

# Using Mobile Technology to Enhance Outcomes in Community Corrections

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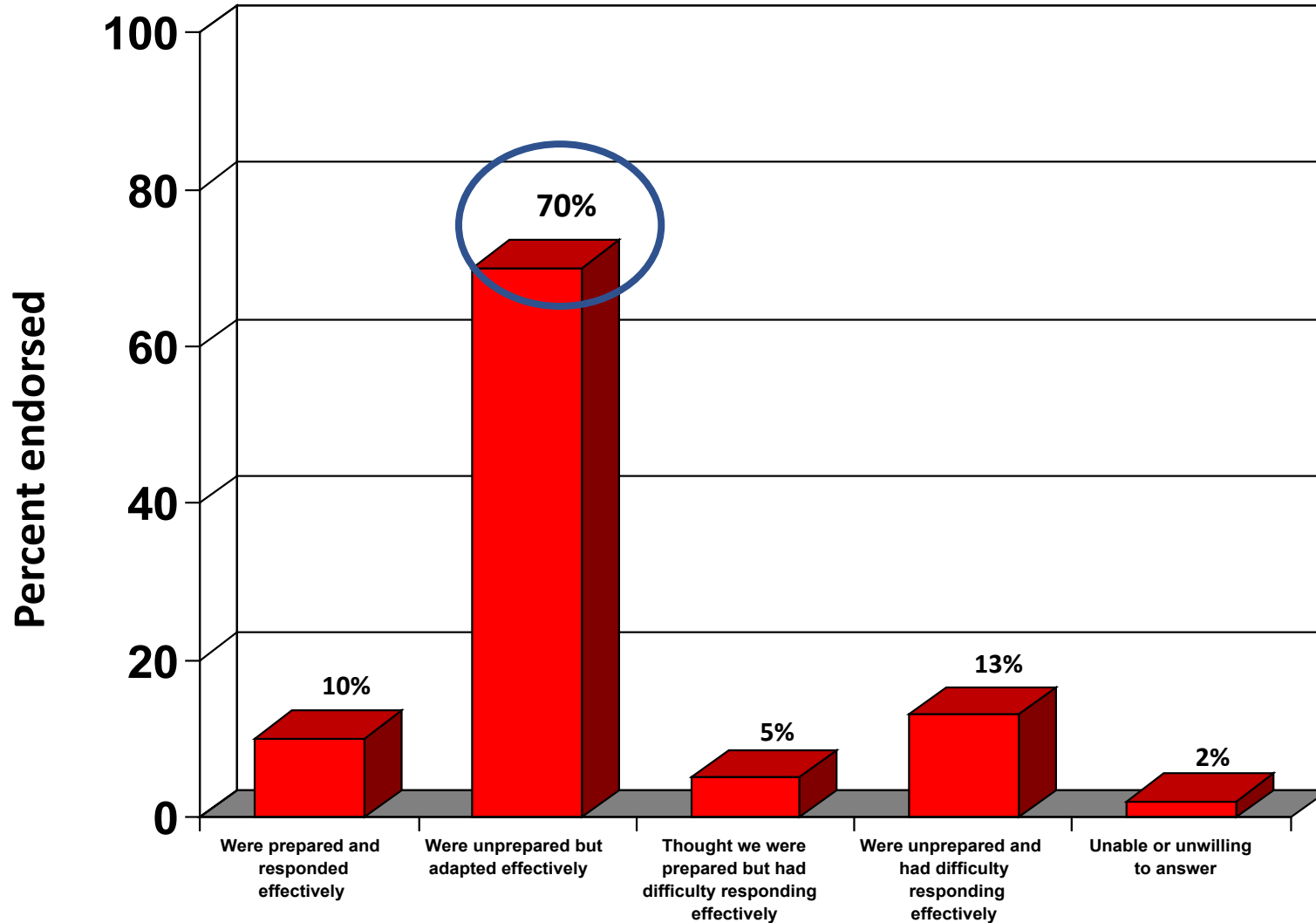


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**National Association of  
Drug Court Professionals**

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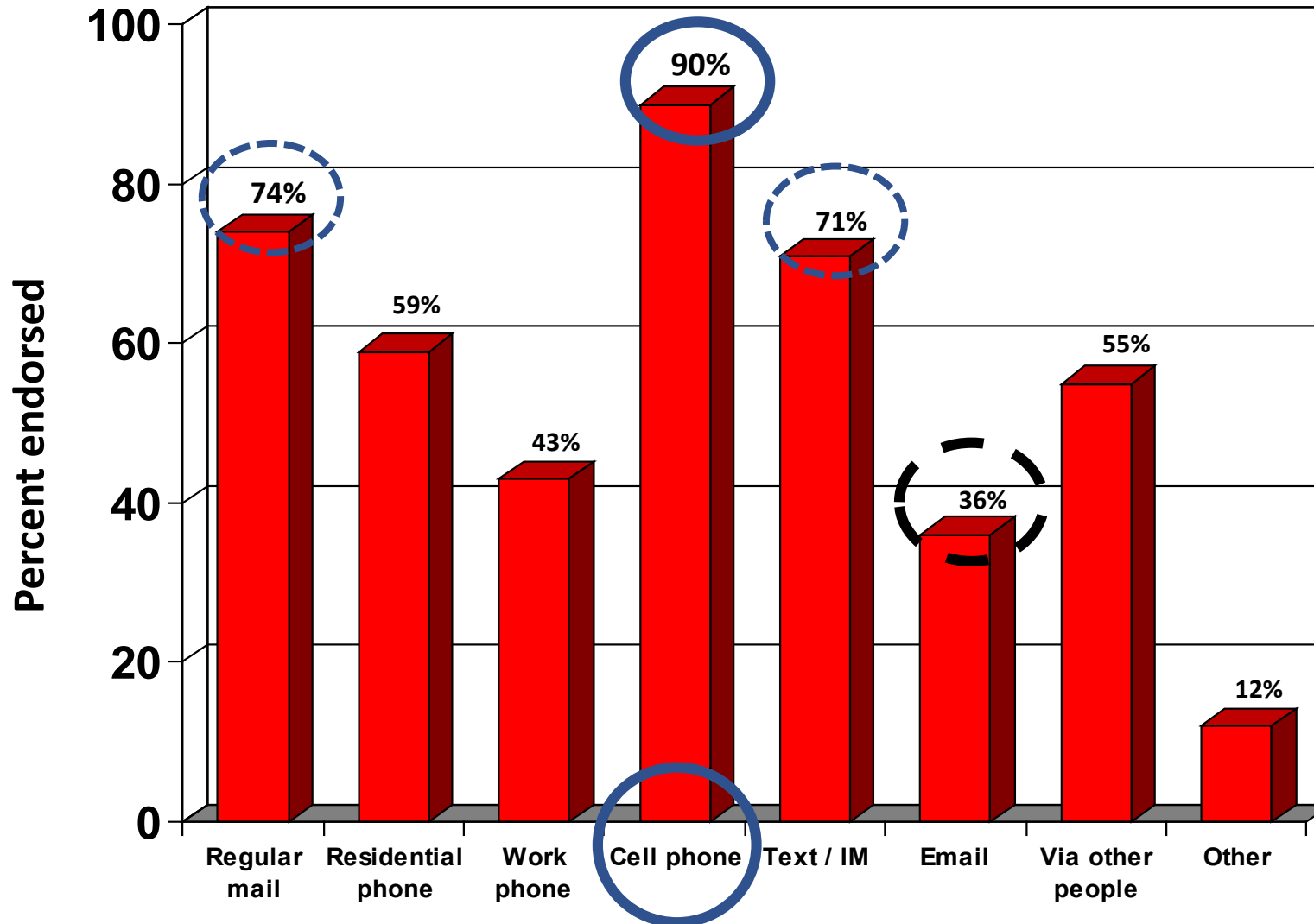
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# Regarding the COVID-19 crisis, we . . .



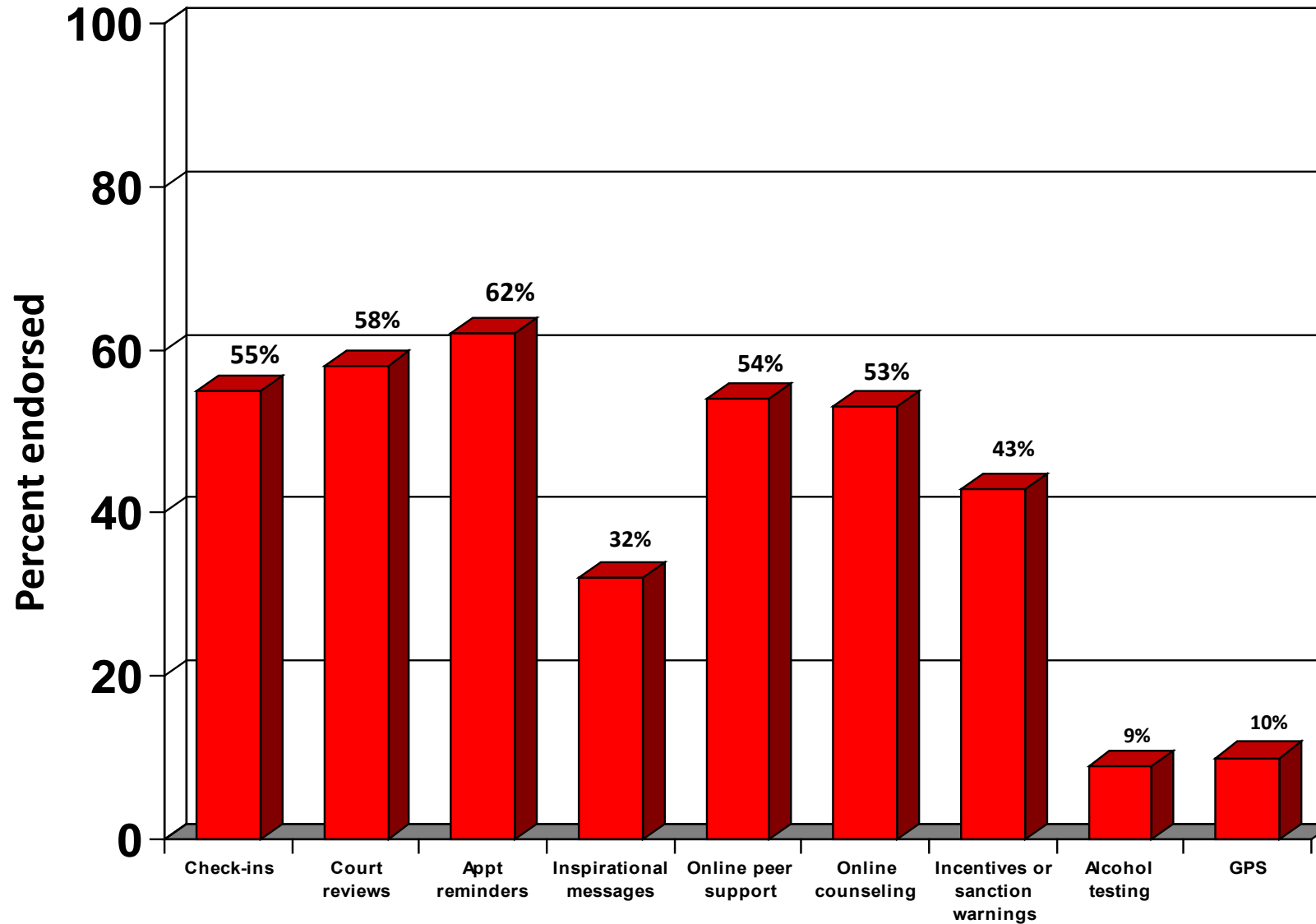
*N = 702 participants on  
NADCP & APPA sponsored webinar  
(4/30/2020)*

# We can reach our clients readily via . . .



*N = 703 participants on  
NADCP & APPA sponsored webinar  
(4/30/2020)*

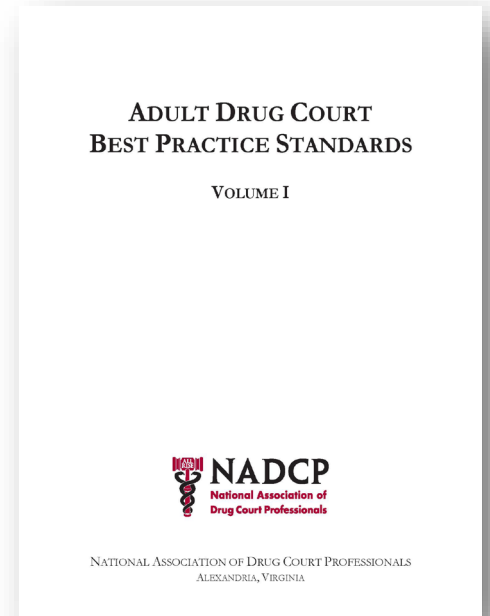
# We can deliver remotely . . .



*N = 550 participants on  
NADCP & APPA webinar  
(4/30/2020)*

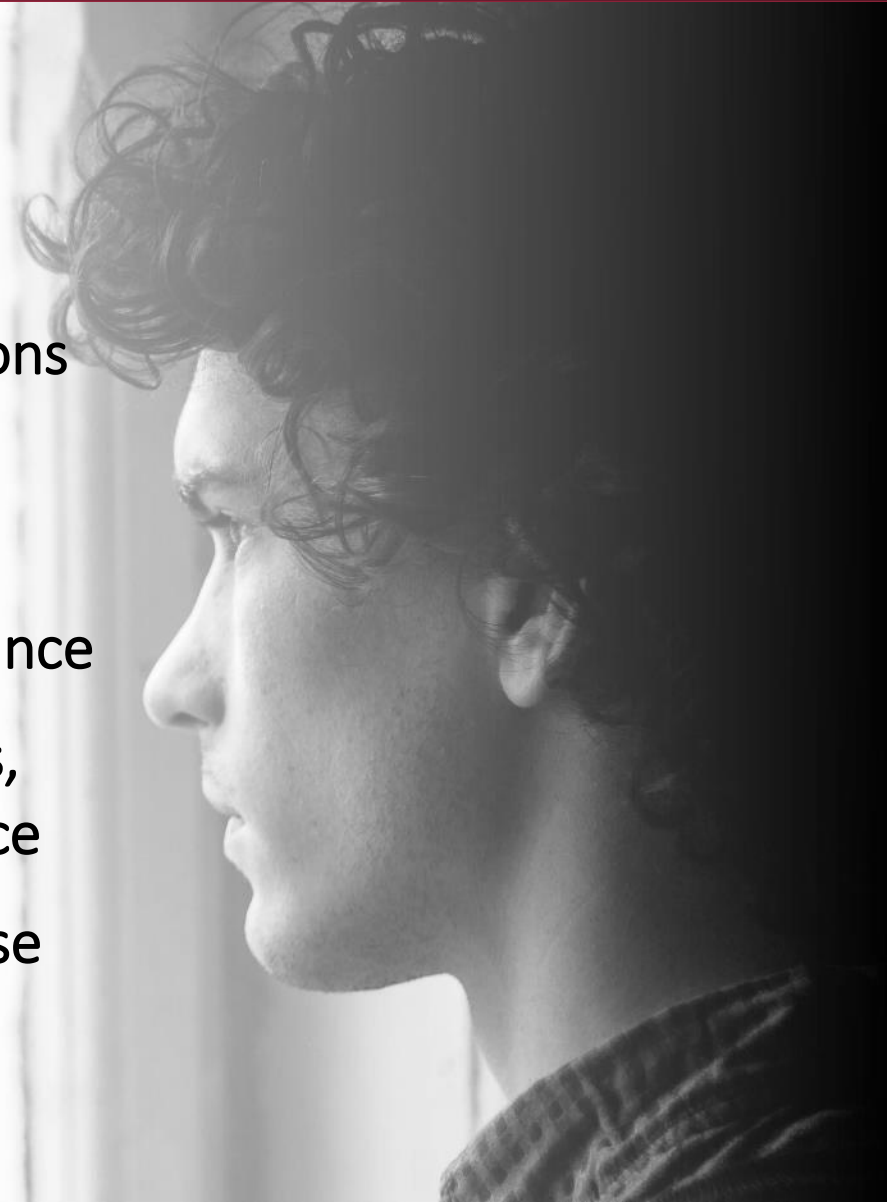
# Crisis or Disaster Response

- Best practices are unchanged - less room for error
- Physical distancing but social proximity
- **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 is key
  - 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 the 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 (certainty & celerity) and personalized praise (fairness & therapeutic alliance) – **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/>
  - CHESS Health Connections <https://www.chess.health/>
- Stable graduates or peer specialists lead online alumni association chatroom, text chain
- Automated and personalized reinforcement

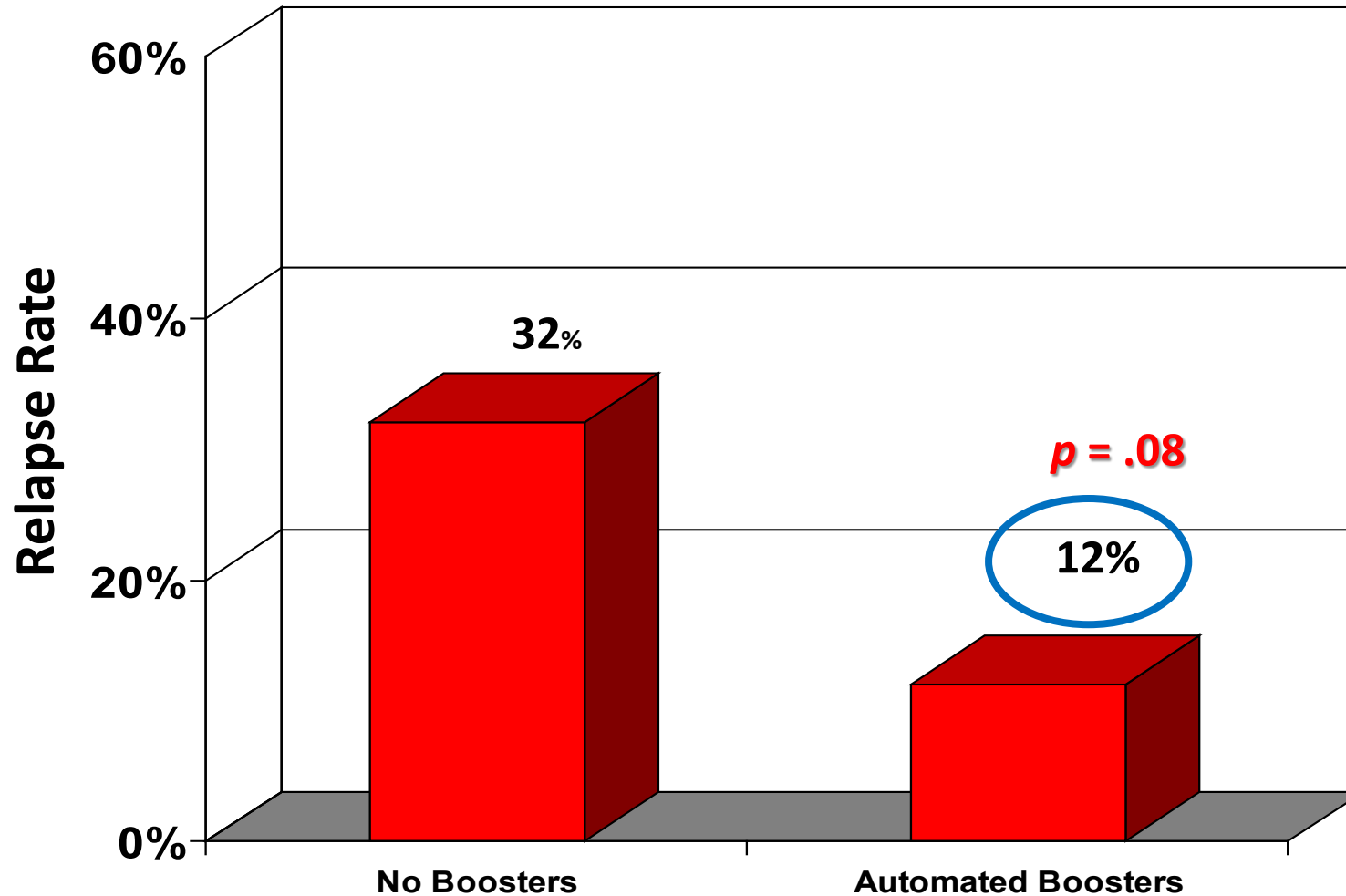
# Social Messaging

- 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)





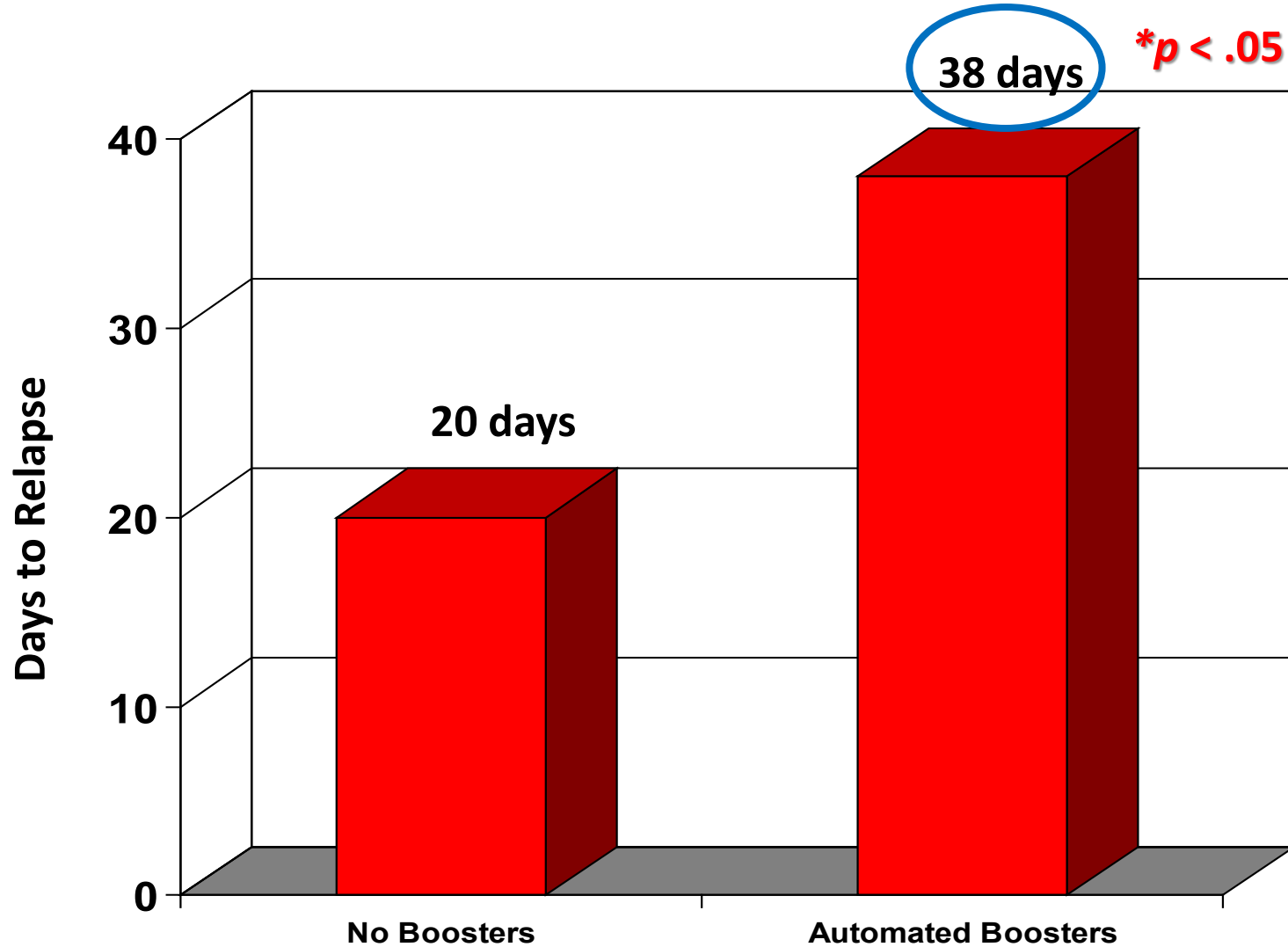
# Social Messaging



*Ritter (2015)*



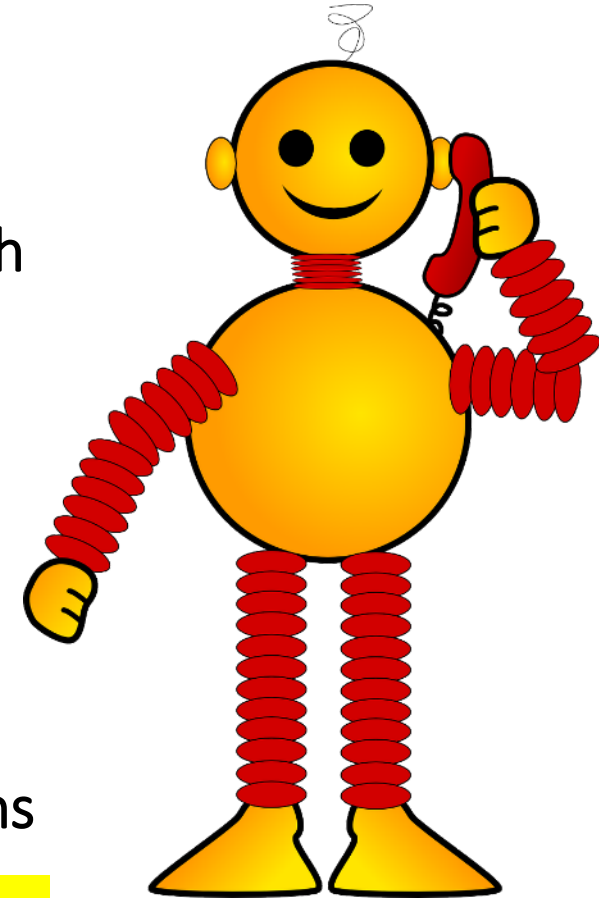
# Social Messaging



*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



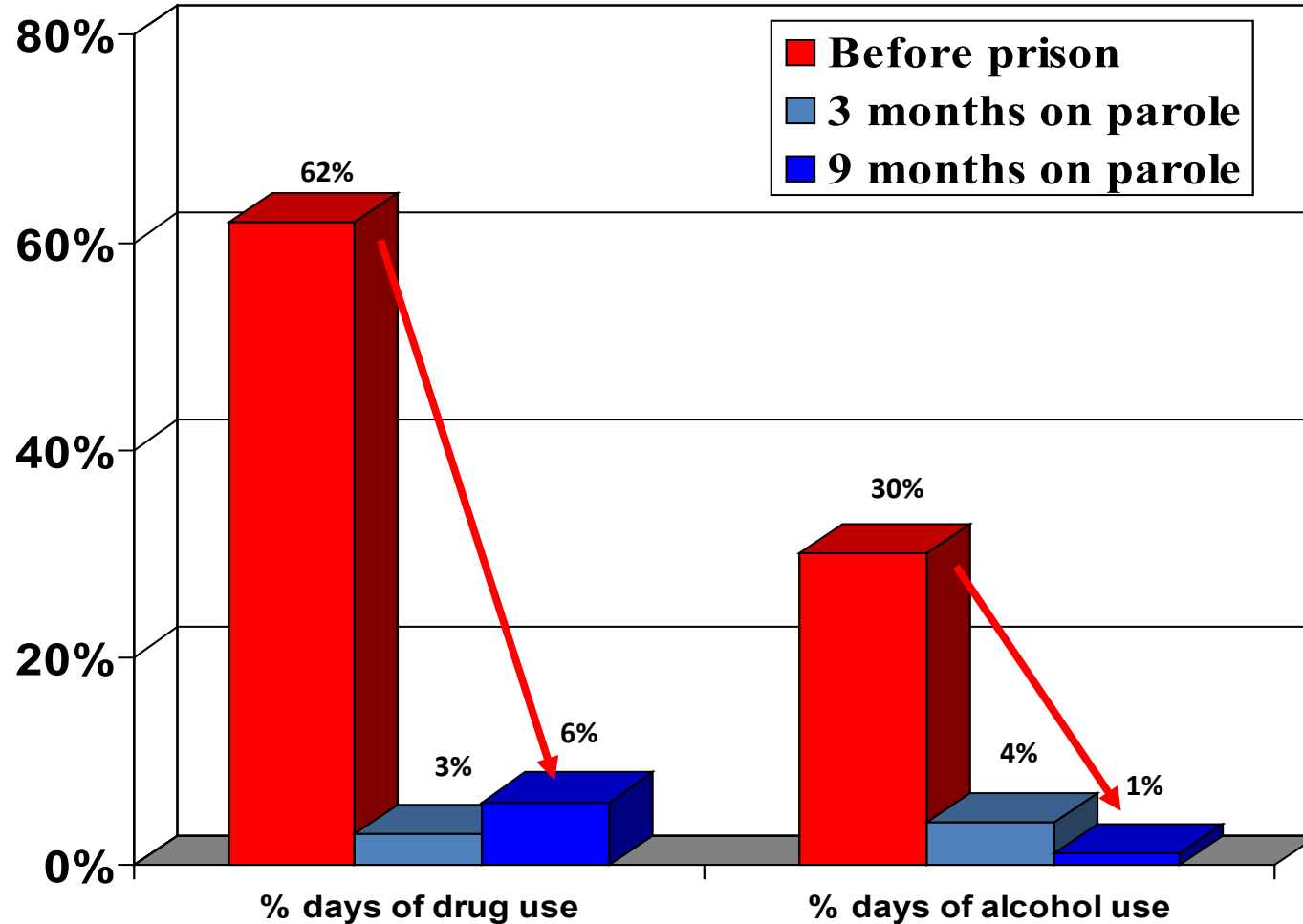
# Live Cell Phone Boosters

- 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.

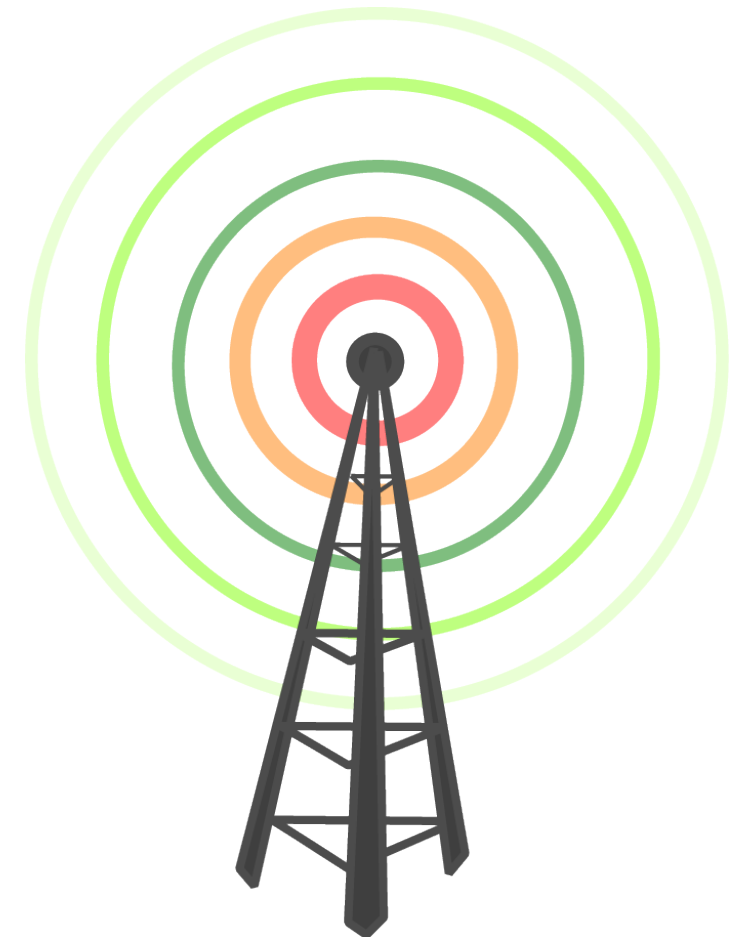
*Johnson et al. (2015)*



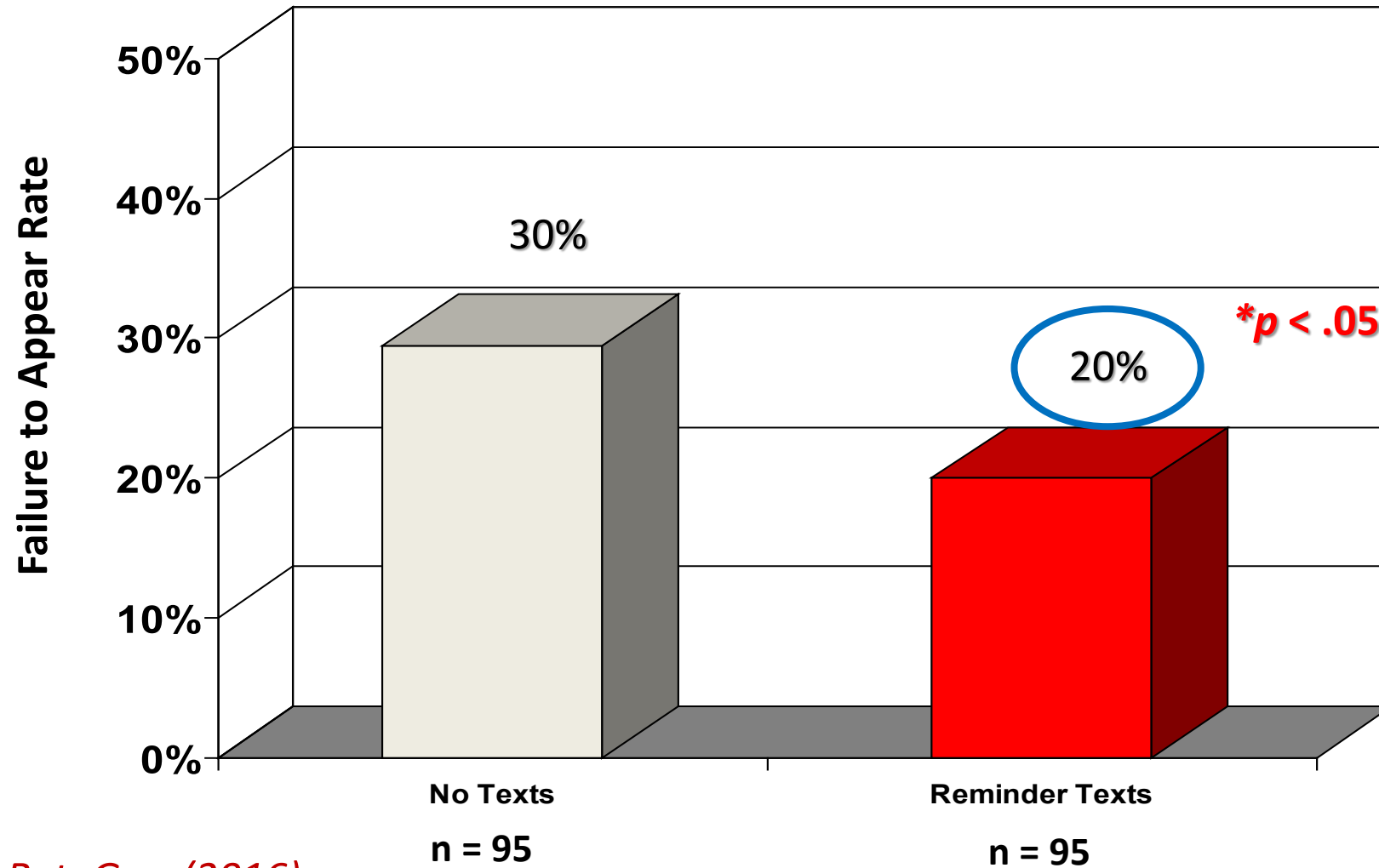
# Live Cell Phone Boosters



*Johnson et al. (2015)*



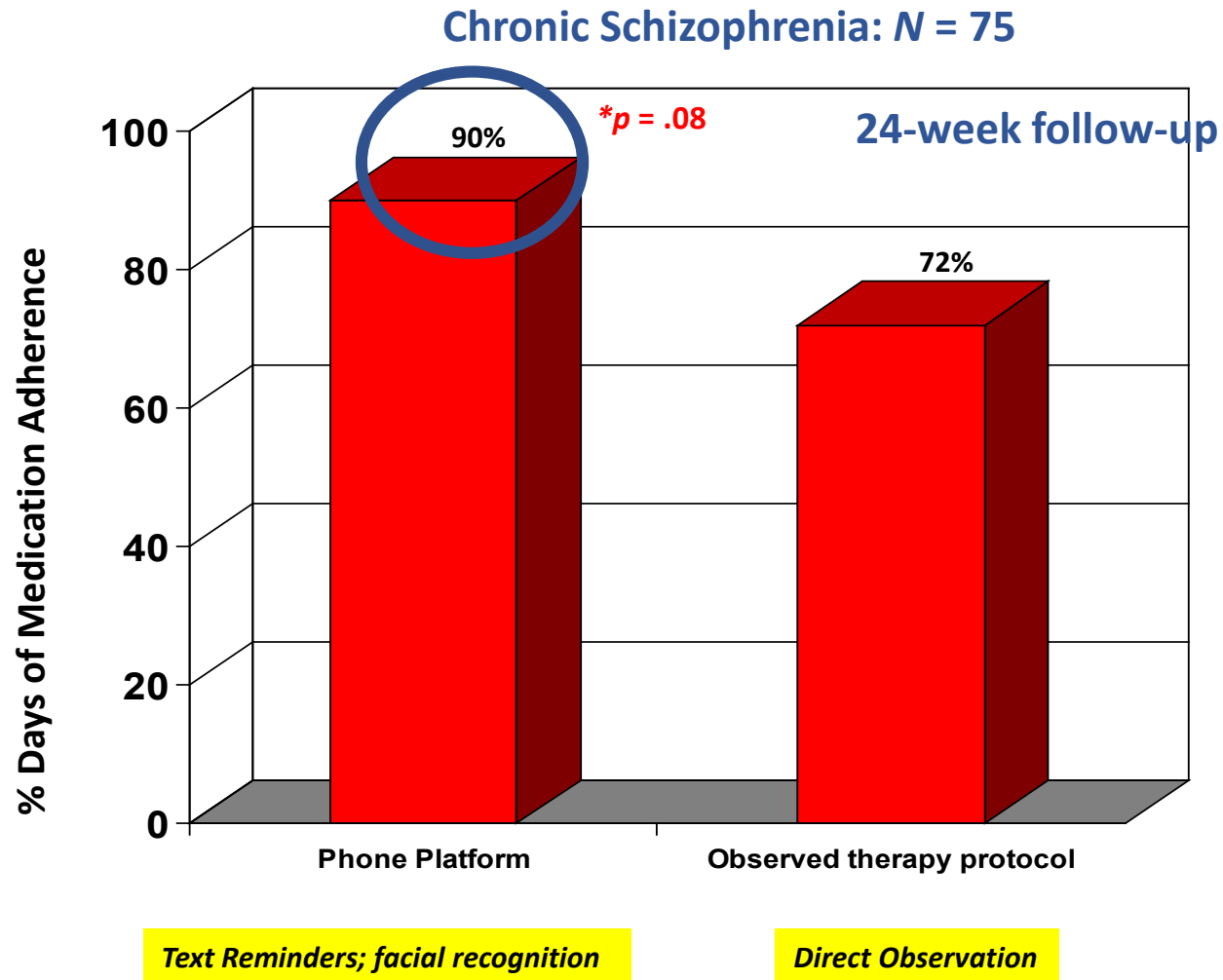
# Probation Reminder Texts



*BetaGov. (2016)*



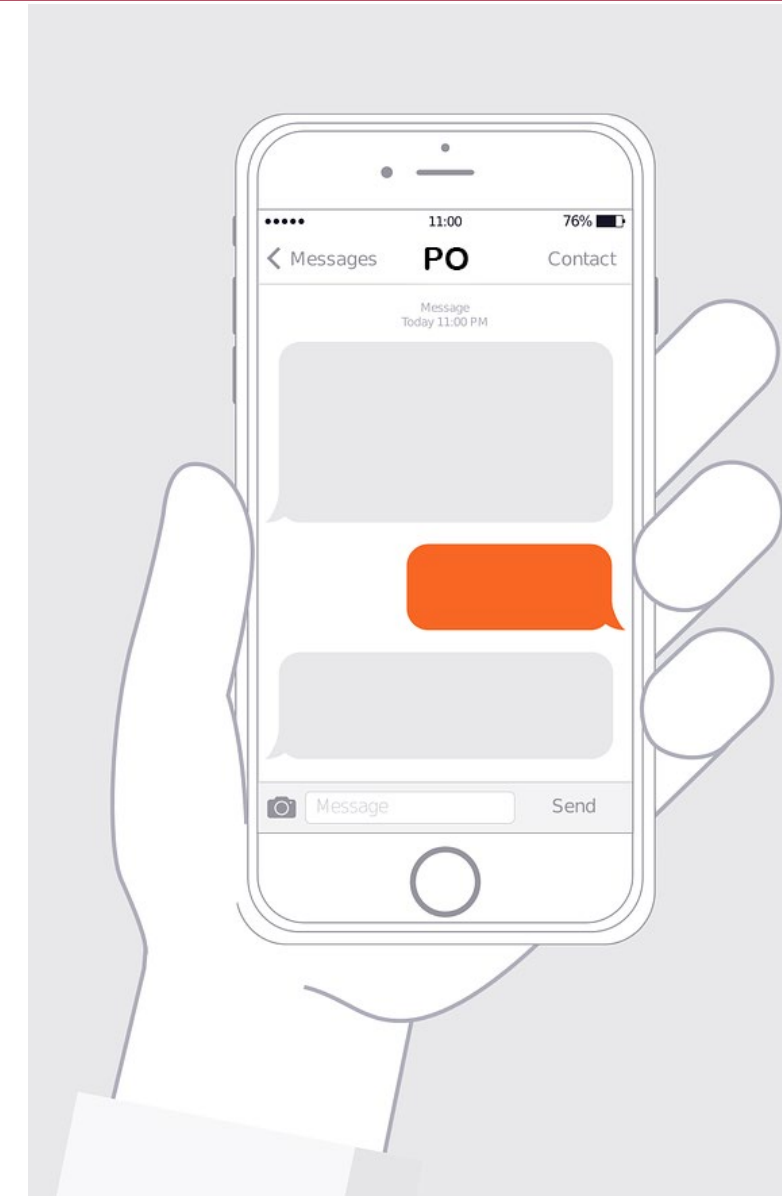
# Medication Adherence



*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 should also be on – possible *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

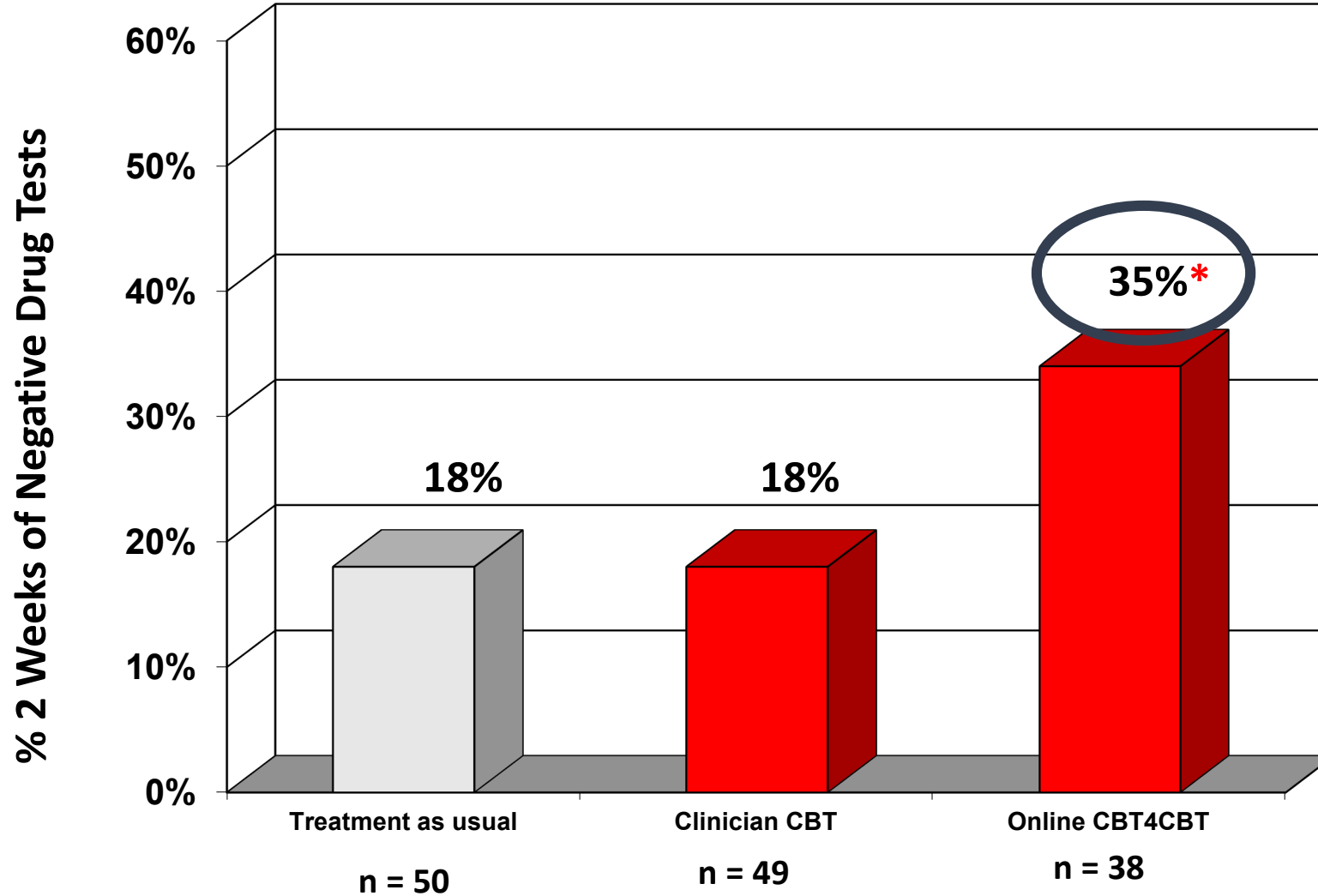
- **Remote breath and GPS with facial recognition (e.g., LifeSafer, AMS/SCRAM, CheckBAC)**
- **Continuous transdermal monitoring (e.g., SCRAM)**
- **Hair or sweat tests (longer windows)**
- **Self-report with amnesty and incentives for honesty**



# 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
- Option to opt-out of group interventions & check-ins
- Option of 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
Microsoft 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 (best combined)
- ✓ Dense delivery of low-dose positive reinforcement (celerity & consistency are primal)
- ✓ Encourage pro-social online peer community