

## The Moderating Relationship of Comorbid Psychopathology and Treatment Outcome for Young Adult Offenders in Drug Court

Patric T

University of South Florida, USA

### Abstract

Since its inception, the American criminal justice system has focused on punishing offenders to deter and prevent criminal activity. In 2013, about 2 million American citizens were incarcerated—approximately 716 people per 100,000. Contrary to expectations, incarceration has been consistently demonstrated as widely ineffective for preventing recidivism[3–5]. In particular, offenders with substance abuse issues have become a growing concern within the criminal justice system. Mandatory minimums on drug offenses, combined with the rigorous conviction of non-violent drug offenders, have fueled an extraordinary amount of incarcerated offenders with addictions[6]; Offenders struggling with addictions are about 82% more likely to recidivate than non-addicted offenders upon release[3]. Without adequate substance abuse and mental health services, offenders with addictions are at a higher risk of recidivism upon release into the community.

Adult drug court is a problem-solving court created to divert offenders with substance abuse issues from incarceration by focusing predominately on rehabilitation. The drug court system is a collaborative effort between court personnel (e.g. judges, drug court specialists, state attorneys, and public defenders), treatment providers, independent evaluators, and offenders to eliminate addictions. Eligible drug offenders are given the option to participate in drug court; upon agreement, clients are mandated to complete a rigorous and intensive treatment regimen combined with ongoing random drug testing and scheduled court appearances. Contingent upon their completion of treatment, the drug court will dismiss their charges and oftentimes expunge their criminal record. If an offender fails to complete treatment, commits an additional crime or consistently fails drug tests, the individual is convicted and sentenced thereafter.

While most research literature suggests the effectiveness of drug court[7–10], there is a scarce understanding on whether these findings translate to young adult offenders whose experiences are notably different given their developmental context[11]. Additionally, existing research has yet to identify specific characteristics of individuals that are more or less likely to benefit from drug court. Identifying potential moderators of treatment for this population has large implications for judicial personnel, clinicians, and policy makers. In particular, co-occurring psychopathology is widely prevalent among individuals with substance use disorders (up to 65%). Clients with co-occurring psychopathology may respond more positively

to comprehensive treatment models that factor underlying disorders.

The present study aims to resolve several disparities in existing literature by evaluating the effectiveness of a young adult drug court program in Florida and identifying potential moderators of treatment outcome based on co-occurring psychopathology. The intervention was a combined mental health and substance abuse treatment program housed within an adult drug court that targets non-violent young adult offenders (ages 18-26) with crimes associated with illegal substances.

This study had several objectives and components including to

- 1) evaluate the initial six-month effectiveness of a young adult drug court model by measuring clients' overall substance use and mental health symptomatology
- 2) Determine if baseline psychopathology moderated the program's effectiveness on outcome. All protocol and procedures were approved by an IRB at the University of South Florida, and informed consent was obtained from each participant before any study activities were initiated.

This study found that after completing drug court, young adult participants reported reductions in frequency of overall substance use, and internalizing disorder symptoms at six-month follow-up. These findings compliment previous literature on drug court effectiveness.

More unique to this study is the focus on young adult offenders ages 18-26. Whereas a disparity in drug court literature includes an independent examination of the young adult population, this study evaluated young adults exclusively and found significant effects. Specifically, our clients expressed reductions in overall substance use, alcohol, heroin, opioid, methadone, and other drug use.

This study investigated the effect of drug court on mental health symptomatology and found that clients reported reductions on internalizing disorder symptoms from baseline to six-month follow-up. This finding was also reflected at significant levels within subscales of the Brief Symptom Inventory—specifically somatization, anxiety, phobic anxiety, psychoticism, and the global severity index. Additionally, our sample's average score at baseline on the Brief Symptom Inventory's global severity index is 0.59.

Compared to adult non-patients, our sample scored at or above 82% of this population, suggesting that our sample presented greater symptoms of psychopathology than a normative sample.

The results of this study also suggest potential moderators of treatment outcome dependent upon baseline mental health characteristics. The evidence above suggests that clients with more impairing and distressing internalizing disorder symptoms at baseline were more successful in reducing psychopathology over the course of six months in treatment compared to clients with less severe symptoms. Further, this study found those with less severe symptoms at intake reported greater levels of psychopathology over the course of treatment. These moderation findings may have emerged for several reasons; first, clinicians may recognize a greater need to assist individuals with more severe symptoms at baseline and therefore direct more of their resources to this group of clients. Second, drug courts were designed to serve high risk offenders; according to the criminological construct called the “risk principle,” intensive court monitoring would be expected to achieve the greatest benefits for high-risk offenders with more severe mental health and drug use histories, but may be unnecessary or even contraindicated for low-risk offenders. It is possible that participants classified in the low distress group were lower risk individuals who would have been better served in an alternate diversion program with less requirements than a drug court.

Consistent with this possibility, Lowenkamp, Latessa, and Hostlinger reviewed several studies investigating the risk principle and found that intensive programs that included a large percentage of low-risk offenders were more likely to have poorer outcomes than those that were populated by a greater proportion of high-risk offenders. It should be noted that while differences between these groups were found in internalizing disorder symptoms, no differences were found in other areas (i.e. substance use, criminal justice involvement).