

Using Mobile Technology to Enhance Outcomes in Community Corrections

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NADCP

**National Association of
Drug Court Professionals**



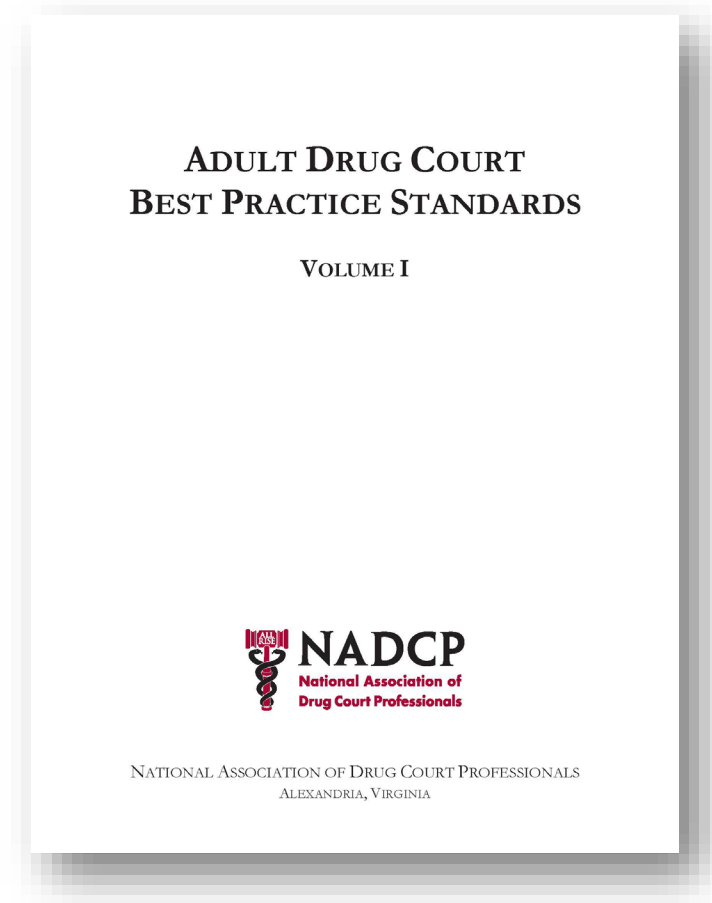
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Crisis or Disaster Response



- Best practices are unchanged - less room for error
- Physical distancing but social proximity
- 96% have cell phone; 89% readily accessible
- **Connection**, **honesty** and **safety** are proximal (all else is distal)
- Immunity or amnesty for self-reported infractions unless immediate danger to self or others
- Certainty and celerity of positive reinforcement
 - All efforts at connection, honesty and safety should receive copious praise, time-credits, community service hours, or token rewards (e.g., text or email vouchers, mail rewards)
- Don't threaten sanctions you can't or won't deliver



Social Proximity



- Designate crisis coordinator – not a judge – to oversee contacting participants (prioritize high risk & need cases) and maybe graduates
- Phone, text, email, mail and/or home visits with due protections – reward compliance
- Welfare checks, not compliance checks
- Establish contact procedures going forward – reward compliance
- Push daily prosocial messages, appointment & task reminders, warnings, etc. – request info, feedback, and reward compliance
- Automated praise (celerity) and personalized praise (certainty, fairness) – **density** is key!
- Reimburse costs (e.g., text data fees)



Social Messaging



- We're still here; drug court is open
- COVID-19 education and prevention tips -- *e.g.*, Addiction Policy Forum Message from Gramma
- Crisis resources (food, ER, DV-PFA, etc.)
- Online peer-support – **examples:**
 - SmartRecovery <https://www.smartrecovery.org/>
 - Tribe <https://support.therapytribe.com/addiction-support-group/>
 - In the Rooms (12-step) <https://drugabuse.com/benefits-of-online-support-in-recovery/>
 - CHES Health Connections <https://www.ches.health/>
- Stable graduates or peer specialists lead online alumni association chatroom, text chain
- Automated and personalized reinforcement

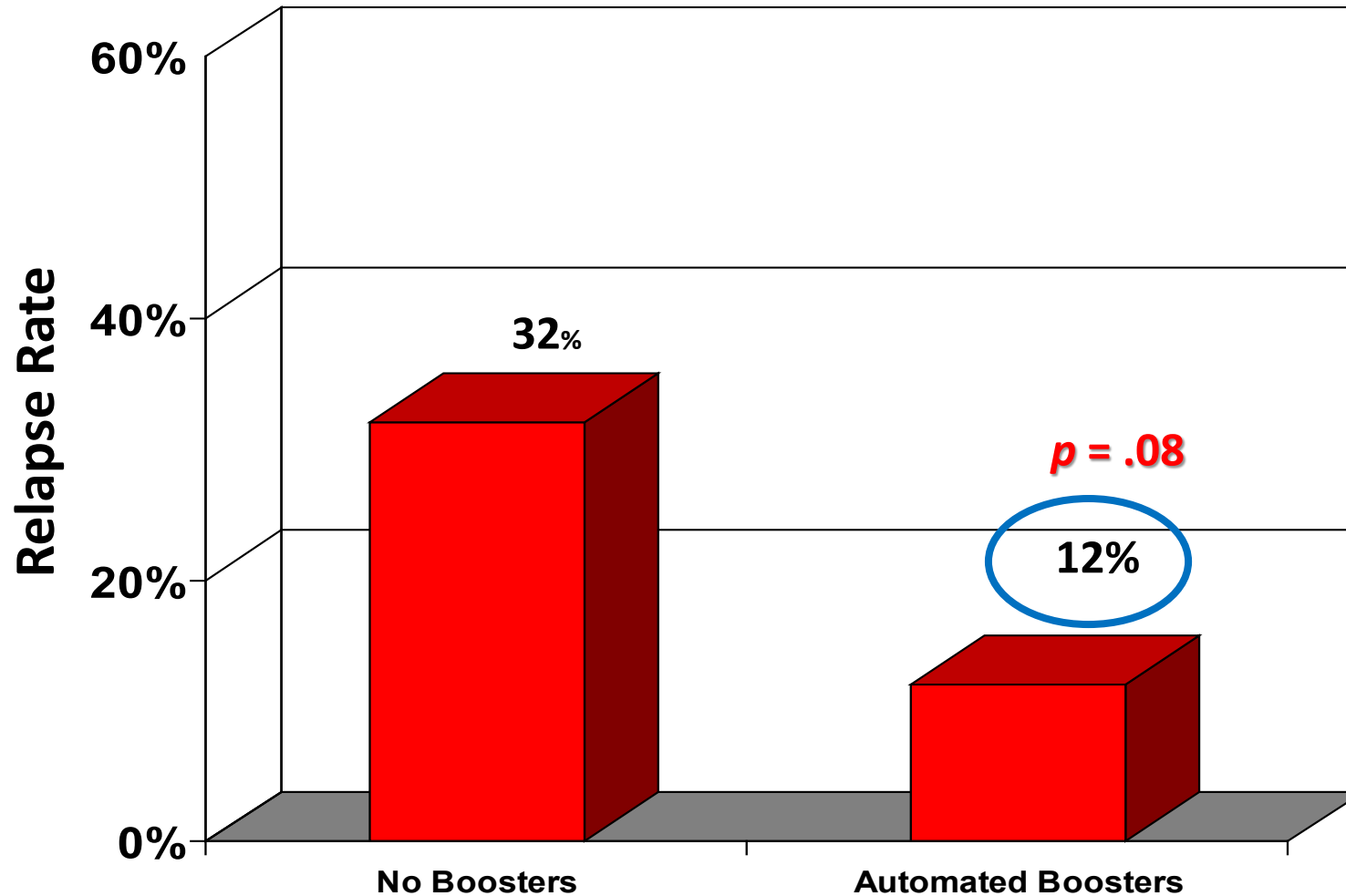
Social Messaging



- Patients in intensive outpatient treatment
- Read and respond to 4 randomly generated treatment cues per day for one month
- 94 phrases developed from focus groups and counseling materials, e.g.:
 - “1 is too many and 1,000 are never enough”
 - “Have you done a self inventory?”
 - “Slow down and breathe”
 - “Take care of yourself first”
 - “Resentment is the number one offender”
 - “You can only change one thing: Everything”
 - “I might have another drunk left in me, but do I have another recovery?”
- 1 daily diary of proximal dynamic risk factors (e.g., stress, cravings, interpersonal conflicts)



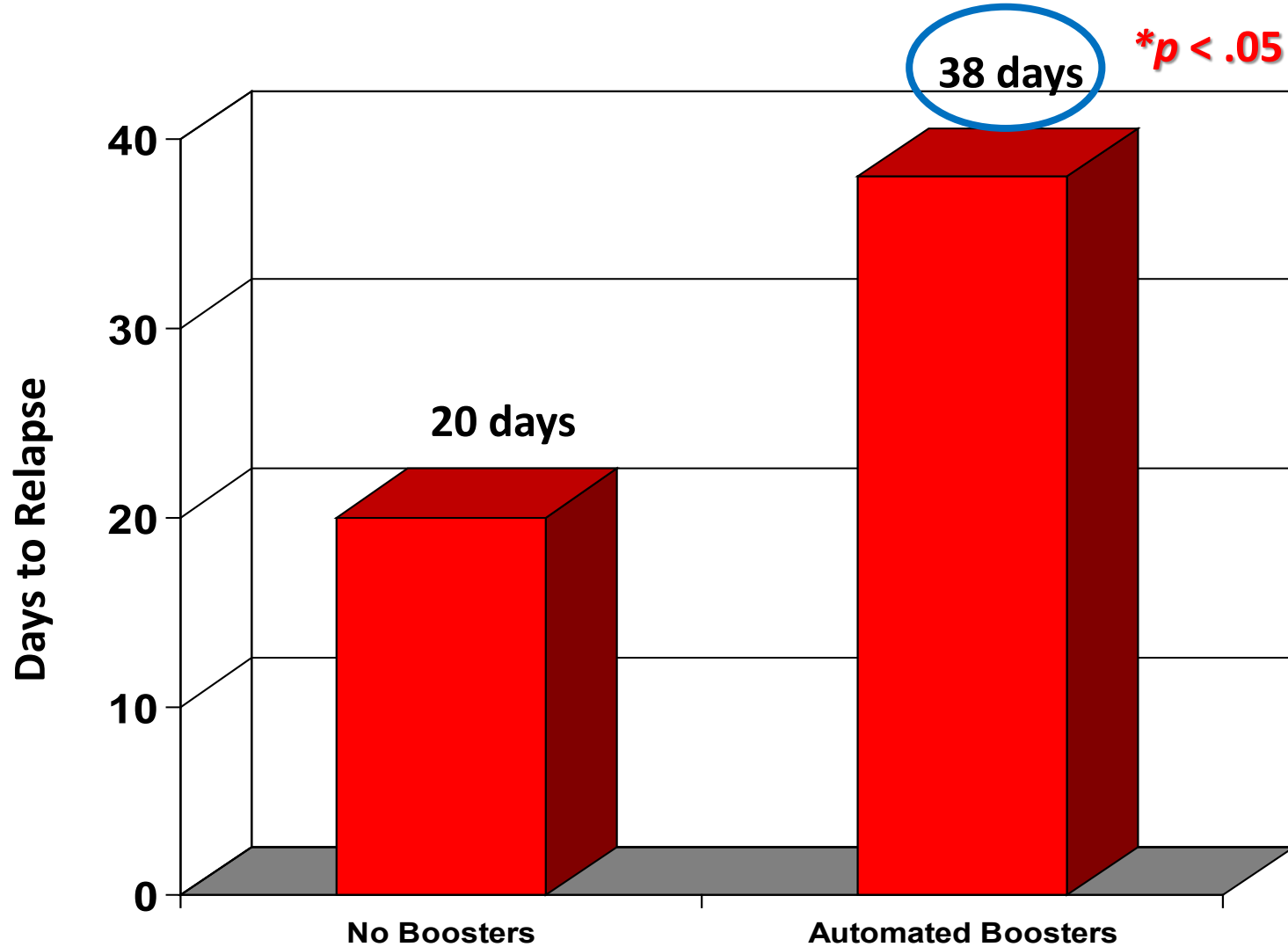
Social Messaging



Ritter (2015)



Social Messaging

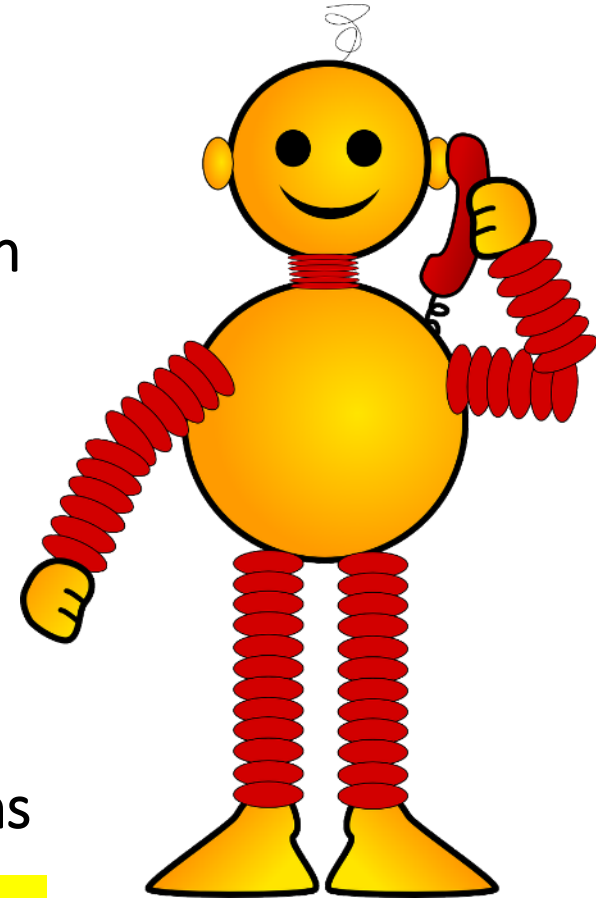


Ritter (2015)

Robo-Feedback



- Daily automated phone calls for 30 days after release from prison (lasting up to 60 seconds)
- Assessed dynamic risk and protective factors, including peer affiliations, treatment & self-help engagement, cravings, mental health symptoms, stress, substance use
- Immediate feedback on trends since last call (positive, negative, no change)
- Automated recommendations (e.g., talk to trusted friend, go to NA meetings, call P.O.)
- Daily report to parole officer of summary scores and recommendations
- Significantly lower psychological symptoms, alcohol use, illicit drug use, and daily stress



Andersson et al. (2014)

Live Cell Phone Boosters

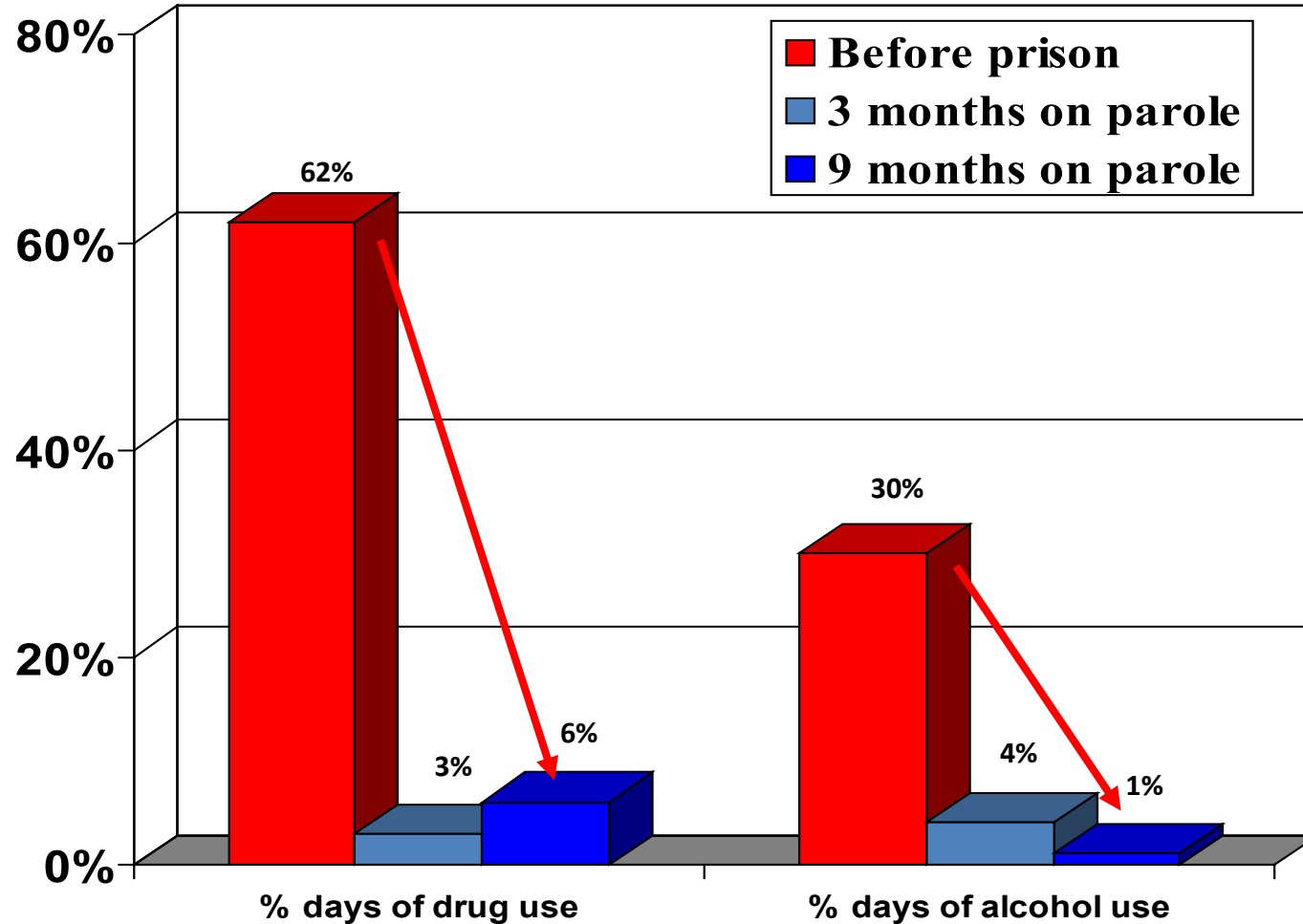


- Women on parole from state prison
- “Sober phones” to remain in contact with same counselors from prison
- Can only call approved parties (e.g., P.O., counselor, crisis center, AA sponsor, family)
- 3 months (titrated from daily to weekly calls)
- Bachelor’s degree level counselors
- Encourage positive supports, reflective listening, recommend treatment, resolve ambivalence, etc.

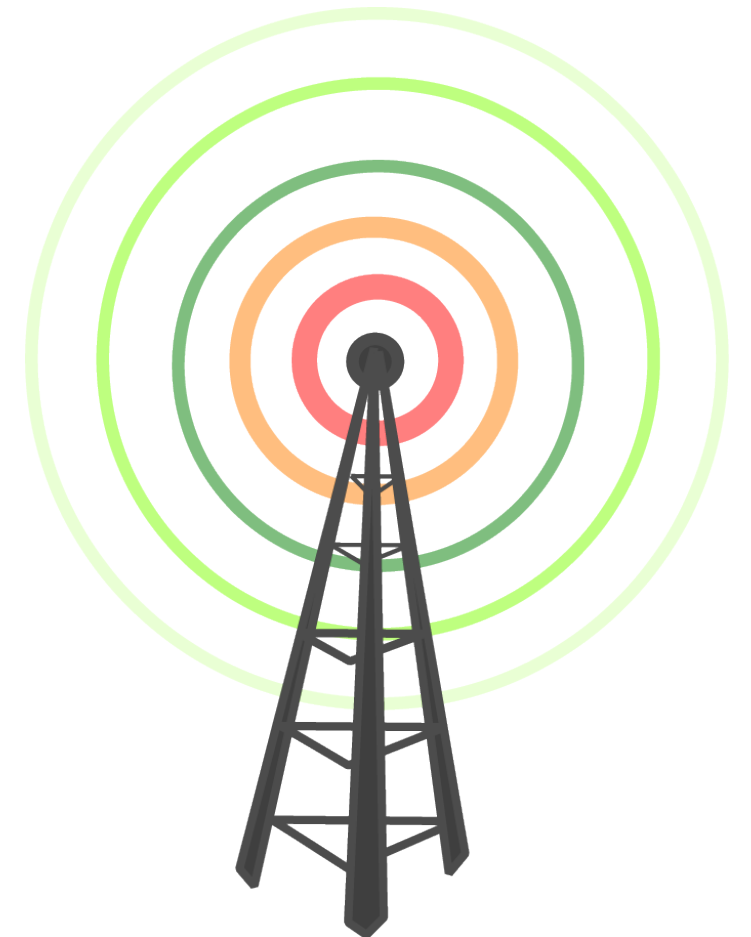
Johnson et al. (2015)



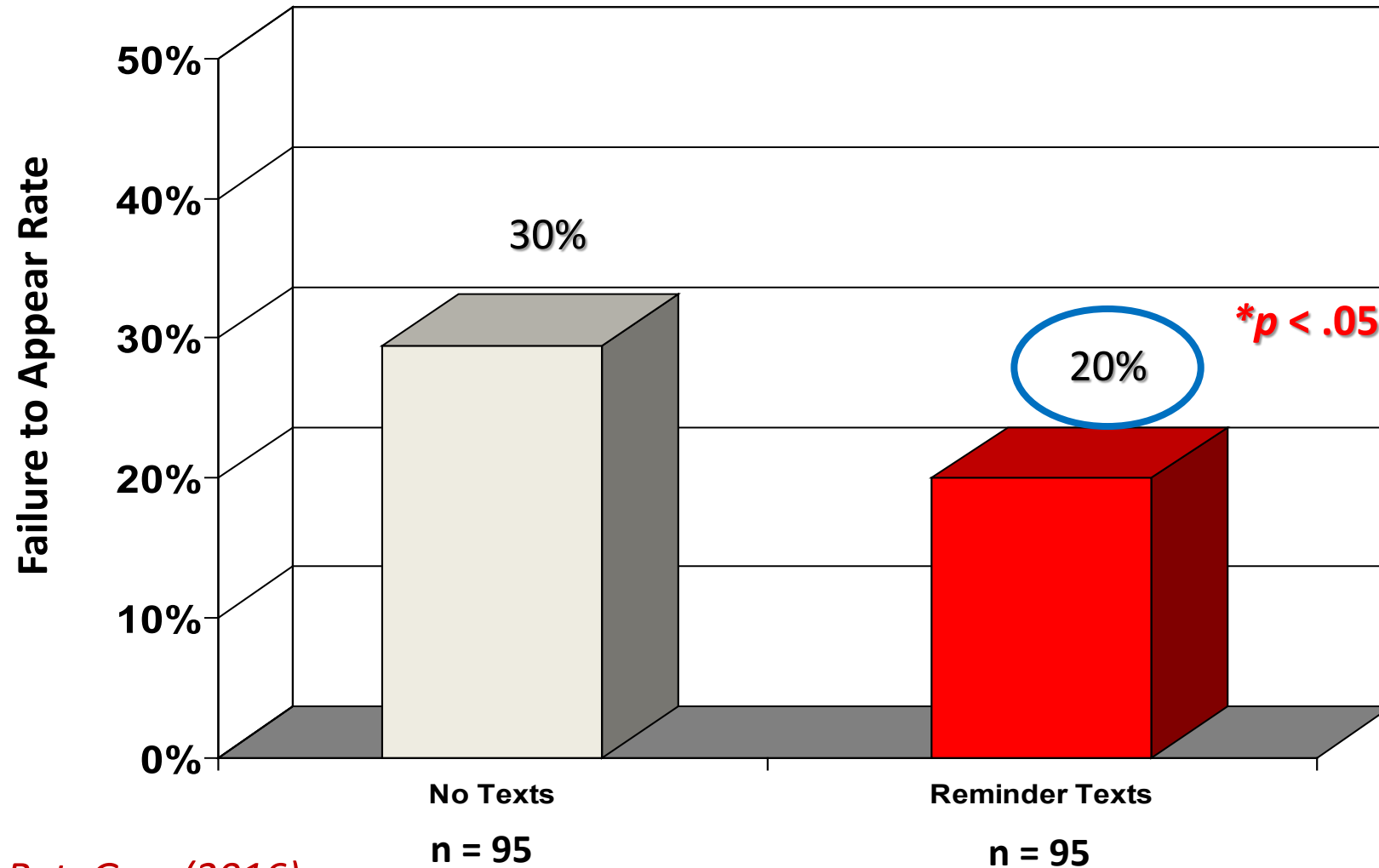
Live Cell Phone Boosters



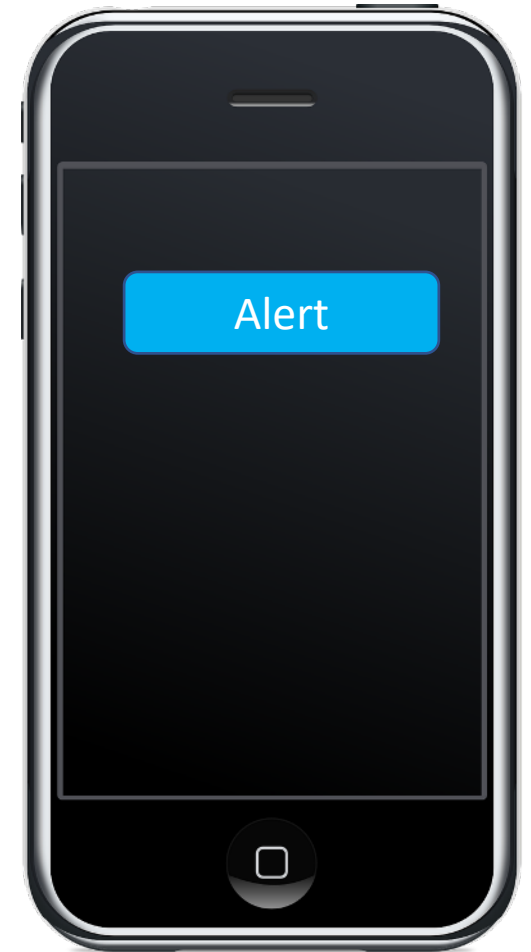
Johnson et al. (2015)



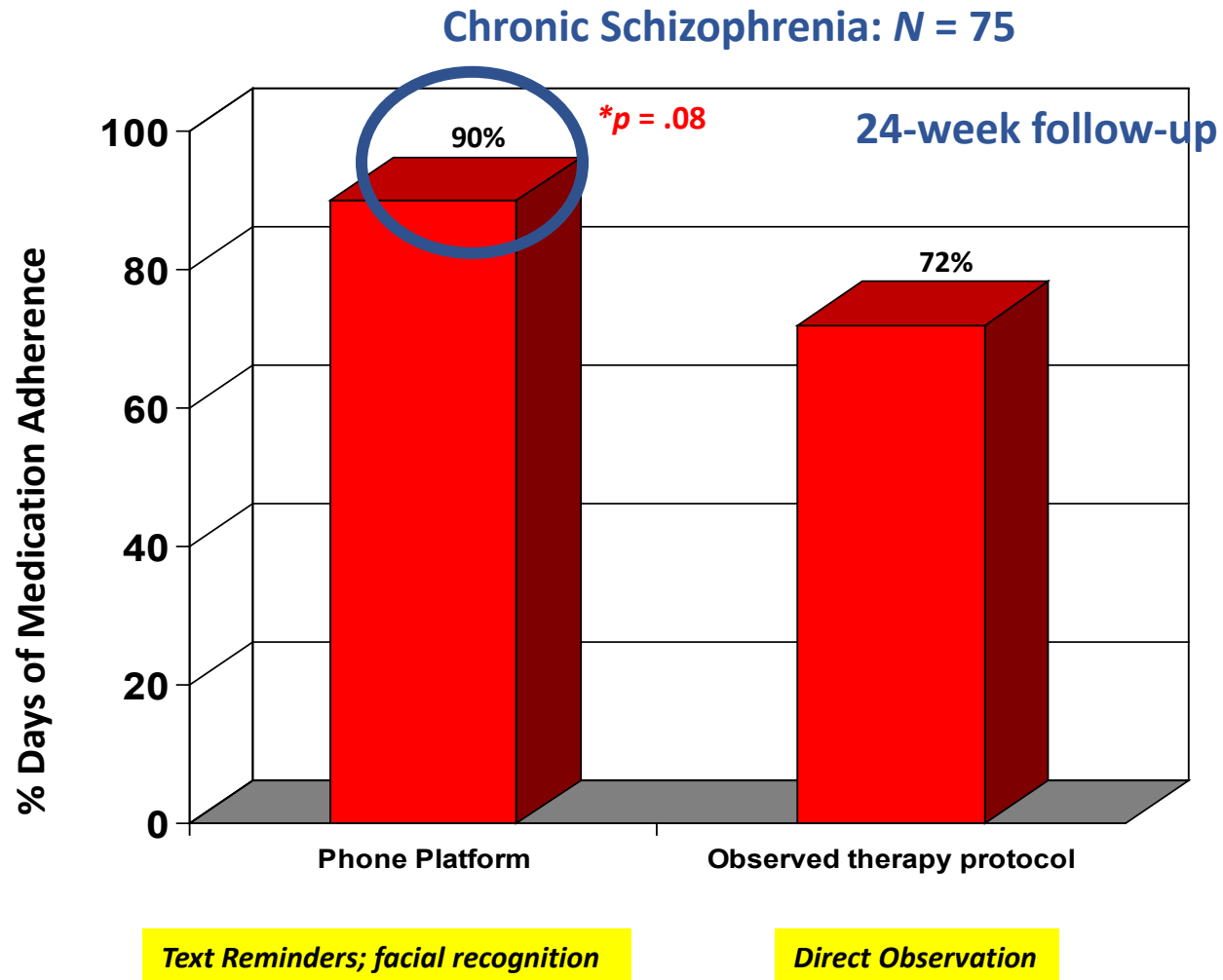
Probation Reminder Texts



BetaGov. (2016)



Medication Adherence

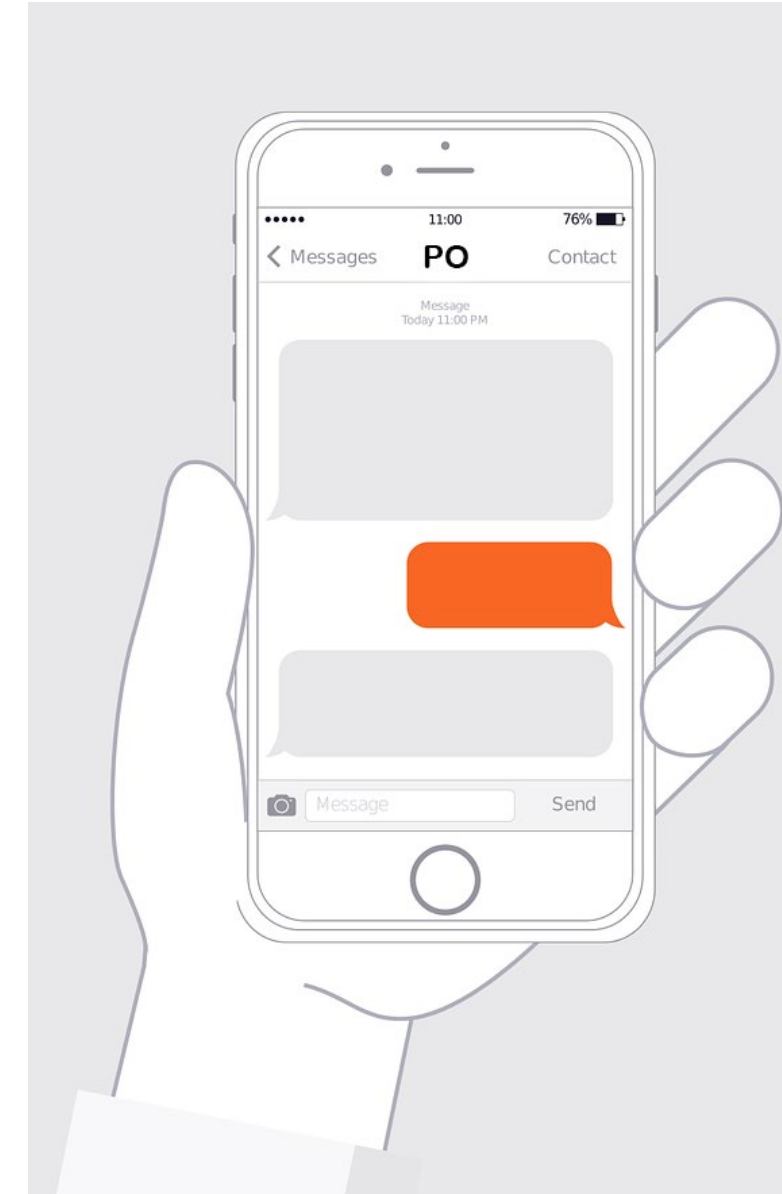


Bain et al. (2017)

Compliance Check-ins



- Bring-your-own or locked-down
- Facial recognition, thumb-print, password, etc.
- Random, scheduled or on-demand notifications & reminders; configurable questions; document management; GPS pins
- Automated and personalized reinforcement
- Individual or group chats (e.g., caseload)
- Can be linked to RB, CAM, etc.
- Audit trails – everything is data!
- Minimal training; Cloud-based
- Allowable under several federal grants



Remote Court Hearings



- Counsel must also be on – *ex parte* issue
- Otherwise, summary of check-ins and other info. to judge and counsel; judge reply-all
- Contested facts or liberty infringement (?)
- Public access to the courts (NCSC document)
 - Live stream; monitored “wait room”; watermarked; do not record order; option for audio call-in; petition for individual review; eCourt for document filing



Drug and Alcohol Testing



- Remote breath and GPS with facial recognition (e.g., LifeSafer, AMS/SCRAM, CheckBAC)
- Continuous transdermal monitoring (e.g., SCRAM)
- Hair or sweat tests (longer windows)
- Self-report with amnesty and incentives for honesty

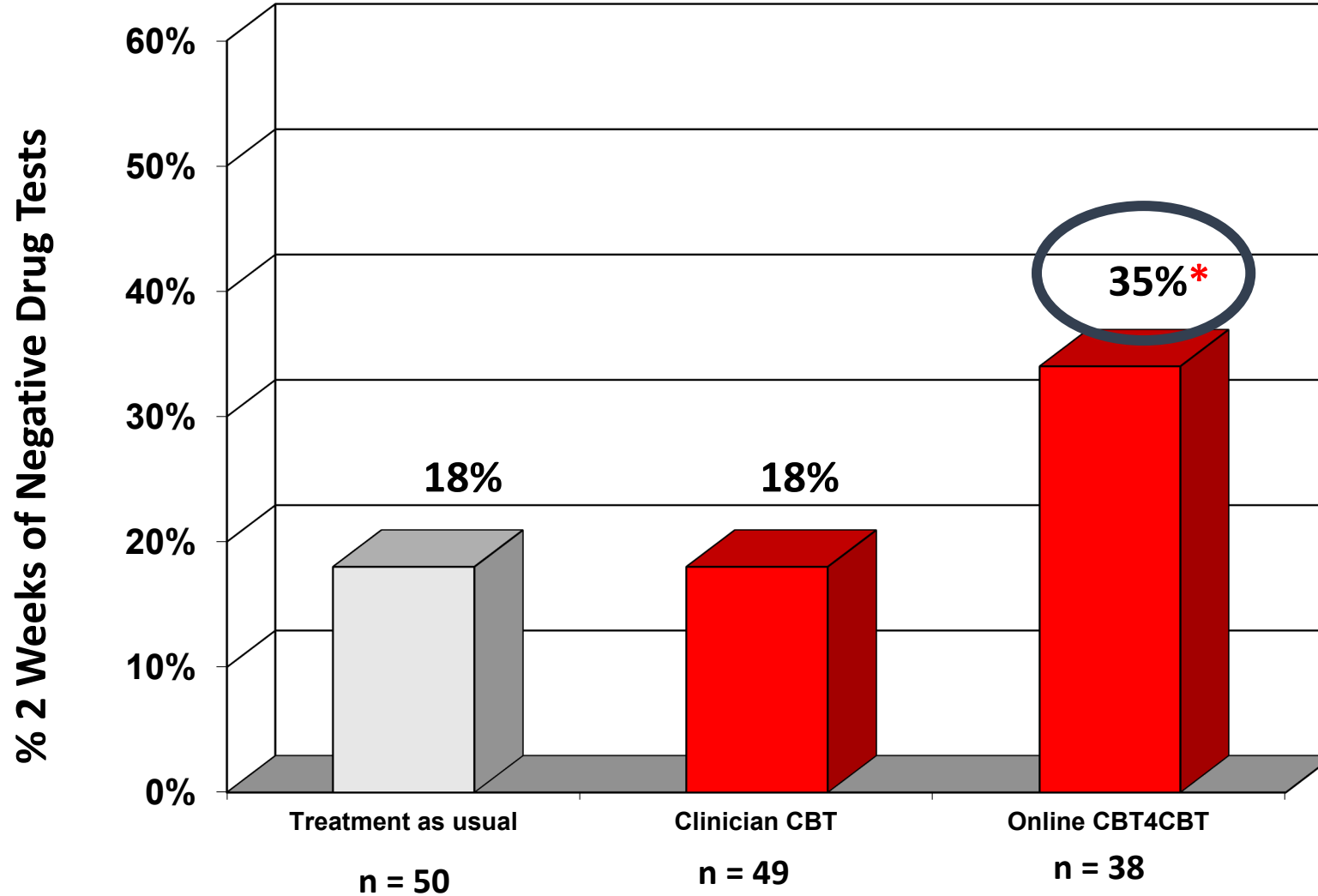


Counseling Curricula



- Superior to no treatment; same as face-to-face
- Mostly online recruits for CBT for depression, anxiety, PTSD, problematic alcohol use
- 27% don't respond (high need, male)
- Few evidence-based for substance use treatment or criminal justice systems
 - **CBT4CBT** (12 weeks) – triggers, refusal skills, relapse prevention
 - **Therapeutic Education System** (12 weeks) -- community reinforcement approach (CRA) and prize-based contingency management
- Guided self-paced or counseling adjunct are best
- Modules and homework assignments completed are the best predictors of success
- Asynchronous (e.g., text) preferred; no different from live chat -- both may be best for high risk

Abstinent at 6 Months



* $p = .09$

Kiluk et al. (2018)

Ethics and Confidentiality



- Licensure where client resides – many states are waiving licensing restrictions (e.g., PA)
- CARES Act brought 42 CFR disclosure and redisclosure provisions in line with HIPAA:
 - May be identified by category or description (not name) if for purposes of treatment, health care management, payment or healthcare operations (“minimum necessary rule”)
 - OCR: Deference to professional discretion re. health threat
 - Patient may revoke consent & entitled to account of disclosures
- OCR waiving penalties for “good faith” telehealth during COVID-19 even if not related to virus
- SAMHSA: 42 CFR inapplicable to bona fide medical emergencies
- CMS expanded coverage for audio telehealth services

Nevertheless...



- All other ethical and professional obligations apply
- Competence in both (1) treatment delivered and (2) telehealth delivery
- Informed consent should be obtained if feasible, including acknowledging understanding of potential negative consequences
- Electronic signature is generally permissible unless expressly barred by law
- Right to opt-out of group interventions & check-ins
- Right to audio or avatar group participation after individual verification (telephone may be not reimbursable)
- Therapeutic contract to protect group confidences

Platforms, Apps and Services



No Additional Cost	Additional Cost
FaceTime	Polycom
Skype	Zoom
Google Teams	GoToMeeting
Community Corrections	
SCRAM Touch Point (60 day trial)	Corrisoft
TeleMedicine	
Doxy.me	Vsee
	Thera-Link
Chat Groups	
Google Hangouts	
Voxer (30 day trial)	

Conclusions



- ✓ We are open for business and best practices remain our guide
- ✓ Herd your cats now and develop disaster preparedness plan for next time
- ✓ Our clients use mobile technology (so should we!)
- ✓ Appointment reminders, inspirational messages, brief motivational boosters, and online CBT curricula work as well or better than live services
- ✓ Dense delivery of low-dose positive reinforcement (celerity & consistency are primal)
- ✓ Encourage pro-social online peer community