

June 1, 2018



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# Incorporating Gender-Responsive Services Into Specialty Courts

## Adult and Juvenile Courts

# Speakers

- Jeannie Von Stultz, Ph.D., Deputy Chief - Mental Health Services, Bexar County Juvenile Probation
- Jamie Vaske, Ph.D., Associate Professor, Department of Criminology & Criminal Justice, Western Carolina University
- Sarah Wurzburg, Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center



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# Overview

- Gender-Responsive Services
- Survey of Adult Gender-Responsive Courts
- Girls and Boys Mental Health Courts in Bexar County, TX



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National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

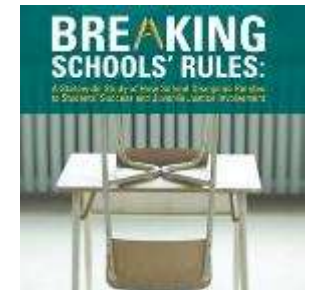
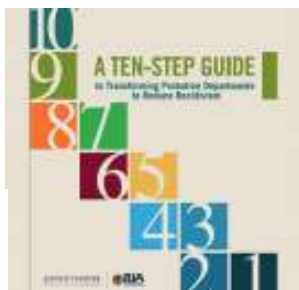
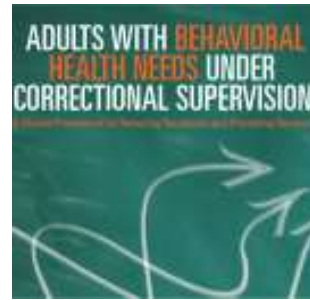
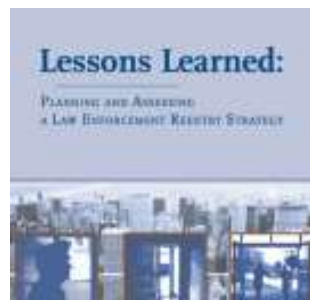
Provides **practical** advice informed by **the best available evidence**





# Justice Center

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## Mission of the JPLI

- The Judges' and Psychiatrists' Leadership Initiative (JPLI) aims to stimulate, support, and enhance efforts by judges and psychiatrists to improve judicial, community, and systemic responses to people with behavioral health needs who are involved in the justice system.
  - ▶ Creating a community of judges and psychiatrists
  - ▶ Increasing the reach of trainings
  - ▶ Developing educational resources
  - ▶ *Three Judges' Guides*
  - ▶ [Subscribe to the JPLI Newsletter](#)

# Resources

**Judges' & Psychiatrists' Leadership Initiative**

### Practical Considerations Related to Release and Sentencing for Defendants With Mental Health Needs

A Judicial Guide

**Overview: 8 Judicial Health Decision Points**

Align with the judicial process and psychiatric care

**DO:**

- Use a risk assessment tool to guide decision-making
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- Use a risk assessment tool to guide decision-making

**DO NOT:**

- Use a risk assessment tool to guide decision-making
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# Judges' & Psychiatrists' Leadership Initiative

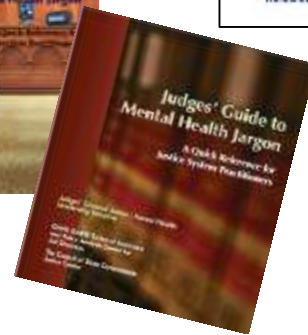
**Judges' & Psychiatrists' Leadership Initiative**

### Judges' Guide to Mental Illness in the Courtroom

**DEFINITIONS THAT ENLIGHTEN A DIFFICULT AND PAINFUL MENTAL ILLNESS**

**When Mean: Mean: Terms to be of Force: 2-10-10**

<b>Definition:</b> Mental Illness: A condition that affects a person's thinking, feeling, or mood, which may cause them to act in ways that are out of the ordinary, or feel distress or suffer other problems.	<b>Definition:</b> Mental Illness: A condition that affects a person's thinking, feeling, or mood, which may cause them to act in ways that are out of the ordinary, or feel distress or suffer other problems.
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**Judges' & Psychiatrists' Leadership Initiative**

### Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs

A Judicial Guide

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<https://csjusticecenter.org/courts/judges-leadership-initiative/>

# Gender-Responsive Approach

## *Definition:*

“Creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of women’s lives, and is responsive to the issues of the clients.”

(Covington, S., 2007)

Covington, S. (2007) Women and addiction: A gender-responsive approach (the clinical innovators services). Center City, MN: Hazeldon.



# Utilize a Multi-Faceted **APPROACH**



## Relational

Develop policies, practices, and programs that are relational and promote healthy connections

## Strengths-Based

Create an environment based on safety, respect, and dignity

## Trauma-Informed

Address substance abuse, trauma, and mental health issues

## Culturally Competent

Provide women with opportunities to improve their socioeconomic conditions

## Holistic

Establish a system of community supervision and reentry with comprehensive, collaborative services

[The Five CORE Practice Areas of Gender Responsiveness](#), CORE Associates

# Sex and Gender Differences

- “Sex” and “gender” do not mean the same thing.
- Sex differences are related to biology.
- Gender is part of a person’s self-representation.  
It relates to culturally defined characteristics of masculinity and femininity.
- There are both sex and gender differences that relate to SUDs and SUD treatment for men and women.

*SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit*, MODULE 1 *Women, Substance Use, and Substance Use Disorders (SUDs)*, 2017.

# Telescoping and Other Sex-related Differences

Telescoping, in this use of the term, refers to an effect whereby women “progress faster than men from initial use to alcohol- and drug-related problems, even when using a similar or lesser amount of substances.”

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2009, p. 27; Piazza et al., 1989)

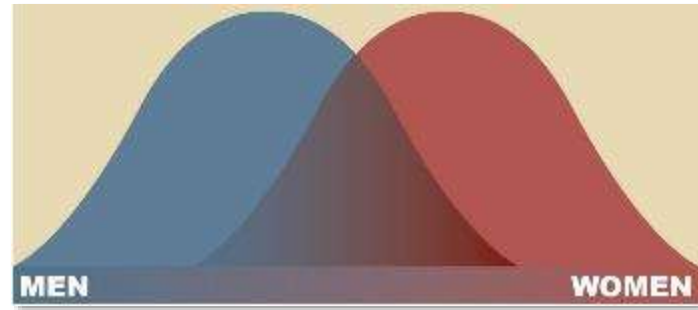


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*SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit*, MODULE 1 *Women, Substance Use, and Substance Use Disorders (SUDs)*, 2017.

# Gender Differences

- Factors such as culture, age, socioeconomic status, religion, disability, race/ethnicity, and sexual orientation all influence gender roles and expectations.
- Some gender traits are common, but *none are absolute*.



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*SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit*, MODULE 1 *Women, Substance Use, and Substance Use Disorders (SUDs)*, 2017.

# Sex and Gender Differences Related to SUDs

## Women often differ from men in their:

- **Pathways** to substance use
- **Risk factors** for use
- **Consequences** of use
- **Barriers** to treatment/recovery
- **Recovery** support needs



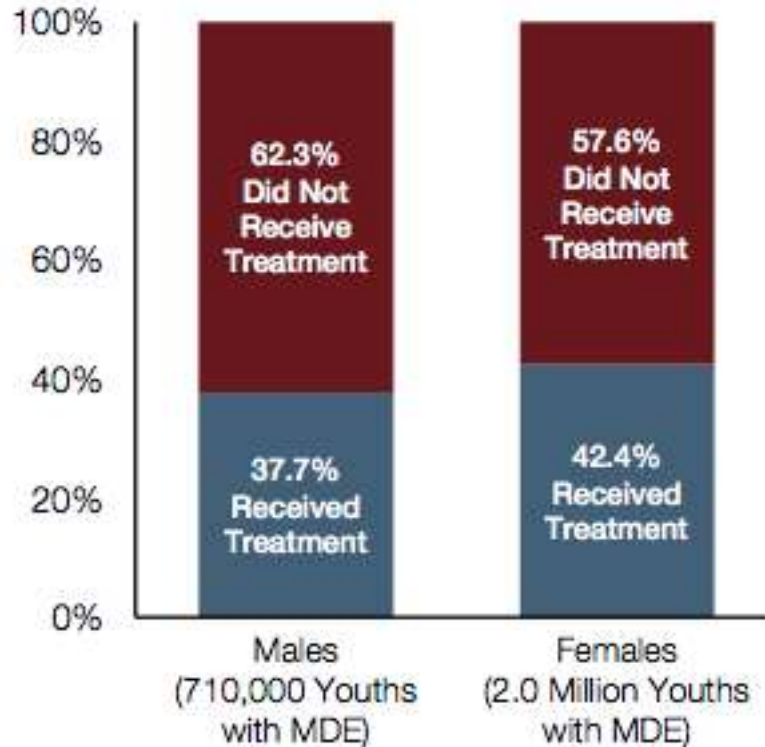
*SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit*, MODULE 1 *Women, Substance Use, and Substance Use Disorders (SUDs)*, 2017.

# Activity

## Women and Men

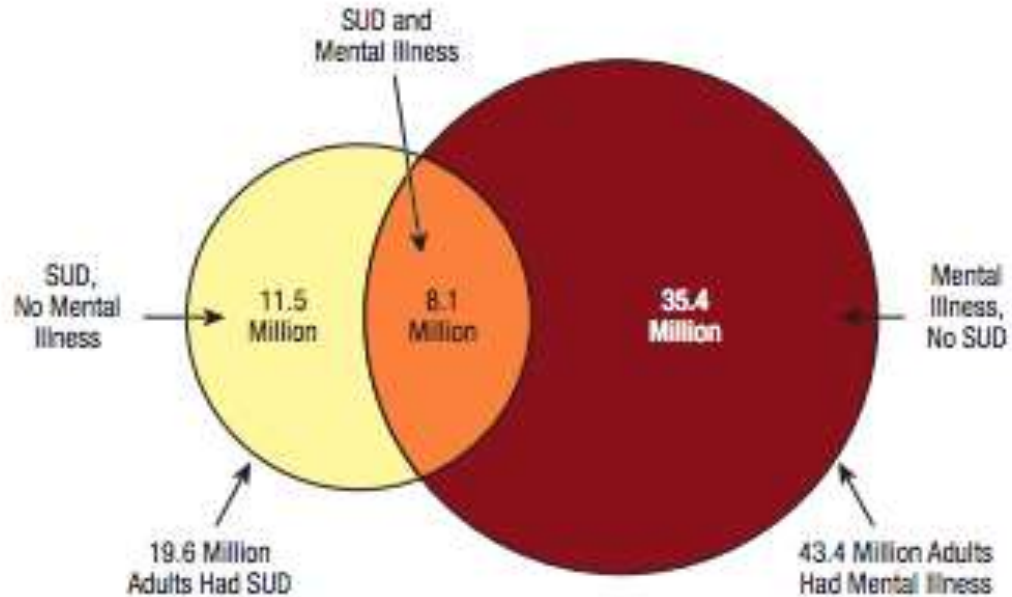


# Past Year Treatment for Depression Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Gender (2014)



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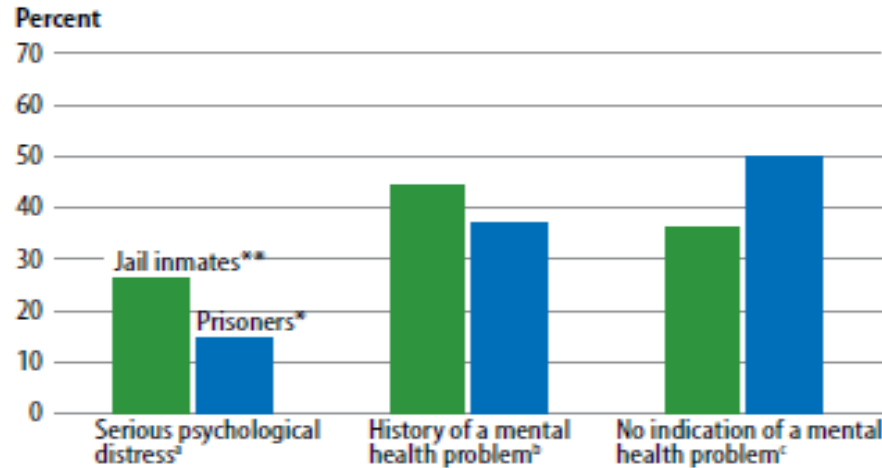
**Figure 46. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: 2015**





**FIGURE 1**

**Mental health status of prisoners and jail inmates, by type of mental health indicator, 2011–2012**



- Prisoners were 3 times more likely to have SPD than the total adult general population (GP).
- Jail inmates were 5 times more likely to have SPD than the total adult GP.
- Female prisoners and jail inmates were more likely than males to have an indicator of a mental health problem.

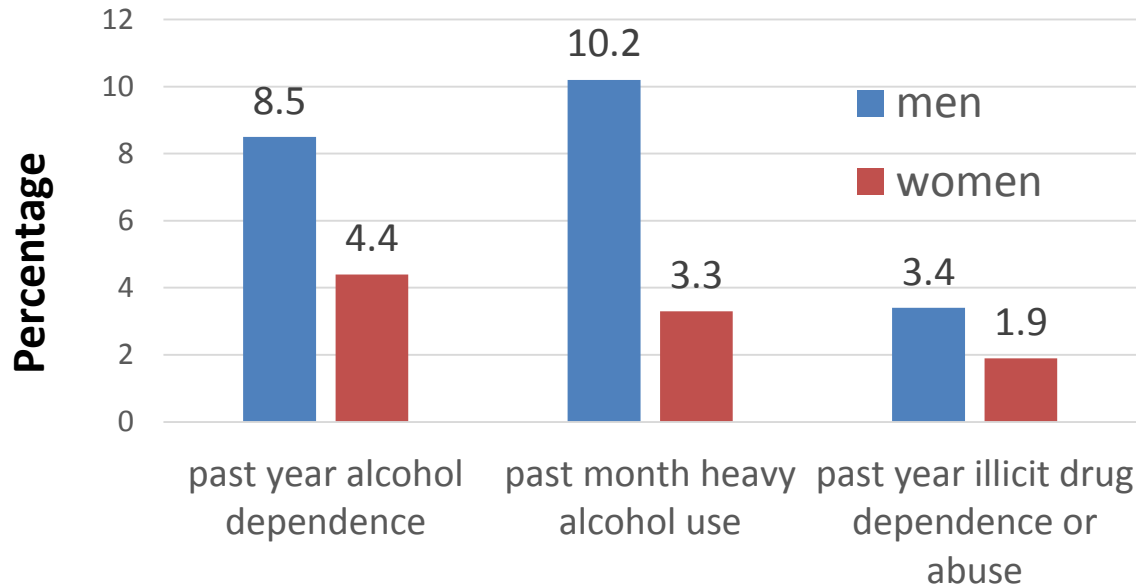


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Bronson, J. Berzofsky, B. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 Bureau of Justice Statistics. June 2017. Retrieved from: <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>

# Substance Use: Women vs. Men

Women have lower rates of substance use and SUDs than men.

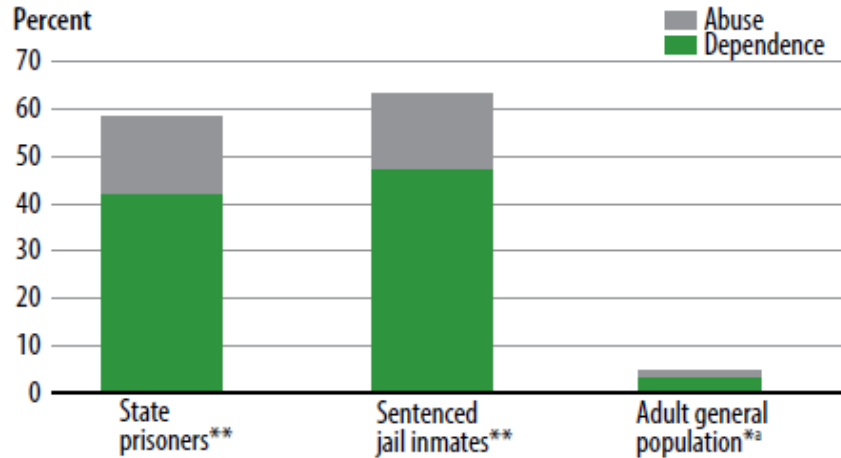


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**Source:** Substance Abuse and Mental Health Services Administration. (2015a). *Behavioral health barometer: United States, 2015*. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.

**FIGURE 1**

**Inmates and adult general population who met the criteria for drug dependence or abuse, 2007–2009**



- 58% of state prisoners and 63% of sentenced jail inmates met the DSM-IV criteria for dependence or abuse. This compared to about 5% of the total general population.
- A larger percentage of females than males used drugs in the month before the offense.



# Protective Factors for Girls/ Young Women

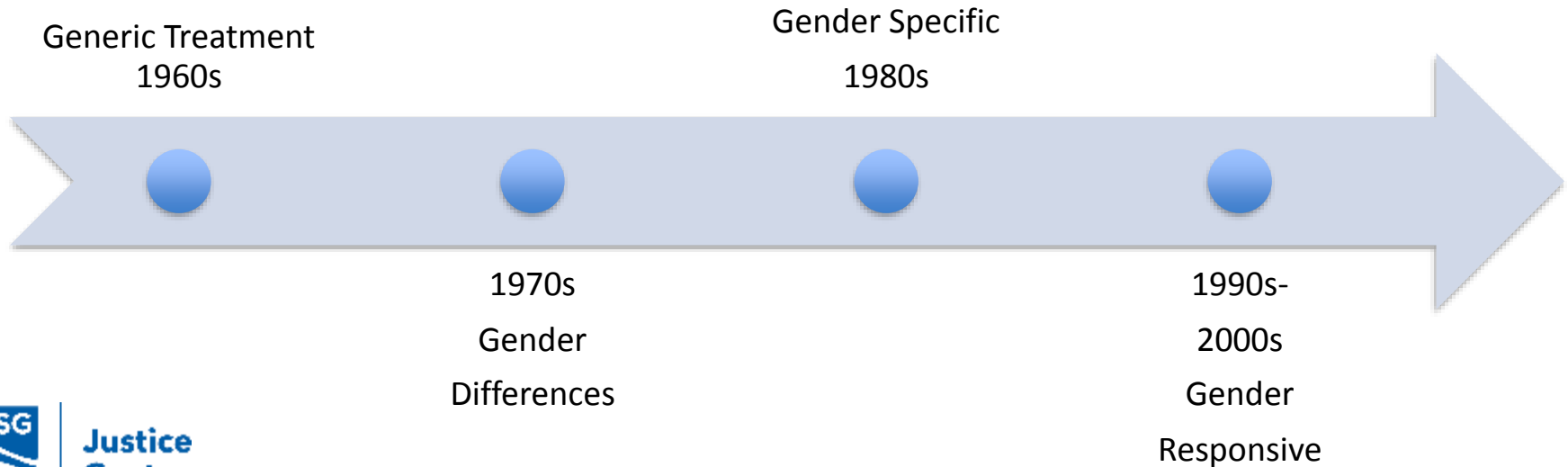
- Feeling connected to family, cared about, and supported; high parental warmth
- Parent disapproval of substance use
- Religious/spiritual practices
- Coping skills



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*SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit, MODULE 1 Women, Substance Use, and Substance Use Disorders (SUDs), 2017.*

# History of Women's Services



# Substance Use, Trauma, and Mental Health Cycle



*Adapted from: SAMHSA Addressing the Gender-specific Service Needs of Women with Substance Use Disorders Tool Kit, MODULE 1 Women, Substance Use, and Substance Use Disorders (SUDs), 2017.*

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# Women in the Justice System

- Increase in number of women incarcerated
  - While rest of the population is declining
- Women offenders are:
  - Low-income
  - Undereducated
  - Unskilled with sporadic employment
  - Disproportionately women of color
  - Less likely to have committed a violent crime



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Bloom, B., Covington, S., Messina, N., Selvaggi, K., Owen, B. [Gender-Responsive Policy and Practice Assessment Manual](#). February 18, 2014 for National Institute of Corrections.

# Core Competencies: Women and Girls

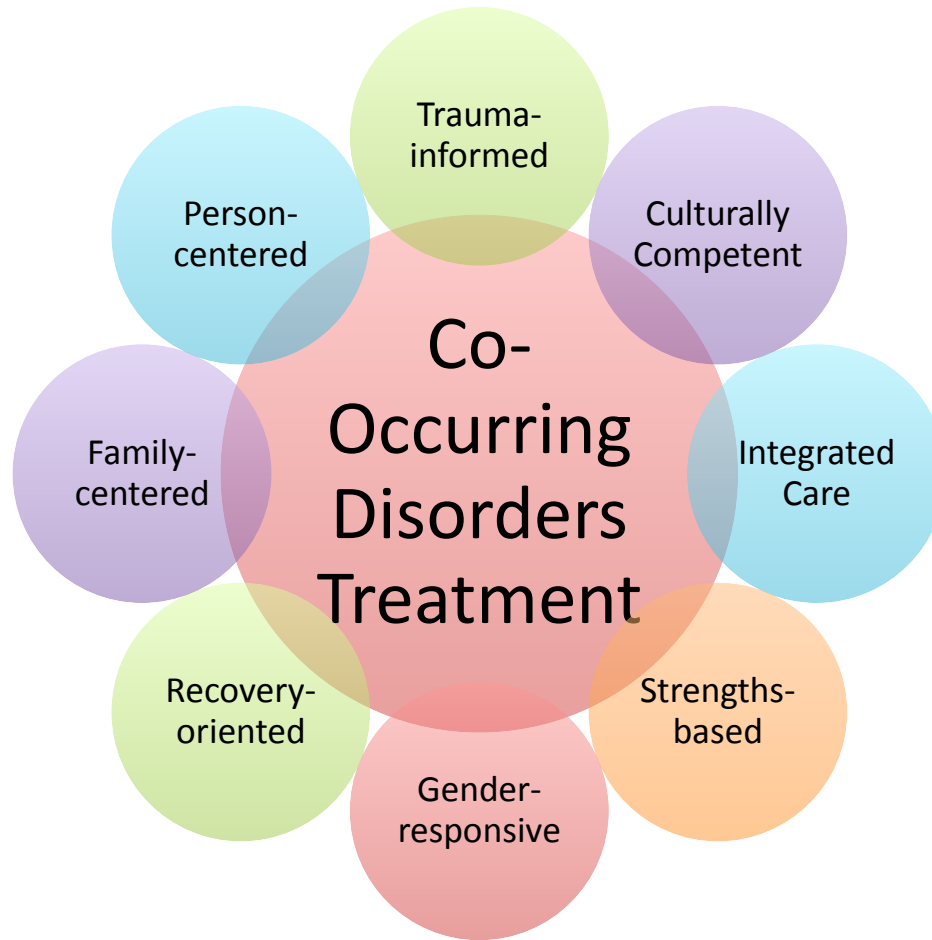
- Sex and gender differences
- Relational approach in working with women and girls
- Understanding trauma in women and girls
- Family-centered needs of women and girls
- Special considerations during pregnancy
- Women's health and healthcare
- Collaboration and interdisciplinary effectiveness



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Substance Abuse and Mental Health Services Administration (2011). *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals*. HHS Pub. No. (SMA) 11-4657. Rockville, MD: Substance Abuse and Mental Health Services Administration.





# Overview

- Gender-Responsive Services
- Survey of Adult Gender-Responsive Courts
- Girls and Boys Mental Health Courts in Bexar County, TX

# Introduction to Adult Gender-Responsive Courts

- Two approaches
  - Female only docket or court
  - Prostitution or human trafficking courts
- Greater attention to gender-responsive courts
  - Legislation
  - Outcome evaluations of female only DTCs

# Despite Growing Attention...

- Do not know:
  - Eligibility and screening criteria
  - Requirements and procedures
  - How can we improve upon these courts

# Current Project



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# Female-Only Courts: Entry

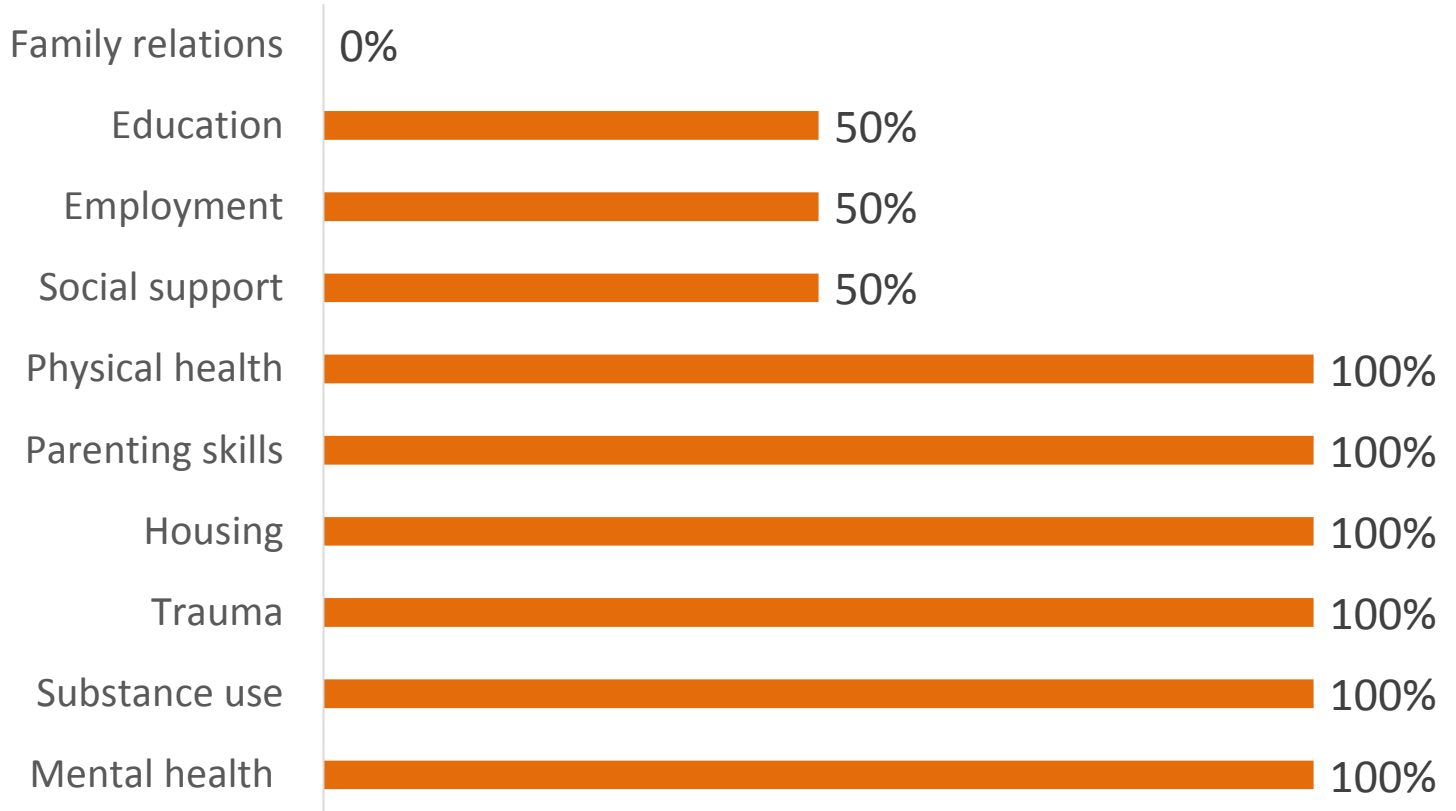
	Female-only courts
Eligibility	Females only Moderate to high risk Non-violent SUD
Identification	Arrest, arraignment, probation, or treatment providers
Screening	Treatment provider Gender-neutral assessment



# Female-Only Courts: Structure

	Female-only courts
Length	18 months
Requirements	Traditional problem solving court requirements (supervision, treatment, court appearances)
Mentors	Available but not required by all







	Prostitution diversion courts	Female-only courts
Eligibility	<ul style="list-style-type: none"> <li>All genders</li> <li>All risk levels</li> <li>Non-violent</li> <li>SUD or No SUD</li> <li>Traffic offenses</li> </ul>	<ul style="list-style-type: none"> <li>Females only</li> <li>Moderate to high risk</li> <li>Non-violent</li> <li>SUD</li> </ul>
Identification	Initial appearance, booking, arraignment	Arraignment, probation, or treatment providers
Screening	<ul style="list-style-type: none"> <li>Treatment provider, Coordinator, Pretrial</li> <li>Gender-neutral assessments</li> </ul>	<ul style="list-style-type: none"> <li>Treatment provider</li> <li>Gender-neutral assessment</li> </ul>

	Prostitution diversion courts	Female-only courts
Length	3 - 12 months	18 months
Requirements	Varies	Traditional problem solving court requirements (supervision, treatment, court appearances)
Mentors	Available but not required	Available but not required

# Other Observations

- Tracking program dropout
- Incentives
- Sanctions

## Benefits

Increased collaboration between judicial services and treatment providers

Increased supervision and treatment of high-risk, transient clients

Reductions in recidivism and increased reunification of parents with children

Clients experience significant increases in perceived procedural justice

## Challenges

Stable funding mechanisms and reductions in key staff members

Identifying gender-responsive, culturally-sensitive treatment providers

Disproportionate minority contact in program participation and termination

Disagreement in treatment goals between clients and treatment team



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# Recommendations

- Sustainability of programs and clients' needs
- Conduct a needs assessment of community programs prior to implementation
- Ground policies and procedures in NADCP's Best Practice Standards and gender-responsive principles

# Treatment Courts Best Practice Inventory

## Treatment Courts Best Practices Inventory (TC - BPI)

SECTION 1: TARGET POPULATION	No	Yes
<p>1. The court uses a standardized risk assessment to assess potential participant's risk level.</p> <p>Name of assessment: _____</p>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
<p>2. The court uses a standardized needs assessment to assess potential participant's criminogenic needs.</p> <p>Name of assessment: _____</p> <p>Name of assessment: _____</p>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
<p>3. The court prioritizes admission to high or moderate/high risk clients.</p>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)



# Overview

- Gender-Responsive Services
- Survey of Adult Gender-Responsive Courts
- Girls and Boys Mental Health Courts in Bexar County, TX



# Gender Specific Court Models

- Crossroads Court
  - Girls Mental Health Court
  - Pre-Adjudication Specialty Court
  - First-time non-violent offenders
  - Ages: 12-16
  - History of Mental Health issues and Trauma



# Gender Specific Court Models

- MIND (Males in Need of Direction) Court
  - Boys Mental Health Court
  - Pre-Adjudication Specialty Court
  - First-time non-violent offenders
  - Ages: 12-16
  - History of Mental Health issues

# Program Comparisons

DIFFERENCES	MIND Court (Males)	Crossroads Court (Females)
Presenting Problem	Physically aggressive behavior	Risky behaviors
	Bullying (Bullied and Bullier)	Running away, older peer associates
Underlying Issues	Low emotional maturity	Pseudo-emotional maturity
	Reactive	Strategic
	Hypervigilant of school/home behavior	Hypervigilant regarding social relationships & activities
	Parental enmeshment	Parental disengagement
Program Structure	Less structured program increases accountability	More structured program increases accountability
Supervision Issues	More often at home or at friend's home	More often out in community – location unknown
	Substance use – minimal to moderate testing	Substance use – minimal to moderate testing
Individual Treatment Focus	Emotional Regulation	Emotional Attachment
	Anger management	Trauma-focused treatment
	Impulse control	Risk behavior reduction
	Culture of males	
Skills Training Focus	Personal and social relationships (maintaining friendships)	Personal & social relationships (healthy relationships)
	Emotional Regulation	Health & safety
	Problem-solving	Independent living skills
	Stress management	Life decisions and responsibilities
	"Joven Noble"	
Family Treatment Focus	Strengthen family structure	Strengthen family attachment
	Strengthen boundaries	Strength-focused communication
Equine Therapy Focus	"Running with Mustangs"	"Girls Rule"
	Self-regulation	Assertiveness
	Internal and external triggers	Boundaries
	Observation and Environmental Cues	Problem Solving Styles and Communication
	Awareness of Thoughts and Internal Dialogue	Positive Body Image
	Problem Solving	Obstacles and Distractions
	Changing negative thought patterns	Family Roles
	Objective Perspective of Others and Empathy	Leadership and Empowerment



# Program Comparisons

DIFFERENCES (continued)	MIND Court (Males)	Crossroads Court (Females)
<b>Program Strategies</b>	Monitor group dynamics - alpha male	Monitor group dynamics – alliances/cliques
	Male probation officer fosters role modeling	Female probation officer fosters role modeling
	Male case manager fosters open discussions	Female treatment providers foster open discussions
<b>Pregnancy Prevention Efforts</b>	Empower to accept limits (OK to go slow)	Empower to set limits (Ok to say no)
	Healthy relationships	Healthy relationships
		Long acting reversible contraceptives
<b>Incentives</b>	Focused on graduation not phases	Focused on phase advancement
	Dress shirt/tie – Viewed as rite of passage	Symbolic graduation blanket
	Prefers gift cards	Phase One watch
		Pillows
<b>Activities</b>	Minor league baseball games	Amusement park
	Hockey games	Water park
	Bowling	College tours
	Structured art therapy	Process art therapy
		Creative writing
<b>SIMILARITIES</b>		
	Need help with basic needs such as food/utilities/transportation/housing (more so for males)	
	Need help connecting to community treatment services	
	Parent/child benefit from psychoeducation regarding mental health diagnoses and treatment	
	Benefit from advocacy and support during ARD (Assessment, Review and Dismissal) Process	
	Child and Parent benefits from communication and interpersonal skills training	
	Child and Parent benefits from time and money management training	
	Child benefits from vocational readiness training	



# Presenting Problem

- MIND Court (Boys)
  - Physically aggressive
  - Bullied or bullying
- Crossroads (Girls)
  - Risky behaviors
  - Running away
  - Older peer associates

# Underlying Issues

- MIND (Boys)
  - Low emotional maturity
  - Reactive
  - Hypervigilant of school/home behavior
  - Parental enmeshment
- Crossroads (Girls)
  - Pseudo-emotional maturity
  - Strategic
  - Hypervigilant of social relationships/activities
  - Parental disengagement



# Program Structure

- MIND (Boys)
  - Less structured program increases accountability
- Crossroads (Girls)
  - More structured program increases accountability

# Supervision Issues

- MIND (Boys)
  - More often at home or at friend's home
  - Substance Use: minimal - moderate testing
- Crossroads (Girls)
  - More often out in community
  - Location unknown
  - Substance Use: minimal – moderate testing



# Individual Treatment Focus

- MIND (Boys)
  - Emotional Regulation
  - Anger Management
  - Impulse Control
  - Culture of Males
- Crossroads (Girls)
  - Emotional Attachment
  - Trauma-focused Treatment
  - Risk Behavior Reduction



# Skills Training Focus

- MIND (Boys)
  - Personal/social relationships (maintain friendships)
  - Emotional regulation
  - Problem-solving
  - Stress management
  - Joven Noble
- Crossroads (Girls)
  - Personal/social relationships (healthy relationships)
  - Health and safety
  - Independent living skills
  - Life decisions and responsibilities

# Family Treatment Focus

- MIND (Boys)
  - Strengthen family structure
  - Strengthen boundaries
- Crossroads (Girls)
  - Strengthen family attachment
  - Strength-focused communication

# Equine Therapy Focus

- MIND (Boys)
  - “Running with Mustangs”
  - Self-regulation
  - Internal/external triggers
  - Observation and environmental cues
- Crossroads (Girls)
  - “Girls Rule”
  - Assertiveness
  - Boundaries
  - Problem solving styles and communication
  - Positive body image

# Equine Therapy Focus

- MIND (Boys)
  - Awareness of thought and internal dialogue
  - Problem solving
  - Changing negative thought patterns
  - Objective perspective of others and empathy
- Crossroads (Girls)
  - Obstacles and distractions
  - Family roles
  - Leadership and empowerment

# Program Strategies

- MIND (Boys)
  - Monitor group dynamics (alpha male)
  - Male probation officer fosters role modeling
  - Male case manager fosters open discussions
- Crossroads (Girls)
  - Monitor group dynamics (alliances/cliques)
  - Female probation officer fosters role modeling
  - Female treatment providers fosters open discussions



# Pregnancy Prevention Efforts

- MIND (Boys)
  - Empower to accept limits (OK to go slow)
  - Healthy relationships
- Crossroads (Girls)
  - Empower to set limits (OK to say no)
  - Healthy relationships
  - Long acting reversible contraceptives

# Incentives

- MIND (Boys)
  - Focused on graduation not phases
  - Dress shirt/tie (Rites of Passage)
  - Prefers gift cards
- Crossroads (Girls)
  - Focused on phase advancement
  - Symbolic graduation blanket
  - Phase I watch
  - Pillows

# Activities

- MIND (Boys)
  - Minor League Bball
  - Hockey games
  - Bowling
  - Structure art therapy
- Crossroads (Girls)
  - Amusement park
  - Water park
  - College tours
  - Process art therapy
  - Creative writing





# Similarities

- Assistance with basic needs (food, utilities, transportation, housing)
- Connecting to community-based treatment services
- Psychoeducation re: mental health diagnoses and treatment (parent & child)

# Similarities

- Advocacy and support during ARDs
- Communication and interpersonal training (parent and child)
- Time and money management training (parent and child)
- Vocational readiness training (child)

# Questions and Answers

# Key Resources:

## Gender-Responsive Services

- Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals: <https://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>
- Bloom, B., Covington, S., Messina, N., Selvaggi, K., Owen, B. [Gender-Responsive Policy and Practice Assessment Manual](#). February 18, 2014 for National Institute of Corrections.
- Ten Truths That Matter When Working With Justice Involved Women: [http://cjinvolvementwomen.org/wp-content/uploads/2015/09/Ten\\_Truths.pdf](http://cjinvolvementwomen.org/wp-content/uploads/2015/09/Ten_Truths.pdf)
- Mandell, Kara, and Werner, Deborah, “Guidance to States: Treatment Standards for Women with Substance Use Disorders,” National Association of State Alcohol and Drug Abuse Directors, 2008. <http://nasadad.org/wp-content/uploads/2010/12/Guidance-to-States-Treatment-Standards-for-Women1.pdf>
- SAMHSA TIP 56: Addressing the Specific Behavioral Health Needs of Men: <https://store.samhsa.gov/shin/content/SMA14-4882/SMA14-4882.pdf>



# Key Resources: Trauma

## Websites

- National Center for Trauma Informed Care: <http://www.nasmhpd.org/TA/nctic.aspx>
- National Institute of Corrections, Women Offenders: <http://nicic.gov/womenoffenders>
- The National Resource Center on Justice Involved Women: <http://www.cjinvolvedwomen.org>
- SAMHSA, Trauma and Justice Initiative: <http://www.samhsa.gov/traumajustice/>

## Publications

- SAMHSA *TIP 57: Trauma-Informed Care in Behavioral Health Services*: <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- SAMHSA *Creating a Trauma Informed Criminal Justice System for Women*: <http://www.nasmhpd.org/docs/NCTIC/Women%20in%20Corrections%20TIC%20SR.pdf>
- Blanch, A. Filson, B. Penney, D. *Engaging Women in Trauma-Informed Peer Support: A Guidebook*: <http://www.nasmhpd.org/publications/engagingwomen.aspx>
- Braude, L. & Miller, N. *RSAT Training Tool: Understanding Co-occurring Disorders and Applying Integrated Treatment Strategies for Adult Correctional Populations*: <http://www.rsat-center.com/Training-Curricula/Curricula>



# Developing a Mental Health Court: An Interdisciplinary Curriculum

[learning.csgjusticecenter.org](https://learning.csgjusticecenter.org)

*Developing a Mental Health Court* is a **free multimedia curriculum** for individuals and teams seeking to start, maintain, or just learn about mental health courts or other criminal justice/mental health collaborations.

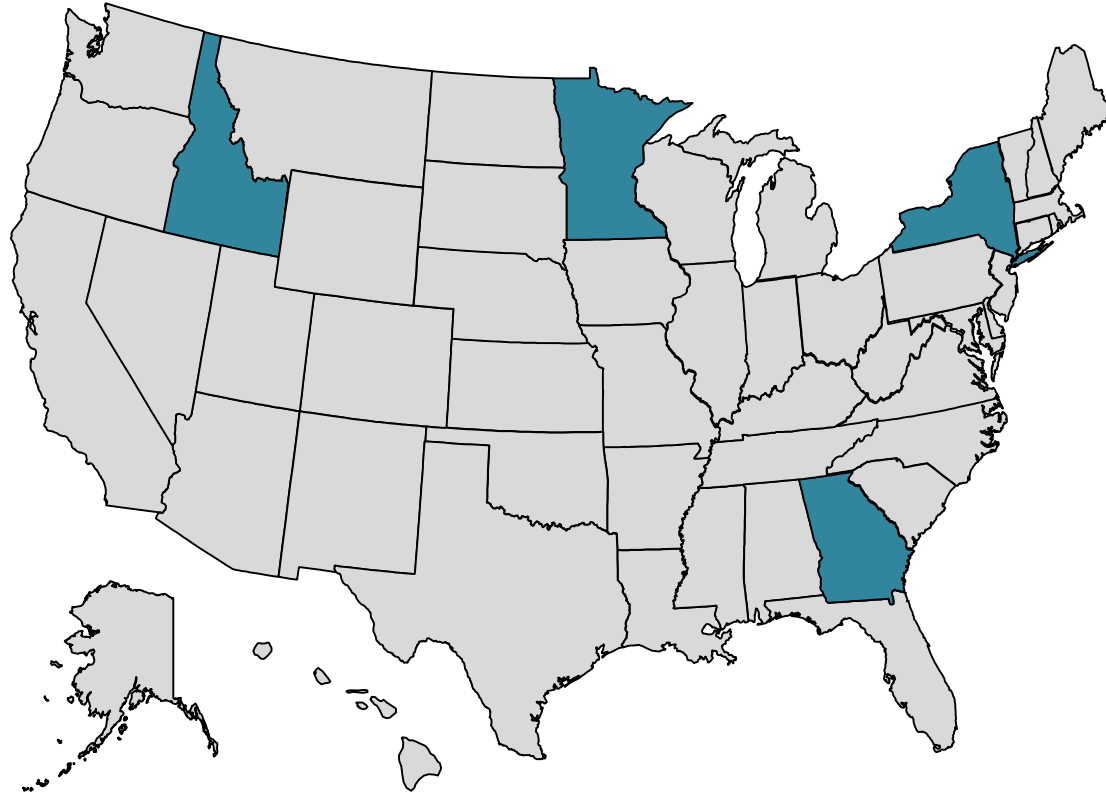


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## Criminal Justice/Mental Health Learning Sites



<https://csgjusticecenter.org/mental-health/learning-sites/>

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