempted to provide standardized guidelines for admitting suitable participants based on the literature analysis.

Practice guidelines for treatment providers were important as they suggested evidence-based assessment tools and intervention techniques which could be used to enhance program integrity and improve overall program effectiveness (Rideauwood Addiction and Family Services, 2011). These guidelines were intended to improve knowledge in KDTC staff and other professionals in the field (Rideauwood Addiction and Family Services, 2011). Having these guidelines in the form of manuals provided a structured framework for program components (Rideauwood Addiction and Family Services, 2011). There is limited research on DTCs in Canada, and each DTC being operated uses different intake assessment tools. The *KDTC Policies and Procedures Manual* addressed this gap in the literature and suggested types of treatment that would be most effective with KDTC participants, what assessment tools would be most effective with KDTC participants, and which offender qualities indicated whom would benefit most from the KDTC program (Harrison & Scarpitti, 2002).

Word Count: 4,364
Chapter III: Methodology

Subjects

The *KDTC Policies and Procedures Manual* was designed primarily for committee members of the KDTC. The KDTC committee was comprised of members from the following organizations: Ontario Court of Justice, Frontenac Community Mental Health and Addiction Services (FCMHAS), Provincial and Federal Crown Attorneys, Criminal Defence Lawyers Association, Ontario Legal Aid, Kingston Police, Kingston Probation and Parole Services, Hotel Dieu Detox Centre, and John Howard Society.

In addition to the manual that was created for KDTC committee members, the *KDTC Participant Manual* was created for the participants who had been deemed eligible for the KDTC program. Participants were adult offenders who had committed criminal code offenses or drug-offenses to support a substance related habit. Participants were referred to the program by legal counsel and were waiting to undergo the intake assessment with FCMHAS staff to determine suitability.

Design

The manuals were created as part of an applied thesis research project in the Bachelor of Applied Arts in Behavioural Psychology degree program. The focus of both manuals was to create structured guidelines to program delivery and promote best-practice treatment interventions. The format for the *KDTC Policies and Procedures Manual* was based off of the Toronto Drug Treatment Court Program Policy and Procedures Manual (“Toronto Drug Treatment Court Program,” 2008), the Ottawa Drug Treatment Court Program Case Management Practice Guidelines (Rideauwood Addiction and Family Services, 2011), and the Ottawa Drug Treatment Court; Forms and Policies manual (“Ottawa Drug Treatment Court,” 2011) as well as information derived from the literature analysis. The focus of the *KDTC*
Policies and Procedures manual was to provide clarity to all committee members on what their role was in the KDTC, how the program operated, which assessment tools would be useful in the intake appointment, and what was expected of the client throughout the program.

The KDTC Policies and Procedures Manual included information related to the KDTC program including both treatment and court processes. The manual contained an overview of the program that described the program history; client eligibility and referrals; the application and screening processes; intake assessment instruments; and a participant consent form. In addition, details on best-practice treatment interventions and roles of KDTC service providers were included in the sections, as well as information relating to the mandatory urine screens. The section pertaining to court processes discussed court procedures and the roles and responsibilities of court officials. It also included court documents such as the KDTC bail conditions, progress reports to be filled out by committee members during pre-court meetings, and an application form for graduation.

The KDTC Participant Manual was based off of the Drug Treatment Court of Vancouver: Participant Manual (“Drug Treatment Court of Vancouver,” n.d.). The content within the KDTC Participant Manual included an introduction; what to expect in the DTC program; introduction of the service providers involved in treatment; information about court; strategies for getting through the program; program rules and graduation criteria; support resources in the area; and a consent form for participation (“Drug Treatment Court of Vancouver,” n.d.).

Input was obtained from treatment providers at FCMHAS on how the manuals could be useful to their services and program delivery. Input was also obtained from the KDTC committee meetings. In these meetings, committee members identified many gaps in the program that
needed to be addressed. The feedback from both FCMHAS staff and KDTC committee members were used to further develop the manuals.

**Measures**

To assess participant suitability for the KDTC program, empirically validated assessment tools were administered by FCMHAS during the intake assessment as a core component in effective service delivery (Rideauwood Addiction and Family Services, 2011). Results from these assessments were discussed with all KDTC committee members and a final decision was made in regards to admission. Due to limited funding and high volume caseloads, FCMHAS was only able to provide treatment to seven KDTC participants at one time. Therefore, it was essential that only the most suitable participants were admitted into the program, thus reliable assessment tools were a vital component of the policies and procedures manual and a brief description of each is provided below.

**Full Interview and Assessment for Treatment** (FIAT; Rideauwood Addiction and Family Services, 2011). The FIAT is the primary tool used in the intake process for the DTCO program (Rideauwood Addiction and Family Services, 2011). It is a psycho-social interview used to uncover historical background information to determine participant eligibility (Rideauwood Addiction and Family Services, 2011). This assessment tool is used to enhance initial engagement and motivation in treatment, and the results are used for reintegration planning out of custody and into the community (Rideauwood Addiction and Family Services, 2011). The FIAT uncovers the risk and need areas of the individual which are essential to planning treatment interventions (Rideauwood Addiction and Family Services, 2011).

**Level of Service Inventory Revised** (LSI-R; Andrews & Bonta, 1995) is an instrument comprised of 54 items and 10 subscales which measure the following domains: criminal history,
education and employment, financial circumstances, familial and marital relationships, housing, leisure and recreation, acquaintances, substance use, personality, and anti-social attitudes (Kelly & Welsh, 2008). The LSI-R is an empirically based assessment tool commonly used in the correctional setting as it adheres to the principles of RNR (Andrews, Bonta, & Wormith, 2005). The LSI-R is used to determine who is suitable for treatment, for example, the higher risk cases should be reserved for most intense treatments (Andrews et al., 2005). Results from the LSI-R are also used to identify which criminogenic need areas to target in treatment and help case managers develop treatment strategies which match individuals learning styles and responsivity to treatment (Andrews et al., 2005).

Addiction Severity Index (ASI; McLellan, Lubrosky, Woody, & O’Brien, 1980). The ASI is a standardized assessment tool used in semi-structured interviews with the participant and the DTC professionals during intake assessments. The ASI was developed by Thomas McLellan to fill the need for an evaluative instrument for substance abuse which was standardized, valid, and reliable (McLellan et al., 1980). The ASI is one of the most commonly used instruments in DTC assessments as it is a reliable and validated assessment tool (Peters & Peyton, 1998). This assessment tool incorporates 163 items within seven subscales which gather information on demographic such as: physical health, mental health, drug use, alcohol use, criminal offending, family and social circumstances, and employment (Sweetman, Raistrick, Mdege, & Crosby, 2013). A score is given for each demographic variable which will indicate problem severity for each area; the higher the score the greater the severity (Evans et al., 2011). Literature suggests that interrater reliability for the ASI are high, ranging from .74 to 1.0 (Sweetman et al., 2013). The results from this assessment are useful in the creation of treatment plans for participants (Alm et al., 2011).
Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller, 1994). The SOCRATES was an instrument used in the KDTC to assess individuals’ readiness to change substance use behaviour (Evans, Huang, & Hser, 2011). Results from these assessments indicated levels of motivation for KDTC participation and predicted which participants would be more responsive to treatment services (Evans et al., 2011). The SOCRATES measured recognition, ambivalence, and taking steps towards substance use behaviour (Pendergast et al., 2009). Higher scores on each subscale represented a higher level of motivation and readiness to change substance use behaviour (Pendergast et al., 2009). A high score on recognition indicated the individual acknowledged they had a problem relating to drinking or drug use (Pendergast et al., 2009). A high score for ambivalence indicated the individual had a high level of uncertainty as to how serious they viewed their substance use (Pendergast et al., 2009). A high score in the taking steps subscale indicated the individual had already begun making changes to their drinking or drug use (Pendergast et al., 2009).

Behaviour and Symptom Identification Scale (BASIS 32; Eisen, Dill, & Grob, 1994). The BASIS-32 is a self-report assessment tool used to identify the severity of client’s symptoms and concerns with problematic behaviour (Rideauwood Addiction and Family Services, 2011). It was developed in 1980 as a tool to determine how effective clients view their mental health treatment they are receiving (Eisen, Dill, & Grob, 1994). The BASIS-32 is divided into five subscales which identify difficulty in the areas of: relation to self and others, depression and anxiety, daily living and role functioning, impulsive and addictive behaviour, and psychosis (Eisen, Dill, & Grob, 1994). Internal consistency for all 32 items is .89 with test-retest reliability ranging from .65 to .80 for all five subscales (Eisen, Dill, & Grob, 1994).
Evaluation

A copy of the *KDTC Policies and Procedures Manual* was to be distributed to committee members at a committee meeting. Members who received the manual were to be asked for feedback on the contents of the manual and overall perceived usefulness at the following committee meeting.

Each potential participant was given a copy of the *KDTC Participant Manual* by legal counsel, or during the intake appointment with FCMHAS. If the individual was in custody prior to the intake appointment, FCMHAS treatment providers distributed and reviewed the manual once the individual was released from custody. Before entering a guilty plea in the Ontario Court of Justice, participants had the opportunity to read through the manual and decide if they would like to participate in the KDTC program, as participation was voluntary. If participants agreed to the information that was contained in the participation manual and were deemed suitable, they signed the consent form and entered into the program. The consent form was administered and collected by the treatment providers at FCMHAS and stored in their files. Once entered into the KDTC program, participants were verbally asked how useful they found the participation manual in introducing the program, and whether or not it assisted in the decision-making process about participating in the KDTC.

The manuals could not formally be evaluated due to time constraints, and therefore did not have any written form of evaluation from participants or KDTC committee members. Informal feedback, however, was collected verbally from participants who received the manual as well as staff who received the policies and procedures manual. In addition, the FCMHAS staff had the opportunity to read through the rough draft of the participants’ manual and make changes and suggestions to its contents.
Chapter IV: Results

Final Products

The final products of this thesis included a *KDTC Policies and Procedures Manual* (Appendix A), and an accompanying *KDTC Participant’s manual* (Appendix B). The policies and procedures manual was composed of five different sections: program overview, admission, court, treatment, and policies and forms. The policies and procedures manual mainly focused on best practice guidelines for service providers involved with the KDTC in the realms of screening and assessment tools and most effective treatment practices.

The participant’s manual contained material that introduced the KDTC program including its components and expectations. The participant’s manual was less detailed but provided the necessary material to help potential participants make a competent decision on whether or not to enter the program. If the participant did choose to enter the program the participant’s manual acted as a guide to successful program completion.

Feedback Received

The *KDTC Policies and Procedures Manual* was first reviewed by the agency supervisor to obtain feedback and suggestions on relevant changes that could be made before the remaining KDTC staff members viewed the final product. In general, the feedback given from the agency supervisor was positive in regards to the manual’s content and structure. The agency supervisor reported that the content of the manual reflected a thorough analysis of research on other DTCs which provided a good indication as to how the KDTC was being operated compared to other accredited DTC programs. It was also noted that the research done on validated screening and assessment tools would be beneficial if applied to the current intake assessment procedures. The agency supervisor also stated that the manual was useful in clearly defining the roles and
responsibilities of all committee members, as there has recently been overstepping of boundaries and duplication of services within the program staff.

The agency supervisor also reviewed the *KDTC Participant’s Manual* before the participants were given a copy. The agency supervisor gave positive feedback on the content of the manual and began using it immediately upon completion. Copies of the manual were given to legal counsel to share with clients who were currently incarcerated and were interested in applying for the KDTC program. Legal counsel reported that the manual was a useful tool in helping describe the program to clients and that the manual assisted them as well in learning about the different components of the program. The *KDTC Participant Manual* was also used in the intake appointments between FCMHAS staff and the potential participant as a resource to ensure the client had a full understanding of what the program entailed before entering. In total, there were eight clients who received the manual, although not every participant was later accepted into the program. Feedback from successful participants was that the manual made them more interested in entering the program rather than deter them away from it. The participants who received the manual after they had already been enrolled in the program stated that they wished the manual had been available at the time that they entered the program as they found it informative. They also reported that although they had already been in the program for some time, the manual was able to build on previous knowledge and they were still able to learn something from it. The participants who received the manual before being admitted into the program said it helped with their decision on whether or not to enter the program. Overall, the feedback from participants was that the manual was a useful tool to help remember important program guidelines, expectations, and processes.
Chapter V: Discussion

Thesis Summary

The *KDTC Policies and Procedures Manual* was based off of relevant material in the literature review and adapted from other available policies and procedures manuals and best-practice treatment manuals from drug treatment courts across the country, mainly Ottawa. The manual and the content in particular were created to fill a void in the KDTC program which was seeking accreditation. The policies and procedures manual was also created to act as an orientation tool for new committee members and introduce the program to other professionals in the field wanting to learn more about what the KDTC program entails.

The *KDTC Participant Manual* was also based off of relevant material in the literature review and adapted from other available resources from drug treatment courts across the country. It was created as a tool to aid participants in deciding whether or not to enter the KDTC program provided they met the necessary requirements. Consequently the participant manual was also created as a guide to prepare participants for treatment components and increase the likelihood they would successfully complete the program.

Limitations and Challenges

Although the manuals were said to be valuable to both participants and KDTC committee members, there were several limitations to be considered. The agency supervisor who had read both manuals before copies were distributed gave suggestions for minor corrections to be made. Most of the suggestions were to do with grammatical errors, however there were suggestions given involving the content of the manuals.

The major constructive feedback given for the *KDTC Policies and Procedures Manual* was that the forms created, especially the Kingston Drug Treatment Court Exit Summary form, needed to be simplified. The forms which were placed in the back of the manual, were adapted...
from forms used by the Ottawa Drug Treatment Court, and were not fitting for the KDTC due to limited numbers of service providers who were responsible for filling out the lengthy form on the client’s behalf. Specifically, service providers felt the KDTC Exit Summary Form was time consuming because it required tracking of appointments the participant had attended and/or missed and the exact number of hours of educational/volunteer commitments the individual had completed since KDTC admittance. The forms were therefore simplified and re-created so that they could easily be completed by these service providers.

In addition, due to time constraints, the KDTC Policies and Procedures Manual was not able to be shared with other staff of the KDTC and verbal feedback was not obtained. The agency supervisor, however, had indicated she has full intentions on sharing the policies and procedures manual with other staff members at future pre-court meetings.

Multilevel Challenges to Service Implementation

Client Level. A challenge at the client level was that many of the participants were incarcerated at the time of admission, which meant that intake appointments had to be conducted in cells at the court house. These potential participants were not able to take a copy of the participant manual with them to look over, and therefore service providers had to read information from the participant manual to the client out loud during this one hour appointment. Afterwards, clients were asked to immediately decide if they were interested in participating in the program, and were not given the appropriate amount of time to read through the content of the manual and critically think about whether or not the program was appropriate for them.

Program level. A challenge at the program level was that the KDTC program in itself was such a newly operating program, with limited resources to aid in the development of the manuals. The content of the manuals were adapted from information from other established drug
treatment courts across the country, or word of mouth from committee members on how the program is intended to operate and what the manuals should entail. The problem with adapting information from other drug treatment courts, was that all programs across the country are operated differently, for example, Kingston could not possibly run their drug treatment court the exact same as Ottawa does since Kingston does not have the appropriate resources, finances, or number of both participants and service providers. The challenge to creating the manuals based on word of mouth, was that all committee members had different opinions as to how the program should be operated. The lack of structure and guidance made the development of the manuals challenging, and several corrections had to be made along the way.

**Organization level.** A challenge at the organizational level when creating the policies and procedures manual, was assigning roles of the service providers involved in the KDTC program. Committee members existed from a variety of different organizations including: Ontario Court of Justice, FCMHAS, Provincial and Federal Crown Attorneys, Criminal Defence Lawyers Association, Kingston Police, Kingston Probation and Parole Services, and John Howard Society. It was evident in the committee meetings that there were no clear guidelines as to what each organization’s role was, and as a result, there were several cases where duplication of services had occurred. The challenge of assigning roles to the different committee members and organizations was assigning boundaries to which one must not cross, as that is crossing into someone else’s role and creating problems amongst members.

**Societal level.** A challenge at the societal level was the availability and access to residential treatment and housing opportunities in the area. Housing was an important piece of the KDTC program, since participants were not eligible to participate without a home address. Due to unstable housing, individuals who may otherwise be suitable for the program were not
granted access and eligibility.

**Contributions to the Behavioural Psychology Field**

Both the *KDTC Policies and Procedures Manual* and the *KDTC Participants Manual* were written in the spirit of the field of behavioural psychology by focusing on behavioural assessment and intervention to ultimately improve quality of life, and successful functioning in the community for program participants. They were created as an attempt to improve program integrity and consequently assist in the reduction of substance use and criminal offending in DTC program participants. The manuals focused on best practice treatment approaches, such as motivational interviewing, harm reduction, and cognitive behavioural therapy, which research suggested were amongst the most effective types of treatment in the field of Behavioural Psychology. The policies and procedures manual suggested validated assessment instruments for service providers to use when gathering participant information during the intake appointment. The results of these assessment tools allowed service providers to match treatment types to clients’ needs, which adhered to the RNR principles and was consistent with correctional based treatment approaches in the field of Behavioural Psychology.

**Recommendations for Future Research**

It is recommended that future research be conducted to determine if the policies and procedures manual is being used by committee members, and to evaluate whether or not the KDTC program is being run according to the guidelines suggested in the manual. It would be beneficial if future research was conducted to evaluate whether the assessment tools and treatment approaches suggested in the *KDTC Policies and Procedures Manual* have been beneficial to both participants and service providers. The findings of this research may then inform modifications to the manuals based on the efficacy of the manuals. Additionally, it is
suggested that future placement students do a comparative analysis of past participants’ in order to find relationships between personal characteristics and environmental factors of those who graduated from the program, and those who were unsuccessful. This could be done by comparing information gathered from assessment tools during the intake appointment, to the overall outcome of participant success. Results from this research would enhance the validity of information already established in the manuals and further benefit committee members to determine which participants to let into the program. Lastly, changes in the programs structure are bound to occur over time, and therefore it is suggested that the manuals be adapted by future placement students, to compensate for these necessary changes to maximize KDTC program success.
References


KINGSTON DRUG TREATMENT COURT PROGRAM

POLICIES AND PROCEDURES MANUAL: PRACTICE GUIDELINES

Created by: Brittnee Revell, B.A.A Behavioural Psychology Student
This manual was created by the author as part of an applied thesis in the Bachelor of Applied Arts in Behavioural Psychology degree program, during a 14 week field placement at Frontenac Community Mental Health and Addiction Services (FCMHAS). The contents of this manual are adapted from the Ottawa Drug Treatment Court practice guidelines and the Rideauwood Addiction and Family Services practice guidelines.

Effective programming can be achieved through standardized and consistent program delivery. At the time the manual was created, the Kingston Drug Treatment Court (KDTC) was a newly operating program with no manual in place for committee members or potential clients. This manual aims to address gaps in the program. The policies and procedural manual was intended to act as standardized guidelines to program delivery for involved committee members, as well as increase the likelihood of accreditation. It is hypothesized that the manual will assist in successful program outcomes for participants by providing the necessary guidelines for best-practice treatment. Practice guidelines for treatment providers are important as they contain evidence-based assessment tools and intervention techniques that can be used to enhance program integrity and improve treatment effectiveness. Overall, this manual was intended to provide a structured framework to all those involved in the KDTC program.
Sections of Manual

**Part One – Program Overview**
Program History
Introduction to the KDTC

**Part Two – Admission**
Referrals
KDTC Eligibility
Intake Assessment
Screening and Assessment Tools
  - Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
  - Treatment Entry Questionnaire (TEQ)
  - Full Interview and Assessment for Treatment (FIAT)
  - Level of Service Inventory Revised (LSI-R)
  - Addiction Severity Index (ASI)
  - Behaviour and Symptom Identification Scale (BASIS-32)
  - ADV
  - DHQ
  - DTCQ-8
  - PSS

**Part Three - Court**
30 Day Assessment Period
Frequency of Appearances
Pre-Court Meetings
Rewards and Consequences
Roles and Responsibilities
  - John Howard Bail Supervision Program
  - KDTC Probation Officer
  - Duty Counsel
  - Crown Attorney(s)
  - Presiding Judge

**Part Four – Treatment**
Roles and Responsibilities
  - Case Manager
  - Addictions Counselor
Characteristics of Treatment Providers
Urine Screens
Stages of Treatment
Types of Treatment
  - Risk Needs Responsivity (RNR)
Harm Reduction and Methadone
Cognitive Behavioural Therapy (CBT)
Motivational Interviewing (MI)
Residential Treatment

Other Community Resources

Part Five - Policies
Absconding Policy
Coffee Card Policy
Urine Drug Testing Policy
Early Leave Policy
Exhausted Patience Policy
Graduation Policy

Kingston Drug Treatment Court Program: Future Suggestions for Participants

References

Forms
KDTC Request for Re-Admittance Form
Kingston Drug Treatment Court Exit Summary
Part One – Program Overview

Program History

Individuals receive minimal treatment for substance related problems while incarcerated.1 If substance abuse problems are left untreated, individuals run the risk of cycling in and out of the justice system for drug-related offenses.2 Providing offenders with an opportunity to engage in community treatment services in place of incarceration helps break this cycle and can help prevent future involvement with the law.3

Drug Treatment Courts (DTCs) were created in response to the large number of non-violent offenders who were incarcerated for drug-related crimes.4 DTCs are an intensive treatment-based program taking place in the community, for individuals whose substance dependence is related to criminal offending.5 Although DTCs are a treatment-based program, they still hold offenders accountable by mandating regular court appearances and urine screens.3 Studies have shown that those who graduate from DTC programs demonstrate improved life outcomes in areas such as relationships, education and employment, substance use, and criminal recidivism.6 DTCs not only help offenders re-integrate back into the community, they also significantly improve public safety by reducing recidivism in participants involved in the program.7

The first DTC was created by a Florida Judge and opened in Miami, Florida in 1998. By 2011 there were 2,193 Drug Courts operating throughout the United States.6 In December, 1998, Canada opened its first DTC program in Toronto. DTC programs have since expanded to various locations across the country, including Kingston, ON.8

Introduction to the Kingston Drug Treatment Court (KDTC)

The KDTC program provides an alternative to the regular criminal court process for

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1 Koetzle, 2014
2 Peters, Kremling, Bekman, & Caudy, 2012
3 Prairie, Gliksman, Erickson, Wall, & Newton-Taylor, 2002
4 Somers, Rezansoff, & Moniruzzaman, 2014
5 Tyuse & Linhorst, 2005
6 Fulkerson, Kenna, & O’Brien, 2013
7 Brown, 2011
8 “Toronto Drug Treatment Court Program”, 2008
individuals who commit drug offences or minor Criminal Code offences to support their substance use. For a minimum period of nine months, KDTC participants undergo substance addiction treatment through Frontenac Community Mental Health and Addictions Services.

The KDTC is committed to:

- Addressing the substance use behaviour through interventions that encourage and support abstinence
- Addressing criminogenic needs with interventions which match these needs to support long-term change in regards to pro-criminal thinking patterns.
- Promoting improved quality of life in the areas of housing, employment/education, recreation and leisure, social functioning, and relationships.
Part Two – Admission

All applicants to the program must meet admission criteria; however, the program is voluntary. The admission process should begin immediately after the person has been arrested to limit the amount of time spent in jail, benefiting not only the client but also the correctional facility as it opens up beds for other offenders.

Referrals

Anyone can apply for the KDTC with assistance from duty counsel or retained legal defense counsel. Applications must be completed with the client and submitted to the court. The application is then be forwarded to other members of the KDTC including Crown Attorneys, FCMHAS staff, probation, and John Howard.

KDTC Eligibility

The Crown Attorney is responsible for screening the KDTC Application and Waiver form submitted by legal counsel to determine participant eligibility for admission. The Crown determines if the participant meets the legal eligibility criteria by considering important factors which include:

1) The accused must be actively dependent to a hard drug such as cocaine, heroin or other opiates, methamphetamine, or benzodiazepine.

2) The individual must have been charged with a non-violent Criminal Code or CDSA offense(s). Generally these offenses would include theft, break and enters (non-residential), mischief, failing to comply, communication for the purpose of prostitution. Drug offenses might include simple possession of drugs, possession for the purpose, and trafficking of drugs at the “street level” only on a scale to maintain his/her habit.

The Crown may screen out applicants whose outstanding charges involve:

- A significant crime of violence including sexual assault or domestic violence
- Trafficking of drugs for commercial gain and not primarily to support their addiction
- High risk residential breaking and entering
- Criminal Code Highway Safety offenses (i.e. Impaired operation or dangerous driving)
The Crown may also screen out applicants with:

- A recent and/or significant history of violence
- A recent and/or significant history of Criminal Code Highway Safety Offences
- A recent and/or significant history of residential break and enter offences involving excessive or wanton damage to the residence or property
- Offences involving any other significant aggravating feature(s), the presence of which represent an undue risk to the safety of the community

3) The accused must have committed the offense(s) fundamentally to support a substance addiction (not primarily for profit). In the absence of a substance addiction it is unlikely that the applicant would have committed the alleged offence(s).

4) The accused should not presently be serving a Custodial or Conditional Sentence Order.

5) The accused must not have participated in or graduated from the KDTC program within the past year

6) The accused and defense counsel must have received sufficient disclosure to determine that the accused can plead guilty to the applicable offenses

*The Crown’s decision on whether or not an applicant is eligible for participation is final and not subject to review.*

**Intake Assessment**

Once the application has been received by the court, an intake assessment must be done by FCMHAS service providers and by persons from the John Howard Bail Supervision Program.

**John Howard Bail Supervision Program**

The interview with the John Howard Bail Supervision Program is to determine if the individual is amenable and meets their program requirements. Participants will need to have an
active address in order to be released with John Howard and participate in the KDTC program. If suitable, the John Howard Bail Supervision Program will act as participants’ surety.

FCMHAS

The Addictions Counsellor and Case Manager from FCMHAS conduct an intake assessment with the client in the form of a semi-structured interview. During the intake appointment, assessment tools are used to gather information such as substance use history, criminal history, and motivation for changing substance use behaviour that are all relevant factors for deciding who to allow in the program. These assessment tools are also used to uncover criminogenic need areas which are predictors of criminal recidivism to target in treatment. Additionally, the assessment tools are used to determine possible barriers to treatment and to identify the necessary level of intensity and supervision of treatment. The intake appointment allows the Addictions Counsellor and Case Manager to become familiar with the individuals’ life history, and starts the building of therapeutic rapport. It also gives the participants the opportunity to hear more about the program to determine if the program is ultimately for them.

Screening and Assessment Tools

Screening and assessment tools guide the treatment providers in determining who would be an eligible participant and decide if the intensity of the program would be beneficial to the applicant. Screening and assessment tools should be completed in addition to the other relevant information brought forth by professionals who have worked with the client prior to DTC, including probation or police officers who have had extensive contact with the client in the past. Reports by probation officers or other professionals can inform committee members on both the client’s ability to engage and willingness to participate in past mandated treatment. These are predictors of how well the individual may fare in the DTC program.

The assessment tools listed below are empirically validated assessment tools which are administered by FCMHAS staff during the intake assessment as a core component in effective service delivery.

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9 Peters & Peyton, 1998
Stages of Change Readiness and Treatment Eagerness Scale. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller, 1994), is an instrument used to assess individuals’ readiness to change substance use behaviour\textsuperscript{10}. Results from this assessment indicate levels of motivation for DTC participation and predicts which participants will be more responsive to treatment services\textsuperscript{10}. The SOCRATES measures Recognition, Ambivalence, and Taking Steps towards substance use behaviour. Higher scores on each subscale represent a higher level of motivation and readiness to change substance use behaviour\textsuperscript{11}. A high score on Recognition indicates the individual acknowledges they have a problem relating to drinking or drug use\textsuperscript{11}. A high score for Ambivalence indicates the individual has a high level of uncertainty as to how serious they view their substance use\textsuperscript{11}. A high score in the Taking Steps subscale indicates the individual has already began making changes to drinking or drug use\textsuperscript{11}.

Treatment Entry Questionnaire (TEQ). The TEQ is used to assess the motivating factors behind treatment. This assessment measures clients’ personal choices and values, feelings of guilt, interpersonal conflict, and coercive pressure for entering the KDTC program. The results measure levels of three different types of motivation called internal positive, internal negative, and external coercion. Internal positive is the best motivator towards entering the KDTC program, while internal negative usually represents heavy feelings of guilt and failure if they do not enter and succeed with program expectations. High levels of external coercion usually indicate the participant is motivated to enter the program for reasons other than their own, and feel they will disappoint outside parties if they do not treat their substance use.

Once the intake appointment is finished, FCMHAS will present their results and recommendations for treatment entry to the rest of the KDTC members at the next pre-court meeting. A final decision will then be made by the Crown on whether or not the individual is to be admitted into the program.

\textsuperscript{10} Evans, Huang, & Hser, 2011
\textsuperscript{11} Pendergast et al., 2009
Other validated assessment tools that would be beneficial to treatment providers to consider at intake assessment and are used by other Drug Treatment Courts include:

**Full Interview and Assessment for Treatment** (FIAT; Rideawood Addiction and Family Services, 2011). The FIAT is a psycho-social interview used to uncover historical background information to determine participant eligibility. This assessment tool can also be used to enhance initial engagement and motivation in treatment, and the results can be used for reintegration planning out of custody and into the community\(^\text{12}\). The FIAT will ultimately uncover the risk and need areas of the individual that are essential to planning treatment interventions. The Case Manager and Addictions Counsellor from FCMHAS use established intake forms to use during the FIAT\(^\text{12}\).

**Level of Service Inventory Revised** (LSI-R; Andrews & Bonta, 1995) is an instrument comprised of 54 items and 10 subscales which measure the following domains: criminal history, education and employment, financial circumstances, familial and marital relationships, housing, leisure and recreation, acquaintances, substance use, personality, and anti-social attitudes\(^\text{13}\). The LSI-R is an empirically based assessment tool commonly used in the correctional setting as it adheres to the principles of Risk Needs and Responsivity (RNR). The LSI-R is used to determine who is suitable for treatment and which criminogenic need areas to target in treatment. Additionally, results from this assessment can help case managers develop treatment strategies which match individuals learning styles and responsivity to treatment\(^\text{14}\).

**Addiction Severity Index** (ASI; McLellan et al., 1980). The ASI is a standardized assessment tool used in semi-structured interviews and is one of the most commonly used instruments in DTC assessments as it is a reliable and validated assessment tool. This assessment tool incorporates 163 items within seven subscales which gather information on demographic such as: physical health, mental health, drug use, alcohol use, criminal offending, family and social circumstances, and employment\(^\text{15}\). A score will be given for each demographic variable which

\(^{12}\) Rideauwood Addiction and Family Services, 2011  
^{13}\) Kelly & Welsh, 2008  
^{14}\) Andrews, Bonta, & Wormith, 2005  
^{15}\) Sweetman, Raistrick, Mdege, & Crosby, 2013
will indicate problem severity for each area; the higher the score the greater the severity. The results from this assessment are useful in the creation of treatment plans for participants.\textsuperscript{16}

**Behaviour and Symptom Identification Scale** (BASIS 32; Eisen, Dill, & Grob, 1994). The BASIS-32 is a self-report assessment tool used to identify the severity of the client’s symptoms and concerns with problematic behaviour.\textsuperscript{12} The BASIS-32 is divided into five subscales which identify difficulty in the areas of: relation to self and others, depression and anxiety, daily living and role functioning, impulsive and addictive behaviour, and psychosis.\textsuperscript{17}

\textsuperscript{16} Alm et al., 2011  
\textsuperscript{17} Eisen, Dill, & Grob, 1994
Part Three—Court

Successful applicants who have been deemed appropriate and wish to proceed will be admitted into the KDTC program for a 30-day assessment period. They will enter a guilty plea in the Ontario Court of Justice and are released on a KDTC Undertaking. Participants will have any outstanding criminal charges in other jurisdictions waived in.

30 Day Assessment Period

The 30 day assessment period allows KDTC staff the opportunity to monitor and review the participants involvement in the program and adherence to its requirements. If the individual has not effectively engaged within this 30 day period, they may have their pleas struck and enter into the regular court stream. The 30 day assessment also provides the participant the opportunity to determine if the KDTC is appropriate in meeting their needs.

Frequency of Appearances

Participants are to attend court on a bi-weekly basis. Court commences at 10:30 a.m. every other Friday.

Pre-Court Meetings

Pre-Court meetings are held every other Friday morning at 9:30 a.m. before court commences. Attending the pre-court meetings are: FCMHAS treatment providers, John Howard Bail Supervision Program, court clerk, The Judge, Federal and Provincial Crown Attorneys, Duty Counsel, Probation, and Defense Counsel. The pre-court meeting is a discussion of the participants’ progress since the last court date. Progress reports are filled out and brought to the meeting by FCMHAS staff. The progress reports indicate the number of appointments and group sessions the client has made, the frequency and results of urine screens, and any current or emerging issues related to family, social supports, employment, education or health. Progress reports assist in determining the appropriate rewards or sanctions to be given to participants depending on success or failure to meet program expectations. Pre-court meetings also allow committee members to discuss the appropriateness of new client referrals and allow FCMHAS the opportunity to discuss their findings from the intake assessment. Probation will have the
opportunity to summarize their records and submit their findings regarding previous participation and rapport with probation officers.

**Rewards and Consequences**

As decided in the pre-court meetings, the KDTC team may choose to provide participants with a reward or sanction for program compliance.

Participants may receive a reward for reasons including the following:

- Clean urine screens
- Honesty about substance use and/or high risk situations
- Active participation in groups
- Active participation and attendance at individual appointments

Rewards may include:

- Having name called at the start of the Court Session
- Praise and encouragement from the KDTC Judge
- Courtroom applause
- Gift cards
- Fewer Court appearances
- Graduation

Sanctions may be imposed by the KDTC Judge if the participant is not following the KDTC program expectations.

- Please note: participants should not receive a sanction for drug use, however they are expected to decrease substance use throughout the course of the program.

Sanctions may be given for reasons including the following:

- Not being honest about substance use
- Not attending scheduled meetings with the Case Manager and/or Addictions Counsellor
- Not attending weekly group sessions
- Not attending weekly urine screens
• Breach of conditions

Sanctions may include:

• Increased Court Appearances
• New Treatment Plan
• Verbal warnings by Judge
• Write an Essay/Letter
• Detoxification
• Discretionary Warrant
• Suspension from Program
• Revocation of Bail
• Removal from program

Roles and Responsibilities

John Howard Bail Supervision Program.

• Providing assessment and bail supervision of appropriate clients
• Attending pre-court meetings and KDTC
• Participating in Committee meetings
• Enforcing breaches if applicable

KDTC Probation Officer.

• Providing correctional perspective to assessment and treatment of participants
• Attending pre-court meetings and KDTC
• Participating in Committee meetings
• Assisting in screening process for determining participant suitability by collecting information on applicant’s past and/or current history, addiction, response to community supervision and treatment.
• Advising court of any outstanding probation charges. Providing information regarding conditions and compliance for applicants currently on probation.
• Providing relevant probation officers with participants’ progress in the KDTC program.
• Enforcing breaches if applicable
• Assisting Case Manager if need be with areas including housing, employment, and access to community resources.

**Duty Counsel.**

• Acting as defense counsel for participants admitted into the KDTC
• Assisting unrepresented defendants, in or out of custody with the application process
• Interviewing defendants and provide them with legal advice about KDTC
• Reviewing the KDTC Consent and Waiver form with applicants before they decide whether or not to enter the program.
• Attending pre-court meetings and KDTC
• Attending committee meetings
• Assisting defendant with entering guilty plea
• Representing participants facing sanctions due to non-compliance, in absence of private counsel
• Representing participants for sentencing purposes, after successful completion in the KDTC program or after withdrawal/expulsion from the program.

**Crown Attorneys.** Federal Prosecution Services of Canada as well as the Provincial Prosecution Services under the Attorney General of Ontario are both stakeholders of the program.

• Reviewing all applicants to identify appropriateness and suitability for the KDTC program and determine eligibility.
• Screening participants into the KDTC program
• Monitoring participants’ progress and compliance with KDTC requirements.
• Primary responsibility of advocating for the KDTC program amongst law enforcement officials
• Primary responsibility for identifying, communicating, and addressing the concerns of police, corrections and probation officers.
• Attending all pre-court meetings and KDTC
• Attending all committee meetings

**Presiding Judge.**

• Ensuring fundamental rights of participant offenders remain protected within the collaborative system
• Is consistent, impartial, motivating, good listener, and empathetic
• Communicating with the clients during KDTC in the format of a discussion
• Has a clear understanding of substance addiction
• Ability to work as part of a team
• Attending pre-court meetings and KDTC
• Attending committee meetings
• Program development, training, and education
• Decision making body
Part Four – Treatment

Roles and Responsibilities.

It is important to note that treatment providers act as a part of both the treatment team and the court team.

**Case Manager.** In addition to drug-dependency, many of the clients accepted into the DTC will present with problems across multiple domains including: mental health, employment/education, housing, finances, and lack of pro-social supports. The Case Manager, through FCMHAS, is in charge of developing treatment plans to target participants’ strengths and needs identified by assessment tools. Need areas may include mental health factors and/or environmental factors which have the potential to increase barriers to treatment and impede on personal and community safety. Case managers are also responsible for supervising Court orders and creating progress reports to provide to KDTC committee members during pre-court.

Other duties of the Case Manager include:

- Assisting the participants to set goals and developing plans to meet these goals
- On-going assessments of participants treatment needs
- Helping participants reintegrate into the community and adjust to the demands of the KDTC program
- Assisting participants in finding appropriate housing
- Assisting participants in referrals to residential treatment or other community resources as needed
- Assisting participants on accessing income support
- Ensuring participants meet the requirements of the KDTC for graduation and assist participants in filling out the graduation application form
- Individual counselling
- Applying Cognitive Behavioural Therapy, Dialectal Behavioural Therapy – and other intervention techniques

**Addictions Counsellor.** The Addictions Counsellor, through FCMHAS, is responsible for addressing the substance use behaviour in a supportive manner to promote abstinence. The
Addictions Counsellor helps participants move through the stages of recovery using a variety of techniques, and who helps with relapse prevention using Cognitive Behavioural Therapy (CBT) interventions. Participants are to report to the Addictions Counsellor every day if they have used alcohol or drugs. Participants can talk to the addictions counsellor about everyday struggles with substance use and triggers.

**Characteristics of Treatment Providers**

- Empathetic
- Authoritative
- Non-blaming
- Non-judgmental
- Motivational dialogue
- Good listener
- Helping

**Urine Screens**

Urine screen results help the KDTC committee members monitor participants’ substance use and treatment progress. The results are also used to monitor honesty in regards to substance use (i.e. reported use matches the urine screen results). Participants are to give their family doctors the letter for referral for urinalysis located in the participants hand book. Results will be sent to the John Howard Bail Supervision Program. If a participant does not have a family doctor they are to talk to persons from the John Howard Bail Supervision Program or staff at FCMHAS.

Persons collecting the urine screen results should talk to the participants beforehand to identify any prescribed drugs they may be taking that will show up in the urine test. Under certain circumstances the participant may need a letter from their doctor or dentist to ensure the drug is in fact prescribed to them.

A missed urine screen equals a positive urine screen. Continued missed screens, with no signs of decrease in substance use, could result in dismissal from the program. There will be no consequence for having a positive urine screen. However, if urine screen results come back positive and the participant has not been honest about their use for that week, there should be a sanction imposed by the KDTC team.
Stages of Treatment
(Of Offered through FCMHAS)

Assessment & Initial Groups

- Feedback provided on assessment results to help determine Comprehensive Recovery Plan
- Problem Solving and Support Group available 2 days per week on a drop in basis

Individual Counselling

- Ongoing Addictions counselling 1 day per week.
- Case Management appointment 1 day per week.

Thinking Things Through

- 4 week psycho-educational group (2 hour sessions) for pre-contemplative/contemplative stages of change
- Provides substance education and creates cognitive dissonance

Making Changes

- 8 week psycho-educational group (2 hour sessions) for contemplative/preparation/action stages of change
- Looks at topics to help you start to make changes to your substance use.

Structured Relapse Prevention

- 8 week psycho-educational group for action and maintenance stages of change
- Looks at topics to help prevent relapse

Other Community Supports as applicable

- Anger Management (offered at FCMHAS)
- Fraud & Shoplifting Intervention Program (offered by Elizabeth Fry Society – Women only)
• Seeking Safety (offered at FCMHAS)
• Anxiety and Self-Esteem (offered at FCMHAS)
• Detoxification Withdrawal Management
• AA&NA

Types of Treatment

Risk Needs Responsivity (RNR). Validated assessment tools used in the intake assessment will evaluate the severity of participants’ substance use and the criminogenic need areas which are predictors of criminal offending. Since the KDTC is working with an offender population, the most appropriate correctional treatment approaches should be adhered to. This approach uses the Risk Needs Responsivity (RNR) principles as guiding factors for treatment. The Risk Principle states that in order for participants to succeed in treatment, the treatment intensity and supervision must match the level of needs and motivation of the participant. Since treatment is not a one size fits all approach, admitting participants whose risk level does not match the intensity of the program may set them up for failure. The KDTC is an intensive program, therefore, it is suggested that individuals with high needs who are at a higher risk level for re-offending be admitted into the program because of the support and supervision it provides. The Need Principle states that interventions should target dynamic risk factors predictive of criminal offending, as they have the potential to change over time. The Responsivity Principle states that the way interventions are delivered should match the factors which influence the way each individual responds to treatment; as well it states that interventions should use evidence-based treatment practices such as cognitive behaviour therapy.

Central Eight:

The central eight domains, which represent criminogenic needs are:

• **Prior and current offences/dispositions/sentences**
• **Family_marital relationships:** Inappropriate parental monitoring and disciplining, poor family or marital relationship

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18 Koob, Brocato, & Kleinpeter, 2011)
**Intervention goal:** Teaching effective parenting skills, enhance healthy relationship skills such as warmth and caring.

- **Education/employment:** Poor performance, low levels of satisfaction
  
  **Intervention goal:** Enhance working skills and/or studying skills

- **Peer relations (Anti-social peers):** criminal friends, isolation from prosocial others
  
  **Intervention goal:** Replace pro-criminal peers with pro-social peers

- **Substance abuse:** abuse of alcohol and/or drugs
  
  **Intervention goal:** Reduce substance use, enhance healthy alternatives to substance use

- **Leisure/recreation:** Lack of involvement in prosocial recreation/leisure activities
  
  **Intervention goal:** Encourage participation in prosocial recreation/leisure activities, educate on prosocial hobbies

- **Personality/behaviour (Anti-social personality):** Impulsive, adventurous, pleasure seeking, aggressive, irritable
  
  **Intervention goal:** Build self-management and impulse control skills, as well as anger management.

- **Attitudes/orientation (Pro-criminal attitudes):** Rationalization for crime, negative attitudes towards the law and law enforcers
  
  **Intervention goal:** Increase pro-social attitudes and counter rationalizations for crime, build up a pro-social identity.

**Harm reduction and methadone.** If individuals with substance use problems feel judged by treatment providers or KDTC staff, it is likely they will reject the help offered to them\(^\text{19}\). Harm reduction is used by KDTC staff as strategies for engaging in non-judgemental interactions with participants in order to avoid further potential harm caused by negativity\(^\text{19}\). Harm reduction can positively affect participants’ self-esteem and reduce resistance and defensiveness towards service providers\(^\text{19}\). Research suggests that harm reduction strategies, alongside other evidence-based interventions such as Cognitive Behavioural Therapy (CBT), is the best-practice treatment when working with clients with substance abuse problems\(^\text{19}\). The KDTC takes a harm reduction approach in terms of substance use, as they acknowledge that recovery is a long process in which relapse is likely to occur. Harm reduction is seen as a supportive approach as it is more lenient

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\(^{19}\) Bartlett, Brown, Shattell, Wright, & Lewallen, 2013
on relapse.

Additionally, when an individual has a substance addiction they build up a tolerance to the substance with continued use, requiring them to increase their dosage as time passes\textsuperscript{19}. The use of Methadone is approved in the KDTC programs and is a harm reduction approach to addiction treatment, as it helps clients gradually maintain abstinence from opiate use without suffering the symptoms of withdrawal.

**Cognitive Behavioural Therapy (CBT).** CBT is an appropriate intervention for individuals with substance abuse problems, as well as individuals with a history of criminal offending\textsuperscript{12}. CBT teaches individuals the necessary skills needed to develop effective coping strategies to reduce substance use and prevent relapse. Additionally, CBT teaches individuals to identify triggers to substance use, identify pro-criminal attitudes towards substance use, and alternative thinking to reinforce sobriety\textsuperscript{20}. CBT explores consequences of substance use and helps participants set goals towards a life without substances\textsuperscript{8}. CBT is an intervention incorporating a wide array of techniques to treat emotional distress and problematic behaviour resulting from maladaptive thinking patterns\textsuperscript{21}. These maladaptive thinking patterns, or cognitions, express themselves as negative automatic thoughts and influence the way individuals view themselves and the world, as well as how they will react in a given situation\textsuperscript{21}. Individuals with substance use problems often lack effective coping strategies and problem-solving skills to deal with high risk situations, which in turn decrease self-efficacy and promotes problematic outcomes\textsuperscript{22}. The main goal of CBT is to help the individual overcome ineffective coping strategies and teach them alternative strategies and skills to deal with personal and environmental triggers that maintain substance use behaviour\textsuperscript{22}.

**Motivational Interviewing (MI).** Before applying CBT interventions it is important to ensure the participant is engaged in the program to maximize the likelihood of successful outcomes\textsuperscript{23}. MI is a technique used by therapists to increase motivation levels in the participant’s willingness to change a problematic behaviour\textsuperscript{22}. MI is used to assist individuals in realizing they have an addiction, and begin making preparations and taking actions towards minimizing their substance

\textsuperscript{20} Hart & Ksir, 2013, p.342
\textsuperscript{21} Hofmann, Ansari, Vonki, Sawyer, & Fang, 2012
\textsuperscript{22} O’Connor & Stewart, 2010
\textsuperscript{23} Andrews & Bonta, 1998, p.338
use. MI involves the exploration of ambivalence and aims to increase a participant’s motivation for changing problematic behaviour. The therapist and participant collaboratively work together towards resolving ambivalence and helping the client move through the stages of change\textsuperscript{22}. The stages of change, as defined by Prochaska and Diclement, determined that there were five stages of change, which reflect levels of motivation\textsuperscript{11}. In the pre-contemplative stage the DTC participant may be unaware a substance use problem exists and therefore unlikely to be motivated for treatment\textsuperscript{11}. In the contemplative stage, the DTC participant has recognized a substance problem exists and has begun to weigh the pros and cons relating to their substance use\textsuperscript{11}. In the preparation stage, the DTC participant begins to favour making changes to their substance use\textsuperscript{11}. In the action phase, DTC participants take active steps towards changing their substance use, and finally in the maintenance phase, there is an emphasis on maintaining abstinence and preventing relapses\textsuperscript{11}.

MI incorporates goal setting and is centered on personal choice by exploring the advantages and drawbacks of reducing substance use\textsuperscript{24}. Motivation is a known predictor of the level of effort an individual puts into their treatment and can be increased if treatment providers use MI throughout therapy\textsuperscript{11}. Research suggests that in the initial stages of the program, treatment providers be flexible with expectations as it is the most difficult stage for participants. Low levels of motivation have been linked to early program drop-out, while individuals with high levels of motivation have shown to be twice as likely to succeed\textsuperscript{11}.

**Residential Treatment.** Residential treatment may be suitable for participants who are unable to stabilize their addiction in the community, either once released from custody or throughout the course of the program. Case Managers can assist in making referrals to residential treatment facilities, however, participant motivation and willingness to attend are key factors in determining whether or not someone should attend residential treatment\textsuperscript{12}. While in residential treatment, participants are excused from other treatment activities and court appearances, however, may be required to have phone check ins with FCMHAS staff or persons from John Howard. Case Managers are still responsible for providing committee members with progress updates for individuals in residential treatment.

\textsuperscript{24} Lubman, King, & Castle, 2010
Other community resources

**FCMHAS crisis line (24/7)**

Phone: 613-544-4229

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**Street Health**

235 Wellington St.
Phone: 613-549-1440
E-Mail: info@streethealth.kchc.ca

- Needle exchange
- Counselling in areas such as: life skills, addictions, sexual health, mental health, smoking cessation, pregnancy issues complicated by substance abuse

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**Hotel Dieu Detoxification Centre**

240 Brock Street
Phone: 613-549-6461

- Short-term treatment for people wanting to detoxify from alcohol and/or other drugs
- Walk-ins welcome
- Supportive counseling and self-help groups
- Telephone crisis line
- No wait period, no fee, and your stay is voluntary.

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**Alcoholics Anonymous**

Phone: (613) 549-9380
Website: www.kingstonaa.org

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**Narcotics Anonymous**

Phone: 1(888) 881-3887

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**Home Base Housing**

540 Montreal St.
Phone: 613.542.6672
E-Mail: info@kingstonhomebase.ca.
- Housing opportunities and support to those who are homeless, at-risk of losing their housing or in an unsafe situation.
-Affordable housing, emergency shelters and support services

**KEYS Employment Services**

182 Sydenham Street
Phone: 613-546-5559
E-Mail: info@keys.ca
Part Five - Policies

Absconding Policy

The Kingston Drug Treatment Court (KDTC) is conducted Friday mornings on a bi-weekly basis. All participants in the KDTC are expected to attend every Court appearance, unless told otherwise by KDTC staff. If a participant misses a court date, a bench warrant will be issued for their arrest and a subsequent charge of “Fail to Appear” may be laid. Missing a KDTC court date is a breach of conditions in which sanctions and/or removal from the program may be recommended under the discretion of the KDTC Judge. The participant may be permitted to fill out a request for re-admittance form for continued participation thereafter. Re-admittance will be reviewed by KDTC staff, and will only be granted under exceptional circumstances. Further assessments may need to be conducted by FCMHAS before re-admittance is granted. If the participant is not granted re-admittance, they will proceed into the regular court stream to undergo sentencing. It is important to note that the onus is on the participant to contact FCMHAS staff to make an application for re-admittance and re-evaluation.

Reward Card Policy

The Reward Cards are important incentives that are given to participants as recognition of progress in treatment. These cards act as positive reinforcement for participants’ success over the two week period since the last court date. The KDTC committee members determine who will get Coffee cards during the pre-court meetings, and the cards are given to participants on the record during open court. Receiving one of these cards is achievable for participants and thus a realistic goal for them. Coffee Cards/ Dairy Queen Cards, etc. hold a $5.00 value and are purchased through the KDTC grant money. In order to receive a card participants will have met the required criteria throughout the two week time frame, which includes:

a) Decreased use from substances
b) Abstinence from substances (Either for 1 week or 2 weeks – up to discretion of the KDTC team)
c) Attendance at all group sessions at FCMHAS
d) Attendance at all individual appointments with: Case Manager, Addictions Counsellor, and persons from John Howard Bail Supervision Program.
e) Attending regular urine screens
Participants do not necessarily have to meet all criteria, however there must be evidence of progress. It is up to the discretion of the committee members to decide which participants are eligible to receive such rewards.

**Urine Drug Testing Policy**

KDTC participants have agreed to accept the validity of the urine screen results when they signed the Consent and Waiver form. If an individual does not agree with a result obtained from the urinalysis, the original specimen may be retested upon discretion of KDTC staff. If the retested result comes back the same, participants may be subject to sanction for being dishonest. The John Howard Bail Supervision Program who is responsible for collecting and analyzing specimens. It is important for persons from John Howard to talk to the client about any prescription medications or over the counter medications they may be taking that could impact the results of the urinalysis, in order to rule out false positives. This will prevent accusations from arising and rapport to be potentially damaged.

**Early Leave Policy**

Early leave is a reward that can be given to participants at court appearances to encourage treatment progress. Early leave is decided by KDTC committee members during the pre-court meetings, and is based on success over the two-week period since the last court appearance. Early leave is determined on a per appearance basis and is dependent on the same criteria as the Coffee card policy. Participants who have been granted early leave will have their matters dealt with at the beginning of the KDTC docket, and are permitted to leave immediately once their matters are finished.

**Exhausted Patience Policy**

The KDTC takes a harm reduction approach in that it does not expect participants to acquire abstinence immediately upon entering the program. It does however, expect participants to gradually reduce substance use and be motivated towards achieving abstinence. Participants who demonstrate a lack of motivation towards changing their substance use behaviour may be removed from the program if no decrease in use is demonstrated. The exhausted patient policy is
aimed at individuals who:

a) Seem unable to achieve abstinence, even for a short period of time

b) Appear to be putting minimal effort into changing their substance using behaviour

c) Continue to use substances despite treatment interventions targeted at changing the behaviour.

If treatment providers at FCMHAS feel the client is demonstrating any of the above factors, they will re-assess the participant and advise the KDTC committee members. There will be a discussion amongst the KDTC committee members on how to go forth, including a possibility that the client may now be expected to provide an identified number of “clean” urine screens over a set period of time in order to remain in the program. Furthermore, if this goal is not achieved than the participant may be removed from the program under the discussion of the KDTC staff.

**Graduation Policy**

Participants are able to graduate from the KDTC after a period of no less than 9 months, if once the required criteria have been met. In order to graduate, participants must have achieved the goals set out by the KDTC in that substance use behaviour has been extinguished, the likelihood for criminal recidivism has been reduced, and quality of life has been improved. Participants will have to submit a plan for release that shows how they will continue to meet these goals once participation from the KDTC is terminated. The KDTC recognizes that each participant is presented with unique needs and challenges, and therefore graduation criteria may be different for each participant and ultimately up to the discretion of the KDTC staff on whether or not they feel the person qualifies.

After a minimum period of nine months, if participants feel they have met the necessary requirements, they may fill out the Graduation Application & Reintegration Plan form. This form must be submitted to the Case Manager at FCMHAS at least 30 days prior to the proposed graduation date. The Case Manager will review it with the Addictions Counsellor and persons from John Howard Bail Supervision Program, and forward it to the rest of the KDTC staff with a recommendation for the final decision.

**The minimum requirements for graduation include:**
a) Having acquired no new charges or new convictions since entering the KDTC program.
b) Demonstrated compliance with the components and expectations of the KDTC program throughout the entire last 3 months prior to the anticipated graduation date.
c) Obtained stable housing and/or an ability to maintain housing prior to the anticipated graduation date
d) Demonstrated pro-social community involvement, which may include activities such as: education, employment, volunteer work, and other activities or support groups which had been approved by the Case Manager.

**KDTC Graduation Levels**

**Level 1**

*Minimum participation in KDTC:* 9 months

*Substance use:* Continued abstinence from all substances for no less than the last 6 months of participation in the KDTC program.

*Minimum requirements:* Meet all

*Sentencing:* For offenses which would draw a jail sentence of 12 months or more: suspended sentence and 4 months’ probation with conditions to support continued rehabilitation.

In all other circumstances: suspended sentence and maximum 1 day probation order

*Recognition:* Graduation ceremony, KDTC medallion and certificate presented in KDTC

**Level 2**

*Minimum participation in KDTC:* 9 months

*Substance use:* Continued abstinence from all substances for no less than the last 3 months of participation in the KDTC program.

*Minimum requirements:* Meet all
**Sentencing:** For offenses which would draw a jail sentence of 12 months or more: suspended sentence and minimum of 9 months and maximum of 18 months’ probation with conditions to support continued rehabilitation.

In all other circumstances: suspended sentence and maximum 12 months’ probation.

**Recognition:** Graduation ceremony, KDTC medallion and certificate presented in KDTC.

**Level 3** (case by case basis)

**Minimum participation in KDTC:** 12 months

**Substance use:** The KDTC may consider level 3 completion for participants who have not been able to achieve an extended period of abstinence, but have:

- Been recommended for completion by FCMHAS treatment team
- Demonstrated significant effort and motivation
- Substantially reduced the amount and/or types of substances being confused

**Minimum requirements:** Show significant improvement in all areas

**Sentencing:** Suspended sentence and maximum 24 month probation order

Participants are not required to apply for graduation once they have met the appropriate criteria. If they wish to remain engaged in order the complete the program at a higher level, or wish to receive the ongoing support they may elect to continue with the program for longer. The KDTC has the right to limit the length of a participant’s involvement if it continues for an unreasonably long period of time.

**Recognition:** Recognition in KDTC

**Probation:**

It is important to consider that the length of probation orders for graduates at level one and two is determined based on the amount of jail time the offender was originally facing. Graduates from the program should be assigned to the KDTC probation officer. Conditions of the probation order should be discussed at pre-court prior to graduation.

Kingston Drug Treatment Court Program: Future Suggestions for Participants.
• A variety of different rewards for court days: E.g. movie tickets, books, gift certificates for food venues
• Graduation ceremony for graduating participants
• Graduation medals
• Graduation gifts
• Coins (like “AA”) that represent different stages of the program the participant has completed.
• Agendas created specifically for DTC participants.
• Participant group outings (e.g. once a month, participants can get together to see a movie or go bowling) to a pro-social activity which gets them connected.
• Flyers or promotional pamphlets on the KDTC
• Snacks/coffee for KDTC participants (Friday morning Court dates) while they wait for the pre-court meetings to be finished.
• Bus passes for KDTC clients to take the burden off the supports driving them to appointments, and increase self-efficacy.
• Gym memberships or money towards any other pro-social commitment a participant may wish to engage in.
• Resume/employment workshops for participants
• Job skills training
• Tutoring help if in school.
• Psycho-education on addictions for support persons
• “Safe environment” set aside for participants. Could be used to socialize, make phone calls, speak to staff, watch recovery movies, get nutritious snacks, escape from the cold (while waiting for appointments or groups)
• Additional motivators: toiletries, household items, luxury items, recovery literature, clothing etc.
• **Healthy living group.** Life skills, cooking skills, health issues related to addiction)
• **Lifestyle Criminal Thinking program.** Addresses criminal attitudes to recognize and change thinking patterns that lead to re-offending
References


Miller, W. R. (1994). *SOCRATES: The Stages of Change Readiness and Treatment Eagerness Scale*. Albuquerque: University of New Mexico, Department of Psychology


doi:10.1037/12070-010


doi:10.1111/dar.12039


KDTC Request for Re-Admittance

The following form is to be completed by the accused with the assistance of defence counsel/duty counsel:

Name:
Date of Birth:
Date of Bench Warrant:

<table>
<thead>
<tr>
<th>How did I you end up back before the Court?</th>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I turned myself in.</td>
<td></td>
</tr>
<tr>
<td>☐ I was arrested.</td>
<td></td>
</tr>
</tbody>
</table>

Were you charged with any further offenses while at large?

☐ Yes
☐ No

If you replied “Yes” – please list any and all new charges:

Please answer the following questions in as much detail as possible (please feel free to attach answers on a separate sheet of paper if you require more room for your answers).

1. Why should the Kingston Drug Treatment Court team consider you for re-admittance into the program?
2. What have you learned (if anything) while you were absent from the Kingston Drug Treatment Court program?

3. What were you doing while absent from the Kingston Drug Treatment Court program?

☐ I hereby request to remain in the Kingston Drug Treatment Court program (absences of 30 days or less)

☐ I hereby apply to be re-admitted into the Kingston Drug Treatment Court program (absences in excess of 30 days)

Lawyer’s Name:

Lawyer’s Telephone #:

Date:

Signature of Accused:
Kingston Drug Treatment Court Exit Summary

Report date:
Participant name:
Date of entry into KDTC:
Proposed graduation date:
Number of months in program:
Level of graduation:
Housing upon graduation:

Employment/education upon graduation:

**URINE DRUG TESTING (UDT)**

Clean date as reported by participant:
Clean date as verified by UDT results:

**TREATMENT SERVICES SUCCESSFULLY COMPLETED**

Listed below is a summary of documented contacts:

- **Individual counseling and case management**
  
  Number of sessions attended:

  Number of sessions missed:

  *The frequency and duration of individual/case management sessions in KDTC is highly variable and dependent upon need. Participants receive individual case management sessions a mandatory 1 time per week throughout the entirety of the program and sessions range anywhere from 30-90 minutes.*

- **Individual addictions counselling**
  
  Number of sessions attended:

  Number of sessions missed:
The frequency and duration of individual addiction counselling sessions in KDTC is highly variable and dependent upon need. Participants receive individual addiction counselling sessions a mandatory 1 time per week throughout the entirety of the program and sessions range anywhere from 30-90 minutes.

- **Group counselling**
  Number of group sessions attended:

  Number of group sessions missed:

  Groups attended:

*Problem Solving and Support:*

*Getting Started:*

*Thinking Things Through (4 weeks):*

*Making Changes (8 week):*

*Structured Relapse Prevention (8 weeks):*

- **Other important appointments**
  Other appointments attended:

*KDTC participants are expected to attend other appointments to ensure that shelter, health, income support, dentistry, etc. matters are attended to.*

- **John Howard Bail Supervision Program**
  Number of appointments attended:

  Number of appointments missed:

- **Probation (if applicable)**
  Number of appointments attended:

  Number of appointments missed:

**EMPLOYMENT/VOLUNTEER AND EDUCATION**

Volunteer hours:
Volunteer place(s):

Place of Education:

Brief comment on classes and success in educational commitments:

Place of work:

Number of hours typically worked:

OTHER SERVICES

Other services/commitments participant is involved with (including leisure activities):

COURT PARTICIPATION

Number of Bench Warrants issued:

Other sanctions received:

Number of new criminal charges incurred:

Other incentives/rewards received (i.e. early leave, reward cards):

AFTERCARE (exit plan)
ADDISIONAL COMMENTS

This report has been prepared by (FCMHAS):

Signature:

Signature of participant:

Date:
Appendix B: KDTC Participant Manual

KINGSTON DRUG TREATMENT COURT

PARTICIPANT MANUAL

Created by: Brittnee Revell, B.A.A Behavioural Psychology Student
INTRODUCTION

Welcome to the Kingston Drug Treatment Court (KDTC). This handbook is designed to provide you with information about the program and what is expected of you as a participant.

What is the KDTC?

The KDTC is intended for people who commit minor Criminal Code or Drug offenses to support substance dependence. The KDTC program gives you the opportunity to participate in a treatment based program in the community. Success in the program can assist in determining an appropriate sentence for your charges.

How long is the KDTC program?

You will participate in the program for a minimum of 9 months. You must maintain sobriety for a minimum of three months in order to apply for graduation. Success in the program will be determined by how much work and commitment you put into your recovery.

Why participate?

The goal of the KDTC is to help you achieve and maintain abstinence from alcohol and/or drugs of abuse. The program gives you the opportunity to engage in treatment services that can improve your life circumstances and help you repair relationships that have been damaged.

How does it work?

You and your legal counsel will fill out an application form for the KDTC program. The Crown Attorney will screen the application and workers from Frontenac Community Mental Health and Addiction Services (FCMHAS) will meet with you for an intake appointment to gather more information about you and your history with substances. If you have current or previous probation orders, information from the probation officer will be passed on as well. Members from the KDTC committee will meet to discuss your application and results from the intake assessment and determine if you are a good match for the program. The Crown Attorney will have the final decision on whether or not you are a good candidate for participating in the program. If the Crown Attorney believes you are a good match, you will plead guilty in the Ontario Court of Justice and sign a consent form to participate in the KDTC program. You will be released on a KDTC Undertaking and required to appear before a KDTC Judge every other week. You will be required to meet weekly obligations that include the following: undergoing a minimum of two urine screens a week, attending group counselling sessions as directed, meeting with the John Howard Bail Supervision Program once a week, attending one appointment a week with your addictions worker, and attending one appointment a week with your case manager.
KINGSTON DRUG TREATMENT COURT (KDTC)

PARTICIPANT CONSENT FORM

I, ________________________________________, understand and agree that the purpose of the Kingston Drug Treatment Court (KDTC) is to identify, address, and treat factors of my drug addiction which has contributed to my conflict with the law.

The KDTC program Treatment Undertaking was devised with my input along with that of my Addictions Counsellor and Case Manager and was based on information obtained during the intake assessment, as well as information and records made available through probation and police synopsis received from (KPD/OPP).

I, ________________________________________, agree to fully participate in all aspects of the following treatment undertaking for a time period of no less than 9 months. My participation will be monitored by Frontenac Community Mental Health and bi-weekly reports submitted to the KDTC program Judge.

TREATMENT UNDERTAKING

The main purpose for the following strategies is to assist in developing an understanding of my drug addiction and to utilize healthy ways to recover from it by:

1) Providing 2 urine samples a week
2) Attending 1 appointment with Case Manager a week
3) Attending 1 appointment with Addictions Counsellor a week
4) Attending groups as directed by FCMHAS
5) Reporting any/all alcohol and drug use by phone to the Addictions Counsellor by the end of the day
6) Participating in other treatment as needed, suggested by FCMHAS staff

I, ________________________________________, have agreed to fully and willingly participate in the KDTC program. I have been made aware and am quite clear that my failure to comply with any of the elements of the program will result in sanctions or being removed from the program and that my charge(s) will come before the courts and proceed through the Criminal Justice System.

I have read and understand what is being requested of me under the terms of this contract. I have received a copy of this plan for my personal reference and acknowledge that a copy will be kept on file with Frontenac Community Mental Health Services. I voluntarily agree to enter into this program, understanding that progress will be a factor in determining my sentence.

Signed: ______________________________________
Witness: ______________________________________
Dated: ______________________________________
STAFF AT THE KDTC

The KDTC Committee is comprised of members from the following organizations:

- Ontario Court of Justice
- Frontenac Community Mental Health and Addiction Services
- Provincial and Federal Crown Attorneys
- Criminal Defence Lawyers Association
- Ontario Legal Aid
- Kingston Police
- Kingston Probation and Parole Services
- Detox Centre
- John Howard Society
- Elizabeth Fry Society

Court Support Case Manager: (Frontenac Community Mental Health & Addictions Services)

Your case manager will supervise your Court order(s) and Treatment Undertaking. If you have any questions about Court dates, this is the person who will be able to assist you. Your case manager is responsible for reporting your progress to KDTC committee members on the designated Court dates. Your case manager also assists with financial, housing, medical, and mental health support.

*My Case Manager is: ________________________________

*My Case Manager’s contact information is:

_____________________________________________________

Located at: 385 Princess St.

Addictions Counsellor: (Frontenac Community Mental Health & Addictions Services)

Your Addictions Counsellor is the person who will help you move through your stages of recovery and who will help you with relapse prevention. They are the person you report to every day if you have used alcohol or drugs. You can talk to your addictions counsellor about everyday struggles with substance use and triggers.

*My Addictions Counsellor is: ________________________________

*My Addictions Counsellor’s contact information is:

_____________________________________________________

Located at 552 Princess St.
COURT

- You are required to attend Court every other Friday.
- KDTC occurs in the Courthouse located at 279 Wellington St, Courtrooms are subject to change on a weekly basis.
- You will appear in Court at 10 AM every other Friday, commencing

- Your treatment providers will update the KDTC Judge and other committee members on your urine screen results and your progress in treatment before 10 AM each Court date.
- Depending on reported progress, the KDTC Judge may choose to provide you with a reward or sanction depending on your compliance or non-compliance with the program at each court appearance.
- The KDTC is very different from regular judicial Court in which the Judge speaks to you in an interactive/conversational manner.

Rewards and Consequences

The KDTC Judge may choose to grant you with a reward to reinforce treatment progress.

You may receive a reward for reasons including the following:

- Clean urine screens
- Honesty about substance use and/or high risk situations
- Active participation in groups
- Active participation and attendance at individual appointments

Rewards may include:

- Having your name called at the start of the Court Session
- Praise and encouragement from the KDTC Judge
- Courtroom applause
- Gift cards
- Fewer Court appearances
- Graduation

Sanctions may be imposed by the KDTC Judge if you are not following the KDTC program expectations.

- Please note: You will NOT receive a sanction for drug use. You are expected to decrease your use throughout the course of the program.
Sanctions may be given for reasons including the following:

- Not being honest about substance use
- Not attending scheduled meetings with the Case Manager and/or Addictions Counsellor
- Not attending weekly group sessions
- Not attending weekly urine screens
- Breach of conditions

Sanctions may include:

- Increased Court Appearances
- New Treatment Plan
- Verbal warnings by Judge
- Write an Essay/Letter
- Detoxification
- Discretionary Warrant
- Suspension from Program
- Revocation of Bail
- Removal from program
URINE SCREENS

How many urine screens do I need to do?
You are responsible for two urine samples a week, or as requested.

Why do we need urine screens?
Urine screen results help the KDTC committee members monitor your substance use and treatment progress. The results are also used to see if you are being honest in regards to substance use (i.e. your reported use matches your urine screen results).

Where do I get the urine screen done?
You get your urine screen done at your family doctor’s office. If you do not have a family doctor please talk to persons from the John Howard Bail Supervision Program or staff at FCMHAS.

What if I have been prescribed medication from a doctor or dentist that might show up in a urine test?
If you are taking any prescribed drugs that may show up in the urine test you are to let the FCMHAS workers know before-hand. Under certain circumstances you may need a letter from your doctor or dentist.

What happens if I miss a urine screen?
A missed urine screen = a positive urine screen. Continued missed screens, with no signs of decrease in substance use, could result in dismissal from the program.

What happens if my urine screen comes back positive?
There will be no consequence for having a positive urine screen. However, if your urine screen results come back positive and you have not been honest about your use for that week, there may be a sanction imposed by the KDTC Judge.

The KDTC recognizes that relapse is a part of recovery. The ultimate goal of the KDTC is abstinence. Positive urine screens are expected to decrease after time in order to graduate from the program.
ADMISSION INTO THE KDTC PROGRAM

The admission process is as follows:

1. Legal counsel and your self will complete an application form for KDTC participation.
2. The Crown Attorney will screen the application form.
3. An intake assessment will be done by the Case Manager and Addictions Counsellor at FCMHAS.
4. A representative from John Howard Bail Supervision Program will interview you.
5. Probation officers will provide information about past or current involvement with them (if you have never been on probation, this does not apply to you).
6. The Crown Attorney will discuss all of this information with the KDTC committee members and make a decision whether or not you are eligible.

The intake assessment that will be done by the FCMHAS staff will be in the form of a structured interview and will require you to disclose information about your personal background and history of substance abuse. You will be required to fill out the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). This assessment is used to determine how serious you view your alcohol and/or drug problem, and how motivated you are to make changes.

The results from these assessments will also help case managers identify possible barriers to treatment (e.g. employment, housing) and identify areas in which they can help you make life improvements.

The interview with the John Howard Bail Supervision Program is to determine if you are amendable and meet their program requirements. You will need to have an active address in order to be released and participate in the KDTC program. If suitable, the John Howard Bail Supervision Program will act as your surety.

If you are not admitted into the KDTC program, you will return to the regular Court system to have your matters heard.
GETTING THROUGH THE PROGRAM

Assessment & Initial Groups

• Feedback provided on assessment results to help determine Comprehensive Recovery Plan

• Problem Solving and Support Group available 2 days per week on a drop in basis

Individual Counselling

• Ongoing Addictions counselling 1 day per week.

• Case Management appointment 1 day per week.

Thinking Things Through

• 4 weeks, 2 hour sessions

• Provides substance education and creates cognitive dissonance

Making Changes

• 8 weeks, 2 hour sessions

• Looks at topics to help you start to make changes to your substance use.

Structured Relapse Prevention

• 8 weeks

• Looks at topics to help prevent relapse

Other Community Supports as applicable

• Anger Management (offered at FCMHAS)

• Fraud & Shoplifting Intervention Program (offered by Elizabeth Fry Society – Women only)

• Seeking Safety (offered at FCMHAS)

• Anxiety and Self-Esteem (offered at FCMHAS)

• Detoxification Withdrawal Management

• AA&NA
FCMHAS GROUPS

Problem Solving & Support

Monday: 1 – 2:15 pm @ 552 Princess St.
Friday: 1 – 2:15 pm @ 552 Princess St.

What is Problem Solving & Support?

Problem Solving & Support (PSS) is a place for people to talk about problems they are dealing with and to seek support from other people in the group. You are able to ask questions/ voice concerns and receive non-judgemental feedback and support from the other group members.

Getting Started

Wednesday: 1:30 – 3 pm @ 552 Princess

What is Getting Started?

Getting Started is a group for people with an addiction problem. This group focuses on deciding what changes you would like to make to your substance use. Getting Started teaches you about the role of the FCMHAS addictions team. It also provides you with basic information about substances and how they affect you.

Making Connections

Thursday: 1 – 2:30 pm @ 385 Princess St. (Upstairs – Training room)

What is Making Connections?

Making Connections is a group that changes topics each week. It is a discussion based group aimed at connecting people.
CRITERIA FOR GRADUATION

In order to graduate, you will need to fill out an application form requesting graduation from the KDTC program. Once this is filled out, the KDTC staff will review it and make a decision on whether or not you have met the requirements for graduation. You must submit this form at least 30 days prior to proposed graduation date.

Requirements for graduation include (but are not limited to):

- KDTC involvement for no less than 9 months.
- Abstinence from drugs and/or alcohol use for a period no less than 3 months
- Appropriate housing
- Employment, schooling, or appropriate volunteer work (not for everyone)
- No new charges since starting participation in the KDTC program.
- Demonstrated pro-social relationships in the community
- Attendance and active participation during individual and group counselling sessions

SKILLS FOR SUCCESS

- HONESTY!!!!
- Organization (Use your agenda given to you by FCMHAS to keep track of appointments)
- Time-Management (Be on time for your appointments)
- Active Participation
- Goal setting
- Setting boundaries
- Motivation to make changes
- Communication (Communicate to your treatment providers – they are your advocates!)
OTHER RESOURCES IN KINGSTON AREA

FCMHAS CRISIS LINE

Phone: 613-544-4229

STREET HEALTH

235 Wellington St.
Phone: 613-549-1440
E-Mail: info@streethealth.kchc.ca

- Needle exchange
- Counselling in areas such as: life skills, addictions, sexual health, mental health, smoking cessation, pregnancy issues complicated by substance abuse

DETOX

240 Brock Street
Phone: 613-549-6461

- Short-term treatment for people wanting to detoxify from alcohol and/or other drugs
- Walk-ins welcome
- Supportive counseling and self-help groups
- Telephone crisis line
- No wait period, no fee, and your stay is voluntary.

ALCOHOLICS ANONYMOUS

Phone: (613) 549-9380
Website: www.kingstonaa.org

** See attached schedule for meeting times.

NARCOTICS ANONYMOUS

Phone: 1(888) 881-3887

** See attached schedule for meeting times.
SEXUAL ASSAULT CENTER KINGSTON (SACK)

400 Elliott Avenue Unit 1 (Rockcliffe Plaza),
Phone: 613-545-0762
E-Mail: sack@sakingston.com

24 Hour Crisis and Support Line:
613-544-6424 or 1-877-544-6424

HOME BASE HOUSING

540 Montreal St.
Phone: 613.542.6672
E-Mail: info@kingstonhomebase.ca.

- Housing opportunities and support to those who are homeless, at-risk of losing their housing or in an unsafe situation.
- Affordable housing, emergency shelters and support services

KEYS EMPLOYMENT SERVICES

182 Sydenham Street
Phone: 613-546-5559
E-Mail: info@keys.ca

CERC

806 Montreal St.
Phone: 613-542-7373
Website: www.cercnorth.ca

- Job searching & employment planning
- Help with Resume and Cover letters
- Interview coaching
### MONTHLY CALENDAR (DECEMBER 2014)

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Use this calendar (until you get your agenda) to keep track of all appointments, urine screen dates, and days/times of drug/alcohol use. You may also use the calendar/agenda to keep track of moods/significant events if they occur.
ALCOHOLICS ANONYMOUS MEETINGS

SUNDAY

Sunday Morning Group: Options for Change - 10:30 am @ 552 Princess St. (back entrance)
* Speaker
Sunday Night Step Meeting: 7:30 pm @ Sydenham St. United Church, William St. Entrance
* Discussion
West End Group: 8 pm @ Crossroads United Church, 690 Sir. John A. Blvd
* Discussion

MONDAY

Good Morning Group: 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)
* Discussion
As Bill Sees It Group: 5:15 pm @ Hotel Dieu Hospital, Johnson St. entrance, Johnson 1 – seminar room
* Discussion
Keep It Simple Meeting: 6:30 pm @ Detox Centre, 240 Brock St.
* Speaker
Get Well Group: Big Book Discussion - 7:30 pm @ Hotel Dieu Hospital, Johnson St. entrance
* Discussion
Monday Night Odessa Group: 8 pm @ Emmanuel United Church, Factory St., Odessa
* Discussion

TUESDAY

Good Morning Group: 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)
* Discussion
New Anchor Meeting: 6:30 pm @ Harbour Light Centre 562 Princess St.
* Speaker
Frontenac Group: 8 pm @ Sydenham St. United Church, William St. Entrance
* Speaker

WEDNESDAY

Second Chance Group: 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)
* Discussion
**Wednesday Noon Meeting:** St. Paul’s Anglican Church, Queen at Montreal (Montreal St. entrance)  
* Speaker  

**Lakeshore Meeting:** 6:30 pm @ Providence Continuing Care Center – Mental Health Services  
Main entrance 752 King St. West  
* Discussion  

**Twelve Step Group for Women:** 6:30 pm @ Hotel Dieu Hospital, Jonson St. entrance  
* Discussion  

**Last Call:** 7 pm @ Bethel Church, 314 Johnson St.  
* Discussion  

**West End Annex Meeting:** 7:30 pm @ St. Thomas Anglican Church, Lakeview at Cranbook  
* Discussion  

**THURSDAY**  

**Good Morning Group:** 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)  
* Discussion  

**Thursday Night Big Book Group:** 7:30 pm @ Kingston Standard Church, Sydenham Rd at Sunnyside  
* Discussion  

**By the Book Group:** 8 pm @ Princess St. United Church, Princess at Albert  
* Discussion  

**Amherstview Loyalty Group:** 8 pm @ St. Peter’s Anglican Church 4333 Bath Rd.  
* Discussion  

**FRIDAY**  

**Friday Morning Meeting:** 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)  
* Discussion  

**Kingston Young People’s Group:** 8 pm @ Sydenham United Church, William St. entrance  
* Speaker  

**New Life Group:** 8 pm @ St. Andrew’s by-the-Lake United Church, 1 Redden St.  
* Discussion  

**SATURDAY**  

**Good Morning Group:** 9:30 am @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)  
* Discussion  

**Step Stop Group:** 10:30 am @ Kingston Standard Church, Sydenham Rd at Sunnyside  
* Discussion
Saturday Night Live Meeting: 6:30 pm @ Detox Center, 240 Brock St.
  * Speaker
New Beginnings: 8 pm @ St. Paul’s Anglican Church, Queen at Montreal (basement entrance)
  * Discussion
Saturday Night Young & Sober: 5:30 pm @ St. James Anglican Church, 10 Union at Barrie
  * Discussion
| **Serenity Group** | **Sunday** | **Kingston,**  
| | **12:00 p.m.** | Kingston Community House  
| | | 99 York Street |
| **Get Honest or Die** | **Sunday** | **Kingston,**  
| | **7:30 p.m.** | Detox Centre 240 Brock St. |
| **Courage to Change** | **Monday** | **Kingston,**  
| | **7:00 p.m.** | Kingscourt Free Methodist Church 257  
| | | Kingscourt Ave. |
| **Alive and Well** | **Tuesday** | **Kingston,**  
| | **7:00 p.m.** | Next Church 89 Colborne Street  
| | | (side door) |
| **HUGS NOT DRUGS** | **Wednesday** | **Napanee,**  
| | **7 p.m.** | Morningstar Mission 59 Water St. West |
| **We Care** | **Wednesday** | **Kingston,**  
| | **7:00 p.m.** | Sydenham Street United Church  
| | | 82 Sydenham St |
| **Serenity Group** | **Thursday** | **Kingston,**  
| | **7:00 p.m.** | Kingston Community House  
| | | 99 York Street |
| **K.I.S.S: Keep it Simple Sisters** | **Friday** | **Kingston,**  
| * women only | **6:00 p.m.** | Kingscourt Free Methodist Church 257  
| | | Kingscourt Ave. |
Get Honest Or Die  
Friday  
8:00 p.m.  
Kingston,  
Detox Centre 240 Brock St.

Alive and Well Group  
Saturday  
7:00 p.m.  
Kingston  
Next Church, 89 Colborne Street (side door)
Dr. ________________________

Please be advised that I am requesting a referral to have urine screens done to meet the requirements of the Kingston Drug Treatment Court program in which I have been enrolled. To meet this program’s requirements I will need to have two weekly urine screens collected, or as directed by KDTC staff. The results from the urine screens will be sent to Frontenac Community Mental Health and Addiction Services (FCMHAS) or to the John Howard Bail Supervision program. These urine screens are mandatory for participation and are used to measure decreases in substance use.

For more information please feel free to contact Kristin MacLeod (FCMHAS) at 613-544-1356 X

Regards,

Name: ________________

Signature: _____________