



National Judicial Opioid Task Force

Judicial Leadership in Creating and Leading a Multidisciplinary Team to Address Substance Use Disorders

The opioid crisis has an impact on every citizen in the United States. Public safety is threatened, families are separated, and hundreds of people are dying daily from opioid and opioid-related overdoses.¹ Quelling the effects of the opioid epidemic in America cannot be addressed without cross-discipline collaboration. That is why, across the country, communities are uniting to create, find, and implement unique and innovative solutions to this crisis. Judges are in a unique position to bring otherwise disconnected stakeholders together to form partnerships, through multidisciplinary teams (MDTs), that work to achieve successful outcomes.

Advantages of a Multidisciplinary Team (MDT)

An MDT is comprised of a group of representatives from at least three disciplines who work together and are “bound by a common purpose.”² MDTs are effective in addressing various criminal justice issues (*e.g.*, substance abuse, elder abuse, and domestic violence). Working together across agencies, disciplines, and systems, an MDT leverages the strengths of each agency/discipline represented to complement the others in a host of valuable ways.³

The most well-known intervention through MDTs is the drug court model. (The road map for, and assistance in, starting a drug court is well-documented but beyond the scope of this monograph.⁴) Drug courts, which encompass numerous types of interventions (*e.g.*, drug, DWI, family dependency, or juvenile courts), have relied on MDTs to administer justice, help individuals regain their lives, and attain recovery since their inception in 1989. A drug court MDT works collaboratively to provide “observation and insights...based on their professional knowledge, experience, and training.”⁵ Each member of the drug court team has a voice, with the judge considering the input and recommendations from the other team members. This collaboration leads to improved service delivery, coordination, connection, cost savings, and client outcomes compared to traditional approaches. The impact of successful drug courts goes well beyond the clients. Collaboration, coordination, education and implementation of best practices impacts the entire

system and even the community. When a judge is a member of an MDT, his or her role differs from a traditional judicial role, requiring him or her to be more participatory while also incorporating the goals of treatment for a substance use disorder.⁶ A judge must collaboratively lead an MDT to enable the team to obtain the best outcome for a person participating in the court and, thereby, the community, as well.

Starting a Multidisciplinary Team

It is not necessary for a judge who wishes to form an MDT to address the problem of substance use and abuse in the justice system to start a formal drug court. There are other ways to tackle the issue and other collaborations needed beyond a drug court. For example, a community may have unmet treatment needs, and judicial leadership could bring community partners together to explore additional resources and implement solutions. Additionally, for example, if a community’s partners are disorganized and not communicating, an MDT may bridge the gaps and connect partners so that communication and coordination improvements can make a significant difference. The key is to identify the problem/need and assemble a team that can work to help understand the problem/need and how to solve it. Judges are uniquely situated to convene a group of appropriate individuals to accomplish this.

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The following is a range of disciplines that a judge may want to include when convening an MDT to address opioid use disorders in the justice system: (1) prosecution (2) defense counsel; (3) law enforcement; (4) treatment provider; (5) medical professional; (6) mental health provider; (7) community supervision; (8) school representative; (9) vocational advisor; (10) housing representative; (11) veteran's group representative; (12) recovery group (e.g., peer support groups or 12-step program) representative; (13) faith community representative; and (14) civic organizations. Communities may have even more groups and stakeholders to bring to the table. The MDT can be formalized by developing a mission statement and protocols, but the key to a successful outcome (e.g., an individual's recovery and successful completion of a program, generating much-needed coordination to the system, or bringing new resources to bear) is bringing the right group of stakeholders together to identify potential solutions and improve coordination of services.⁷

similar amounts of time; and (2) members must have "social sensitivity" or the ability to intuit how others feel.⁹

These two attributes ("conversational turn-taking" and "social sensibility") are essential to "psychological safety," defined as a "shared belief held by members of a team that the team is safe for interpersonal risk-taking." It is these qualities that must be present in order for a team to be effective.¹⁰

The key to making a team work, Google learned, was that each team member feels confident that he or she can be him or herself and speak up without fear of rejection, embarrassment, or punishment.¹¹ Focusing solely on team effectiveness, the researchers found that group intelligence paled in comparison to members' attention to, and thoughtfulness of, their fellow team members.¹²

A 2013 study at the National Institutes of Health (NIH) found 10 principles of a good interdisciplinary team, which mirror Google's conclusion. They are: (1) a leader who establishes a clear direction and vision for the team while listening and providing support and supervision to all members; (2) a set of visible and consistently portrayed values that provide direction for the team; (3) a team culture of trust, where contributions are valued and consensus is fostered; (4) appropriate processes in place to uphold the vision of the service; (5) patient-focused services with documented outcomes that utilize feedback to improve the quality of care; (6) intra-team communication, collaboration, decision-making, and team processes; (7) integration of a mix of skills, competencies, and personalities to meet the team's service provisions; (8) members who demonstrate interdisciplinary competencies; (9) interdependence with respect for individual roles and autonomy; and (10) facilitation of personal development.¹³ While all of the principles are important, the first is particularly critical for a judge.

What Makes an Effective Multidisciplinary Team?

It is important that every member of the team is committed to collaboratively engaging the problem and working toward solutions. It is equally as important that the leadership of each team member's agency is supportive of the team's mission. Lastly, the MDT should adopt its own organizational climate that is distinct from the individual agencies of each member.

In 2012, Google's researchers set out to determine what makes a successful team. They wanted to understand why some teams, despite their collective intellect, leadership style, or interpersonal connections, were not as productive as others that may not have had as many geniuses or friendships but were, nonetheless, more effective. Dubbed, "Project Aristotle," the researchers reviewed 50 years of academic studies on how teams work. They then tracked in-depth data from 180 of their teams on topics such as team composition, leadership styles, team dynamics, and decision making. After years of work and analysis, Google came to the rather surprising conclusion that the key to any successful team is not the collective intelligence of the group but the way that teammates treated one another.⁸

Google found that two behaviors were essential for a team to be successful: (1) members must speak for

How are Judicial Ethics Upheld When a Judge Convenes or is on a Multidisciplinary Team?

In order for a judge to fulfill his or her ethical duties, he or she must exercise independence and discretion at all times. A judge who participates in a group or on a team does not simply ignore the American Bar Association's Model Code of Judicial Conduct.¹⁴ Rather, a judge can maintain the integrity of the judiciary, remain a neutral,

Fourth Judicial Circuit of Tennessee

In 2013, after running a drug recovery court since 2009, Circuit Court Judge Duane Slone developed the Tennessee Recovery Oriented Compliance Strategy (TN ROCS) docket in the rural area of Dandridge. Based on the recovery court model, but requiring fewer resources and a more intense focus on the opioid epidemic, Judge Slone wanted to assist drug offenders who had a pressing need for opioid-related treatment but who were not at a high enough risk of recidivism to qualify for his drug recovery court. Thus, Judge Slone convened and led a team consisting of a prosecutor, public defender, probation officer, other court personnel, and treatment professionals to help certain offenders with substance abuse problems avoid incarceration, find treatment, and lead happier, healthier lives through an adequate assessment and referral to appropriate treatment, frequent accountability, and a big stick (*i.e.*, the inherent power of the judge). Since its creation, the biggest success stories are that TN ROCS has helped numerous pregnant mothers and produced healthy babies. Moreover, a majority of the mothers have been able to retain custody of their child(ren). This MDT-led initiative is also used for some child custody cases that involve a parent struggling with addiction and can be easily replicated in most courts across the country.



For more information on TN ROCS, go to <http://tncourts.gov/news/2018/10/01/recovery-oriented-compliance-strategy-latest-tool-opioid-fight> or call 865-471-5320.

Sixth Judicial District of Minnesota

Situated in Duluth, the 6th Judicial District is home to more treatment court intervention per capita than any other location in Minnesota, with several thriving treatment courts, both urban and rural. The courts in this district have repeatedly formed successful MDTs that address

unbiased arbiter, avoid impropriety or the appearance of impropriety, and work to solve issues in the community. Collaborative work is not an ethical lapse as long as the judge maintains his or her role as a “guardian of legal rights.”¹⁵ Thus, a judge can convene, or be a member of, an MDT by: (1) ensuring that all team members have an opportunity to speak and be heard; (2) ensuring that all team members weigh in on subjects within their areas of expertise; and (3) assuring the team that all of their positions and arguments are carefully considered and explaining the rationale for reaching his or her final conclusion.¹⁶

The Network for the Improvement of Addiction Treatment

Since the justice system refers the greatest number of individuals to publicly-funded substance abuse treatment, in 2009, with support from the Substance Abuse and Mental Health Services Administration’s Adult Treatment Drug Courts Grant Program, the Network for the Improvement of Addiction Treatment (NIATx) Learning Collaborative for Drug Courts was launched. Its goal was to teach grantees to use the NIATx model to improve access to, and retention in, substance abuse treatment offered through drug courts.¹⁷ Now, the learning collaborative is used to implement process improvement to drug courts across the nation.

NIATx is a user-friendly model of process improvement specifically designed for behavioral health and has developed model recommendations to be used by drug court teams.¹⁸ Like Google’s Aristotle Project and the NIH study, NIATx recommends creating a climate of psychological safety by avoiding egocentric and downward communications; practicing attentive and empathetic listening; and ensuring inclusiveness, among other things.

Specifically, NIATx relies on five improvement principles: (1) understanding and involving the consumer; (2) focusing on the key problems; (3) selecting the right change leader; (4) seeking ideas from other stakeholders; and (5) conducting rapid cycle testing.¹⁹ Here, the judge acts as the change leader, focusing on the challenges that individuals face with respect to opioids in the justice system and convenes others in a team that can help solve the problems.

critical opioid-related issues. These include: (1) creating an opioid detoxification unit called Pathfinder,²⁰ which boasts an 80 percent connection to treatment after detoxification and discharge; (2) equipping all law enforcement personnel with nasal spray naloxone which has reversed over one hundred overdoses since inception; and (3) working to create Safe Babies Courts for opioid-

exposed infants. One MDT is currently working on providing medically-assisted treatment to those in jail who suffer from opioid use disorder.

For more information on the MDTs in Minnesota's 6th Judicial District, go to <http://www.mncourts.gov/Find-Courts/Sixth-Judicial-District.aspx> or call 770-898-7623.

Bottom Line for Judges Addressing Substance Use Disorder in the Courtroom

By creating a climate of psychological safety and collaboration, a judge can lead an effective MDT, ensuring that the group is a place where all members can feel secure in interpersonal risk-taking. This will enable the team to operate effectively and collaboratively to achieve real-world improvements for their communities and citizens.

Notes

¹ Centers for Disease Control and Prevention, Opioid Overdose: Understanding the Epidemic. Retrieved February 18, 2019 from <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

² United States Department of Justice. (2017). *Elder Abuse Case Review and Multidisciplinary Team Toolkit*. Retrieved February 18, 2019 from <https://www.justice.gov/elderjustice/1-introduction-multidisciplinary-teams>.

³ *Id.*

⁴ For more information on drug courts and for resources and assistance in starting a drug court, refer to the website of the National Association of Drug Court Professionals at <https://www.nadcp.org/>.

⁵ National Association of Drug Court Professionals. *Adult Drug Court Best Practices Standards, Volume II*. Retrieved February 18, 2019 from <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf>.

⁶ National Council of Juvenile and Family Court Judges. (2016). *Greater than the Sum of their Parts*. Retrieved February 18, 2019 from https://www.ncjfcj.org/sites/default/files/JDC%20Roles%20Responsibilities_Web-Final_0.pdf.

⁷ Adapted from *Elder Abuse Case Review and Multidisciplinary Team Toolkit*.

⁸ C. Duhigg, "What Google Learned from its Quest to Build the Perfect Team." *New York Times*. February 25, 2016. Retrieved February 8, 2019 from <https://www.nytimes.com/2016/02/28/magazine/what-google-learned-from-its-quest-to-build-the-perfect-team.html>.

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ S.A. Nancarrow *et al.*, (2013). *Ten Principles of Good Interdisciplinary Team Work*. Retrieved February 9, 2019 from <https://www.ncbi.nlm.nih.gov/pubmed/23663329>.

¹⁴ American Bar Association. (2018). *Model Code of Judicial Conduct*. Retrieved February 19, 2019 from https://www.americanbar.org/groups/professional_responsibility/publications/model_code_of_judicial_conduct/.

¹⁵ National Drug Court Institute. (2001). *Ethical Considerations for Judges and Attorneys in Drug Court*. Retrieved February 19, 2019 from <https://www.ndci.org/wp-content/uploads/ethicalconsiderations.pdf>.

¹⁶ *Adult Drug Court Best Practices Standards, Vol. II*.

¹⁷ NIATx: Removing Barriers to Treatment and Recovery. *Drug Courts and Process Improvement Overview*. Retrieved on March 14, 2019 from <https://niatx.net/Content/ContentPage.aspx?NID=341>.

¹⁸ *Id.* Retrieved on March 14, 2019 from <https://niatx.net/Content/ContentPage.aspx?PNID=1&NID=8>.

¹⁹ *Id.*

²⁰ Pathfinder: A Program of the Center for Alcohol & Drug Treatment. Found at <https://www.pathfindermn.org/>.

