

quickly and “[t]reatment...begin[s] as soon as possible following the first drug court appearance, even the same day.” In Miami, the DTC “transports the defendant by van directly from the court to the treatment program to begin treatment.” The Oakland F.I.R.S.T programs require that defendants granted diversion “go directly to the Probation department (a five-minute walk) for an immediate Diversion orientation session.” In Hayward, California, treatment providers attend every DTC session and enroll new DTC participants on the spot. All of these DTC procedures are calculated to take advantage of the fact that a “drug addict is most vulnerable to successful intervention when he or she is in crisis (i.e., immediately after initial arrest and incarceration).”

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### Ascertaining and Encouraging Change

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Viewing drug court participants through a change-focused lens, listening and remaining alert to how they are changing, will help staff recognize the participants' resources and the strengths that are enabling and supporting their progress. Staff may utilize two lines of inquiry to help identify this change. First, questions could be asked about “pretreatment change”: “After serious trouble has occurred, many people notice good changes have already started before they start in our drug court. What changes have you noticed in your situation? How is this different from before? How did you get these changes to happen?”

Numerous studies from the counseling field have found that a majority of clients make significant changes in their problem patterns in the time between scheduling their initial appointment and actually entering treatment. Just experiencing some type of start or initiation of change can begin positive movement. Single-subject research has recorded similar responses from youth and families newly assigned to the author's juvenile probation caseload. The important point is that client and family rarely report these changes spontaneously. Staff must ask questions about these changes or they remain hidden. Many believe that if problems are ignored, they seem to move underground, where they grow and fester and return even stronger. However, when solutions are ignored, they simply fade away unnoticed and, more importantly, remain unused.

The second (and ongoing) line of inquiry identifies change that occurs between appointments or program sessions. When change is found, drug court staff need to investigate and amplify: “How did you do this?” “How did

you know that would work?" "How did you manage to take this important step to turn things around?" "What does this say about you?" "What would you need to do to keep this going (do this again)?" When sitting down with a participant during a scheduled report time, many staff will check on issues by using a preformed mental list of questions. These questions become routine: "Were there any violations of program rules this week?" "Have all urine drops been 'clean'?" "Are you in compliance with all program requirements?" "Have you missed any school/work this past week?" "Have you made all treatment sessions since our last meeting?" These questions are important, but they do not represent a full line of inquiry. When inquiries become routine, they narrow the investigation and bypass many other instances of change. Open-ended questions that search for positive changes should be asked as well.

Finally, becoming change-focused summons drug court teams to be students of motivation and behavior change. Drug court teams would be wise to consider how the Motivational Interviewing model integrates two theories of motivation and self-change. The first involves value/expectancy theory, where the participant attempts to answer the initial questions, "Should I do this?" "Is this me?" Or more specifically, "Why should I do this?" Motivational Interviewing model developers William R. Miller and Stephen Rollnick believe "why" is an important issue that must be resolved, and participants usually wrestle with this at the initial or earliest stage of treatment.

Participants will then move to grapple with a second important issue—self-efficacy theory. Here, participants attempt to answer the questions, "Now that I've decided I should do this... can I?" "Do I have the skills?" "Is this too hard for me?" Regarding self-efficacy issues, researchers Snyder, Michael, and Cheavens call for interventions to raise self-efficacy by employing two efforts. First, inducing "personal-efficacy thinking" (e.g., "I can do it") and then setting mutual, concrete, and obtainable goals to enhance "pathways thinking" (e.g., "Here's how I do it").

Instilling self-efficacy is critical. Motivation experts Miller and Rollnick caution that programs can bombard incoming participants with prescriptive advice on "how to" change, while the participant is still deciding whether to change, and fording the commitment to change. Miller and Rollnick believe that giving prescriptive advice too early can steal focus from these early value decisions and can actually impede motivation.

The author has advised drug court staff to focus program retreats on these two theories for revising their programs and practices. Drug court teams can easily spend a morning examining the motivational issues embedded in the participant dilemma "why should I change" and then spend the afternoon examining the two self-efficacy issues of "can I do this" (personal-efficacy thinking) and "how do I do this" (pathways thinking). Meeting these two conditions helps turn the wheel of behavior change.