

Criminal Justice – Substance Use Disorders Standards of Practice

for Registered Service Providers

Overview:

Evidence-based practices refer to service or treatments that are expected to produce a particular outcome based on the best evidence available. Evidence-based practices stem from scientific knowledge, clinical research, and/or expert consensus rather than clinical intuition or impressions. Rather than provide a laundry list of evidence-based models (i.e., Motivational Interviewing, Matrix Model), this document highlights evidence-based principles, the overarching principles that have been proven to contribute to positive treatment outcomes. (TAP-21)

Standards of Practice:

1. Treatment best practices are first and foremost based on a comprehensive evaluation incorporating identified needs in substance abuse, mental health, and criminogenic needs utilizing the Nebraska Standardized Model.
2. The therapeutic alliance and corresponding relationship of trust and rapport is paramount to successful treatment.
3. Concerted effort is made to involve and engage the client's significant others / family members in the assessment, treatment, and discharge planning processes, when indicated.
4. Treatment planning incorporates strategies that will address criminogenic risks and needs.
5. The treatment process incorporates the development of self-awareness and readiness to change strategies.
6. Treatment advocates the use of self-help and/or 12-Step programs in the recovery process.
7. Group therapy is a primary modality of treatment intervention.
8. Treatment incorporates cognitive behavioral approaches.
9. Treatment incorporates early discharge planning to focus on the long-term recovery maintenance (i.e., housing, vocational, peer support, social skills, education, community-based self-help supports, etc.).
10. Treatment incorporates strategies to develop and enhance recovery and address criminal thinking. "Treatment incorporates strategies to develop and enhance recovery and address criminogenic risks and needs."
11. Recovery is enhanced with effective communication among clients, the criminal justice system, and substance use treatment providers.

Note: If screening and/or evaluation is performed by a Licensed Alcohol and Drug Counselor (P/LADC) and indicates a possible co-occurring disorder, a referral to an appropriate behavioral health professional is required.

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Glossary

Cognitive Behavioral Approaches. Action-oriented form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and “negative” emotions. (Maladaptive behavior is behavior that is counter-productive or interferes with everyday living). The treatment focuses on changing an individual’s thoughts (cognitive patterns) in order to change his or her behavior and emotional state.

Comprehensive Evaluation. The process by which a behavioral health professional identifies and evaluates an individual’s strengths, weaknesses, problems, and needs for the development of a treatment plan consistent with the Nebraska Standardized Model.

Criminogenic. Relating to characteristics or factors identified by research as predictors of crime and/or recidivism.

Criminogenic Needs. Attributes of individuals that are directly linked to continued criminal behavior. Effective correctional treatment should target criminogenic needs in the development of a comprehensive case plan. Any substance use treatment not targeting criminogenic needs is counter-productive to efficiency and effectiveness. Examples of Needs may include, but not limited to: social problems; health, medical, or physical problems; and mental health or cognitive problems.

Criminogenic Risks. The individual characteristics that are directly related to researched causation of crime. Risk factors are also directly related to the probability of re-offending. Risk factors are used in individual management to predict future criminal behavior and to assign levels and types of treatment services. These include: Criminal History; Education/Employment; Family/Marital; Leisure/Recreation; Companions; Alcohol/Drug Problem; Procriminal Attitude/Orientation; and Antisocial Pattern.

Behavioral Health Professional. A person who is licensed or certified to provide services for the purpose of improving individuals’ behavioral health ..

Readiness to Change. A concept that encompasses the process of making a behavioral change. The elements are embodied in the Transtheoretical Model.

Self-help and/ or 12-Step Programs. Peer-led community support groups focused on recovery.

Significant Others. Any person who plays a significant role in the life of the client.

Standardized Model. Consists of three components: simple screening; risk assessment reporting format; and evaluation. The screening and risk assessment components are primarily the responsibility of the justice system. The evaluation component is the responsibility of substance abuse treatment providers.

Recovery. A process of sustained action to improve the quality of life by seeking treatment, balance and healing in all aspects of health and wellness, which are characterized in the biological, psychological, social and spiritual dimensions. Recovery includes the pursuit of safety and stability in the home environment; engagement in meaningful vocational, educational and/or creative endeavors, in the context of relationships and social networks that provide support, love and hope.

Therapeutic Alliance. Refers to the collaborative relationship between a behavioral health professional and a client . Therapeutic alliance is when the client and behavioral health professional work together to effect positive change for the client.