

**GUIDE ON DRAFTING COURT REPORTS FOR USE BY CERTIFIED
ADDICTION TREATMENT RESOURCES**

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This guide on drafting court reports was prepared by the members of the Montréal select committee responsible for defining the Court of Québec addiction treatment program:

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INTRODUCTION

Section 720 (2) of the *Criminal Code* states that “The court may, with the consent of the Attorney General and the offender and after considering the interests of justice and of any victim of the offence, delay sentencing to enable the offender to attend a treatment program approved by the province under the supervision of the court, such as an addiction treatment program [...]”.

Such a program was approved by Québec’s Minister of Justice on November 6, 2012.

The *Safe Streets and Communities Act* (Bill C-10, now S.C. 2012, c. 1) introduced minimum prison sentences for drug offences, but states that if the offender successfully completes a program referred to in section 720(2) of the *Criminal Code*, “the court is not required to impose the minimum punishment for the offence for which the person was convicted”.

The addiction treatment program will, as a result, benefit offenders being sentenced for offences caused or motivated by use of or addiction to drugs or other substances.

The key aims of the program are to prevent drug-related crime and to promote the bio-psycho-social rehabilitation and responsabilization of offenders.

The Court of Québec in Montréal will implement a drug addiction treatment program authorized by the Minister of Justice, to be known as the Court of Québec drug treatment program (Programme de traitement de la toxicomanie de la Cour du Québec, or PTTCQ).

FOREWORD

For many years, private or community-based residential therapy centres have filed reports at the request of the court on a regular basis.

Given the range of different reports submitted, and the fact that treatment varies from clinic to clinic, the Court of Québec addiction treatment program has produced this guide on drafting reports for use by resources that treat offenders and participate in the program.

To prepare the guide, a sample of reports from around fifty therapy centres in various regions of Québec was analyzed. The reports were all filed with the Court of Québec, Criminal and Penal Division in the district of Montréal during 2009-2010. The guide is, as a result, largely based on current practices within the network of drug addiction resources.

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The objectives of the guide are to standardize reports, ensure more accurate reporting of the treatment provided for addicted offenders, and meet the needs of the court. The guide encourages the production of analytical reports focused on the offender's progress at each treatment stage and on the offender's current situation. It is also designed to ensure that reports are comparable, and to ensure fairness for all offenders.

DRAFTING PRINCIPLES

Certified addiction treatment resources that agree to receive clients referred to the Court of Québec addiction treatment program agree to use the program's outline report.

All information communicated to the court must respect the principle of transparency. The information provided must be accurate, complete and appropriate.

In short,

- The reports filed by therapy centres must enlighten the court about the situation of an offender taking part in the addiction treatment program.
- The reports must provide an accurate description of the offender's situation at each treatment stage.
- The reports must be filed at the stages determined by the court.
- The content of a report may be used at all times during the program.
- Resources must comply with the supervision measures imposed by the court, and must respect the user's needs.
- Resources must file reports within the time prescribed by the court.

REPORT STRUCTURE

All the sections listed below are compulsory, and a uniform report structure must be used.

Sections 1, 2, 3 and 4 contain static data and must be completed in the first report sent to the court. The information must be repeated in the following reports.

Sections 5, 6 and 7 contain dynamic information and must be completed in the space provided on the form for the relevant stage in the treatment. The sections contain significant new elements connected with the data in sections 2 and 3.

COVER PAGE

The cover page must contain the following information:

- Logo of the resource
- Name of judge
- Name and date of birth of offender (AAAA-MM-JJ)
- Record no.: 500-
- Name of attorneys (prosecution, defence)
- Judicial district and court
- Date of report (AAAA-MM-JJ)
- Date of next hearing (AAAA-MM-JJ)
- Report Number
- Treatment stage
- Name of liaison officer and phone/cell number
- Name, title and phone number of person drafting report
- Signature of person drafting report

1. THERAPEUTIC APPROACH AT THE RESOURCE

This section must provide a brief summary of the therapeutic approach applied at the resource where the offender is receiving treatment, the number of phases that includes therapy and the type of clientele which it addresses.

2. PERSONAL INFORMATION

This section is factual, and designed to provide essential personal information, including the date of arrival of the offender in the center of therapy. Much of the information provided here describes the offender's situation.

The questionnaire entitled "Indice de gravité de la toxicomanie (IGT)" ("addiction severity index"), or any other assessment tool provided by the Centre Dollard-Cormier-Institut universitaire sur les dépendances (CDC-IUD), a public rehabilitation centre used to assess a person applying for the program, contains data that can be used to complete this section of the report.

Basically, this data concerns the offender's civil status, dependents (number and relationship), schooling, employment situation, financial situation, place of

residence, state of health (medication and medical supervision), medical history (physical and mental health), suicide attempts (dates and circumstances) or not, and specialized treatment (current and past).

3. PERSONAL AND SUBSTANCE USE HISTORY

This section must describe the key events in the offender's personal history. It is designed to summarize the psycho-social elements that are relevant to understanding the offender's substance use profile. It is important to concentrate on elements connected with the offender's addiction that influence his or her past or present substance use.

The analysis of the elements of this section is essential and must describe the offender's substance use profile and establish links between the psycho-social elements and the use of drugs or alcohol.

The substance use history must contain the following elements: age and circumstances when substance use began, psychoactive substances used, habitual use, circumstances of use, reasons for use, supply, history of previous treatment, previous therapy (nature, number, place), periods of abstinence, important or significant events.

The IGT, or any other assessment tool provided by the CDC-IUD used to assess a person applying for the program, contains data on offender's personal and substance use history that can be included in this section of the report.

4. RESULTS OF TREATMENT / RESIDENTIAL PROGRAM

This section must detail the offender's progress in the therapeutic program and highlight significant changes observed since the start of treatment. It must focus on the offender's progress through the program stages and the offender's specific situation. Using examples, the offender's participation in the therapy groups must be illustrated, along with the offender's behaviour at the resource and degree of involvement in his or her intervention plan.

The report form must have a space for each stage. For example, the content for Stage 1 must be placed in space 5.1, the content for Stage 2 in space 5.2, and so on. This allows the court to assess the offender's progress through each stage and to refer to the information provided previously.

In short, the following elements concerning the offender's situation must be noted: treatment stage, objectives of the stage, intervention plan, priority needs, therapeutic activities, participation in the program (nature and quality of participation), difficulties and improvements observed, learning acquired, sharing

activities, interactions and individual experiences, persistent problems, therapeutic progress, assessment of progress, validated tests administered, responsabilization, compliance with rules, breaches of discipline (reprimands, event involved and consequences, possibility of expulsion), expulsion (reasons), leaves of absence (destination, duration, reasons, activities), therapeutic contract, relapses (context, substance, self-disclosed or not, offender's post-event reaction), and occupational or related activities.

5. COMPLEMENTARY INFORMATION

This section must contain information concerning addiction detection tests, as follows: date of test, result, reaction of the person undergoing the test, measures taken by the resource.

The section is also intended to provide the court with relevant information for the *compensatory work program* or *community service orders* that apply to the offender, if any, as follows: the number of hours to accomplish, nature, location, duration and program or work, name of supervisor.

6. CONCLUSION AND RECOMMENDATION

The contents of this section vary, depending on the stage of therapy concerned. The content for Stage 1 must be entered in space 7.1, the content for Stage 2 in space 7.2 and so on. This allows the court to assess the offender's progress through each stage and to refer to the information provided previously.

- **6.1: Progress report / application for "revision of terms"**

This report must be filed approximately 8 weeks after therapy begins.

This sub-section of the report must set out the reasons in support of an application to change one or more of the offender's conditions, such as *remain at the resource 24/7*. The report allows the court to make an enlightened decision, based on clinical objectives for gradual social reintegration.

- **6.2: Progress report / recommendation**

The report must be filed approximately 8 weeks after the "revision of terms".

This subsection must be fact-based and describe in detail the elements that can be used by the court to broaden the clinical objectives for social reintegration.

- **6.3: Final report and release plan**

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This report must be filed approximately 8 weeks after the last progress report.

The objective is to end residential treatment and to guide the offender towards external treatment.

This subsection must highlight the adaptation factors that will promote successful social reintegration. It must review relevance and feasibility based on the offender's ability and the existing context. It must list realistic objectives, achievable over the short and medium term. It must also state whether or not the offender has a social network that will support social reintegration.

In short, the final report must contain elements that describe the offender's situation at a precise time: mobilization (effort, attitude, motivation), social network (involved or not), concerned individuals (connection, reliability), risk factors, lifestyle habits requiring change, tools to prevent a relapse, ways to maintain acquired learning and reduce the risk of relapse, analysis of "revision of terms".

The release plan must be drawn up by the offender and appended to the final report. It must set out a concrete plan for social reintegration: objectives, concrete steps, actions undertaken prior to release and to be continued in the community, education, employment, volunteer work (steps completed or to be completed), leisure activities, residential address (whether or not there is a change of address).