Disclosure

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In this presentation we will:

• Briefly review national work on addressing disparities

• Consider some research findings that may help you create equivalent experiences for all treatment court participants

• Identify performance indicators to use in your programs
What’s the Problem?

African Americans represent 12% of the general population and 40% of the prison population.
Juvenile Justice

Even though African American juveniles comprise 16 percent of the youth population, they represent:

- 26% of juvenile arrests
- 44% of those detained
- 46% of youth sent to criminal court
- 58% of youth admitted to state prisons
Standard II: Equity and Inclusion

✔ Ensure equal opportunity for everyone to participate and succeed regardless of race, ethnicity, or gender.

✔ Take affirmative steps to detect and correct disproportionate census, inequitable services, and disparate outcomes involving those who have historically faced discrimination.

✔ Teams are responsive to the cultural differences within their population.
WHY DO THE EXIT RATES DIFFER?

Race, a proxy or indicator of bias?

• Race may be a proxy for other variables - including bias/prejudicial treatment.

• Dannerbeck et al, 2006, found that the effects of race (being black) on graduation probability decreased when one accounted for low community SES, unemployment and low social support.
AND SPEAKING OF RACE... MIXED RACE

- 3% of US population identifies as mixed race with the largest proportion identifying as White and Native American (US Census 2010)
- Not much research because of the tremendous diversity of individuals who could potentially be considered mixed race
- Implications of self-identification
  - Risk and needs indicator
  - Tends to fluctuate over the life course
- Implications of ‘observer’ identification
  - Monitor practices for potential discrimination
And speaking of ethnicity......
Latinos and Cultural Identity

Is it of value to maintain cultural identity?

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Is it of value to maintain relationships with other groups?

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“My child’s first sentence was: ‘Mommy with her PO.’ I cried.”
female treatment court participant, 2015

- Gender specific issues: Trauma, domestic violence, child care, guilt
- Self-medicating for abuse and trauma
- 12-step programs designed for men
- Gender responsive programs lead to better outcomes

Artist, Patricia Erickson
Costa Rica
Outcomes for Participants from a Health Perspective

• Reduction in stress

• Improvement in behavioral health issues (depression, substance use disorders)

• Increase in strength and resiliency
UNDERSTANDING DISPARITIES IN OUTCOMES

Social Indicators of Health and Health Disparities

• Stress (poverty, discrimination) and coping.

• Discrimination has an additive effect above other social determinants of health status that often leads to the elevation of chronic stress hormones which have a corrosive effect at the cellular level (Swain, Johnson, & Ports, 2016).

• Parents who experience chronic stress can pass on changes in gene expression at the cellular level. The effects on the children are the same as if they had directly experienced the stress.
HISTORY

• Slavery. Did there ever exist a more annoying way to try to make a modern-day black man feel like his troubles were insignificant, that he should be satisfied with the sorry hand society dealt him? Cha-Cha, a character in Angela Flourney's The Turner House, p 82

• Amazing how in the beginning of time we were the first people to have a great civilization and we were some of the most important people on this planet. Then 1000s of years of erasing our history and hundreds years of us being chained up and brought down. And now we are here. We see more of us than of them [in prison]. Focus group participant
State Capital
Columbia, SC, May 2015
Confederate Memorial Day

POST TRAUMATIC SLAVERY SYNDROME
The more disadvantaged the neighborhood, the less likely an individual is to graduate from drug court (Howard 2016).
Blue indicates blacks are <10% of Population in NYC.

Source:
https://www.huffingtonpost.com/2014/04/15/new-york-city-segregation-map_n_5153739.html
Neighborhood segregation may create differences in:

- employment opportunities,
- community resources,
- transportation access,
- treatment availability
- self- and collective- efficacy
- and other factors that impact drug court participant success.
Biggest thing from Af Am standpoint, know white people using drugs. Don’t buy drugs in their neighborhood. They go somewhere or someone brings them the drugs.

Coming from neighborhood where gangs and drugs are part of neighborhood environment, it is difficult to come in a program like this where you are expected to follow the straight and narrow and be clean but you are back home to that.

Growing up we had opportunities, had parks, community centers. Mom and pop stores. Resources in community allowing us to live effectively as a community. Had grocery stores, dental clinics, family practice health care. Stores selling fruits and vegetables.

Today no resources for individual to come out and be productive.
Many African-Americans relate to the culture of the streets.

- You have people who grew up, their mama not there, daddy locked up, no uncles or anybody to guide them so they feel like the streets is right here and the streets is their home and they are protected when they around the people in the streets because those people feed them, help them, do things for them, rob for them. The streets is their home, that’s why they fall right in, join a gang. Certified youth

- Didn’t want to be told what to do, when to do it and how to do it. I’m a man and I have been living on the street and I’ve been doing what I been doing to get by. So how dare somebody come and try to tell me how to live my life. Focus group
Wealth accumulation through respect and social relationships

Digre, Burkina Faso, 1981
I have been disrespected by the system. Say I am tall, African American, and have short hair. I could be walking down the street and get stopped multiple times because I fit the description: tall, African American, short hair. Once I was walking from my house to a park and I got stopped three times. Why? I didn’t do nothing. (certified youth)

When you have been arrested and locked up you get used to a system. People enter drug court with the idea that it’s just like the rest of the system. There’s unconscious distrust of anybody in authority positions. Focus group
Participants often mention their relationship with the judicial officer as a key element of their success.

Research suggests that the principles of procedural fairness are strongly associated with success (Mackenzie 2016).

While these principles apply to all individuals, pursuing equivalency may involve changing one’s approach to pursuing these principles with African-American participants.
Some background to help in understanding procedural justice

- Respect – the role of greeting, manner of dressing
- Hypersensitivity about matters of respect.
- “**Greeting** becomes a symbol which underscores the importance placed on the relationship.” (p. 31)
- Relationships
- “**Relationship** frequently trumps everything else.” (p. 28)
- Possible association between performance and perceptions of one’s relationship with those in charge.
- Rules - *the cards we were dealt*
  - Source: DeGruy 2005
Give participants a voice in court proceedings and let them know that their voice is heard.

**Voice** I knew they listened to me when they gave me a travel pass.

Practice neutrality by listening and invoking laws and rules to explain consequences. Participants who perceive that decisions are made based on facts and known rules rather than opinions are much more likely to abide by the decisions.

**Neutrality** There are rewards for those who do well and punishments for those who do bad. That’s just the way it is in this program.
MORE ASPECTS OF PROCEDURAL JUSTICE

• Exhibit **trustworthiness** by showing participants that the treatment team cares about them and wants them to succeed. Trust can also be earned by explaining the rationale for decisions.

• **Trustworthiness** *Drug court peoples you can see the hand they offer to you. Give you chance to help yourself.*

• Legitimacy is created when individuals are treated with **respect**. Respect is a valuable resource for many low income individuals, especially minorities who may experience discrimination. Some drug court studies report that minorities are more likely to report feeling disrespected in treatment court programs (Gallagher 2013).

• **Respect** *Showed disrespect in the way they talk to us sometimes.*
EQUIVALENT TREATMENT

Recognize that equivalent does not mean treating people the same.

Equivalent

• Equal in effect
• May differ in appearance but has the same value to the recipient

The trauma of racism and discrimination and the role of drugs and drug trafficking in coping with such discrimination may need to be addressed in treatment.
• Individuals respond more positively to interventions that respect and respond to their specific values, traditions, and needs (Bettancourt, et al, 2003)

• Language
  • Depression
  • The Blues
  • Heavy Spirit

• Coping mechanisms
  • alternative healing
  • belief systems- Is an ailment to be endured or treated?
  • exercise
  • Music *Let go of your troubles and dance.* (BM)
Some factors to consider

- African Americans have a lower incidence of mental health problems than similarly situated whites (Okeke, 2013) but more physical health problems over the life course.
  - John Henryism

- African Americans are treated differently in health care settings.

- They are less likely to have their pain acknowledged and treated than are similarly situated Caucasians. False stereotypes may be factors driving this trend. (Meghani, Byun, & Gallagher, 2012).
**More factors related to equivalent treatment**

- Minorities report lower levels of satisfaction with treatment (Wells et al. 2001).

- They underutilize treatment because of
  - potential stigma (Menke & Flynn 2008),
  - distrust of providers (Freimuth, Quinn, & Thomas 2001)

- Lower levels of education and income in the community may impact participants’ **self-efficacy** and their perceptions of the benefits of staying in treatment (Saloner & Cook 2013).

- To engage minority participants in treatment, providers need to have staff who understand the participants and are **knowledgeable about their daily lives** (Guerro, et al. 2013.)
COPING SMOKING PATTERNS

• Smoking at age 50 accounts for 20% to 48% of the black-white gap in male life expectancy.
• Black men are more likely to be ever smokers.
• Black men have lower cessation rates.
• Smoking serves as a self-medicating mechanism and form of relaxation among low income individuals facing high levels of stress. (Ho & Elo 2013)
• Blacks tend to smoke fewer cigarettes but are more likely to smoke menthol cigarettes (which numb throat and allow for deeper inhalations) and those with higher tar yields experience higher indices of smoke exposure and may be at risk for greater physical dependence. (Sellers 1998)
African Americans are more likely to abstain from drinking than are whites yet they are more likely to be problem drinkers. (Keyes, et al. 2015).

Problem drinking among African Americans is linked to discrimination. (Borrell et al. 2013)

Having religious beliefs and engaging in religious behaviors protect against problem drinking.

Having such beliefs without a religious practice actually increases the risk of alcohol abuse. (Brechtting et al. 2010)
African Americans may utilize religious and spiritual coping mechanisms. (Neblett, et al. 2010)

For those under financial stress, ‘the collection basket’ can be another stressor (Hudson et. al. 2016).

May be potential stigma among church attendees about associating with justice-involved individuals and their families. (DeGruy 2005)

Younger generation don’t have same feelings about church. Seen as European, from slavery. Focus group
Being Color Blind is Not Helpful

• “We treat everyone the same in our drug court program.”

• Research indicates that practicing an ideology of color blindness is ineffective, provokes interracial tension, and promotes inequality. (Neville, et al. 2013).

• What to do instead?
  • Discourage color blind attitudes among staff.
  • Engage in hard discussions about how race may matter in your program.
  • Include community partners and participants in these discussions.
DRUGS MAY NOT BE THE “PROBLEM”

• Not just focus on drug treatment because that is not an addict’s whole downfall. Drugs is not the problem. Addicts have more than one problem. All you focus on is drug problem, then you aren’t going to get down to the serious problems.

• Education might be a much bigger problem than drugs.

• Job problem might also be bigger. I don’t want to play the race card but being African American it really does make a big difference, especially when you are a felon.
Focus on Habilitation- life skills training, a career, not just a job

The evidence points to a need to focus on habilitation (being able to function independently in an adult world) especially for poor urban men, 50% of whom are black or Hispanic. (Institute on Research on Poverty 2016)

2/3 are fathers with children raised in female headed households.

60% have not worked in past 12 months.

Employment rates for urban black men have decreased from 73.4% in 1970 to 44.7% in 2010 vs. from 85% to 77% for white men.

50% of black and Hispanic men have been arrested by age 35.

Employment status at drug court entry is a significant predictor of exit status. Providing an equivalent experience may entail offering additional resources for employment supports.
**EQUIVALENT RETENTION**

- Most difficult group across types of interventions: young black males, 17-25

- Typical comment: “I’m not an addict. I just choose to smoke weed. It's part of my lifestyle.”

- Emerging adult characteristics - brain not mature, weak connections to social control mechanisms, establishing a lifestyle

- High prevalence of gateway drugs - alcohol and marijuana – related to experimentation, instability and stress, peer influence (Dannerbeck, 2010)
PERFORMANCE INDICATORS

Break down participants by age group:

• 17-25 emerging adults
• 26-35 young adults
• 36-60 middle adults
• 60+ older adults
• Look at length of time in program, risks, needs
• Look for patterns of absconding, early termination
I don’t have none of that addiction stuff. I don’t even see why I am in drug court. I guess because I had drugs but I don’t know what. They should have a different program to talk about how to get money. They should put me in a different room to talk about why I want fast money... I don’t have an addiction it is more of a lifestyle. You know how you grow up seeing your older cousins and brothers doing this. You like what you see. They have good clothes, shoes, game systems. Just trying to live the good life. Without having to do nothing for real for it just somebody put it in your hand real quick and easy like that. None of that ‘oh my feet hurt’ coming home from work type stuff. Reintegration evaluation
HEAT, A PROMISING INTERVENTION

- Habilitation, Empowerment and Accountability Therapy
- Created by Guy Wheeler and Darryl Turpin
- Manualized cognitive behavioral therapy designed for those who identify with the culture of black males between the ages of 17 and 29
- Focuses on spirituality, community, family and self.
- Geared to reduce recidivism, reduce drug use, address trauma, ambivalence and resistance
- Focuses on increasing self- and collective efficacy
A recent Pew Research Center study (2015) found that young adults, those with low incomes and minority status were the groups most likely to be smart-phone dependent. How can you use this device to enhance access to your program?

- Send text reminders about appearance dates.
- Clinicians and probation officers can do quick check-ins on mental state, cravings, or activities to see how participants are doing.

**Consider ways to connect your program to the participants to improve retention**
Drug testing reminders can be sent via text.

Some clinical interventions may be conducted over smart-phones.

On-line reviews of NA/AA groups can help individuals find a good match.

Create an app for stress reduction.

Link participants to health literacy information.

Community members can form a virtual network to offer support to participants. (Anderson & Olson, 2016)
For participant support:

After 3 jail sanctions, *What helped me to stop the B.S. was a call from my daughter, ‘Daddy, me and Granny was talkin’ and we concluded you ain’t doin’ what you’re supposed to be doin’. ADC focus group participant*

*My brother was there to support me but a lot of people don’t have that.*
To help family members:

Adverse Childhood Experiences study found parent substance use to be a risk factor for other ACEs, including child maltreatment.

Children with a large number of ACEs are likely to use substances and be justice involved.

A good time to identify and treat at-risk children are while their parents are in treatment using a family centered approach in ADC.
Interview participants
  • Were sanctions used as a punishment or a form of help?

A jail sanction doesn’t help if you are used to being locked up. You are used to that. Its comfortable. Give people the opportunity to step outside themselves, go talk at a youth center. Treatment court participant

• Nurturing self efficacy- helping participants vs. giving them what they need to do things themselves
CREATE AN ATMOSPHERE OF SOCIAL ACCOUNTABILITY

- Plays into our desire to look good to our peers. Knowing that we may have to explain our decisions leads us to change our behavior (Dobbin & Kalev 2016)

- Discourage color blind attitudes among staff.

- Provide training on implicit bias and

- Use performance indicators, both statistics and interview materials to engage in continuous improvements.
  - Have staff review them regularly
  - Have a stakeholder group review them periodically and ask questions.
Fishbein & Ajzen Theory of Reasoned Action

Intention to perform a behavior precedes the actual behavior

Designed to predict how individuals will behave based on the following four elements:

- Attitudes-> implicit bias assessment and training
- Knowledge->cultural competency training
- Peers/norms-> social accountability
- Self-Efficacy->skill building, team discussions
POSSIBLE ACTION STEPS
EQUIVALENT TREATMENT

- Don’t ignore the role of history, particularly slavery and discrimination
- Pay attention to how your program cultivates self-efficacy
- Use motivational interviewing to arrive at a common understanding of the problem/s to be addressed
- Cultivate egalitarian and authentic relationships with participants
POSSIBLE ACTION STEPS  
EQUIVALENT RETENTION

• Be aware of your participants’ neighborhoods, the opportunities and challenges associated with those neighborhoods
• Apply smart phone technology to keep participants engaged
• Create a pathway from ‘getting a job requirement’ to developing a career
• Offer a culturally tailored intervention to individuals who identify with street culture
• Cultivate a sense of collective efficacy among staff and participants
Interview participants

• about aspects of procedural justice

• regarding whether jail sanctions are perceived as a punishment or form of help

• about changes in their perceived health status (stress levels, illness management, etc.)
POSSIBLE ACTION STEPS

EQUIVALENT DISPOSITIONS

• Track legal status of participants at entry by race, gender and compare exit status across groups

• Track legal dispositions at exit by race and gender
POSSIBLE ACTION STEPS
TEAM TRAINING

Have staff discussion around topics like:
• Equivalent does not mean treating everyone the same,
• Being color-blind is not effective,
• How does neighborhood matter

Create a comprehensive training approach that includes
• Implicit bias training
• Cultural congruence training
• Data sharing
• Practicing skills such as how to have difficult dialogues about race and discrimination


MacKenzie, B. 2016. The judge is the key component: The importance of procedural fairness in drug-treatment court. *Court Review, 52*, 1, 8-34.


Saloner, B. and Le Cook, B. 2013. Blacks and Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. *Health Affairs, 32*, 1,135-145.