AllRise
Treatment
Court Institute

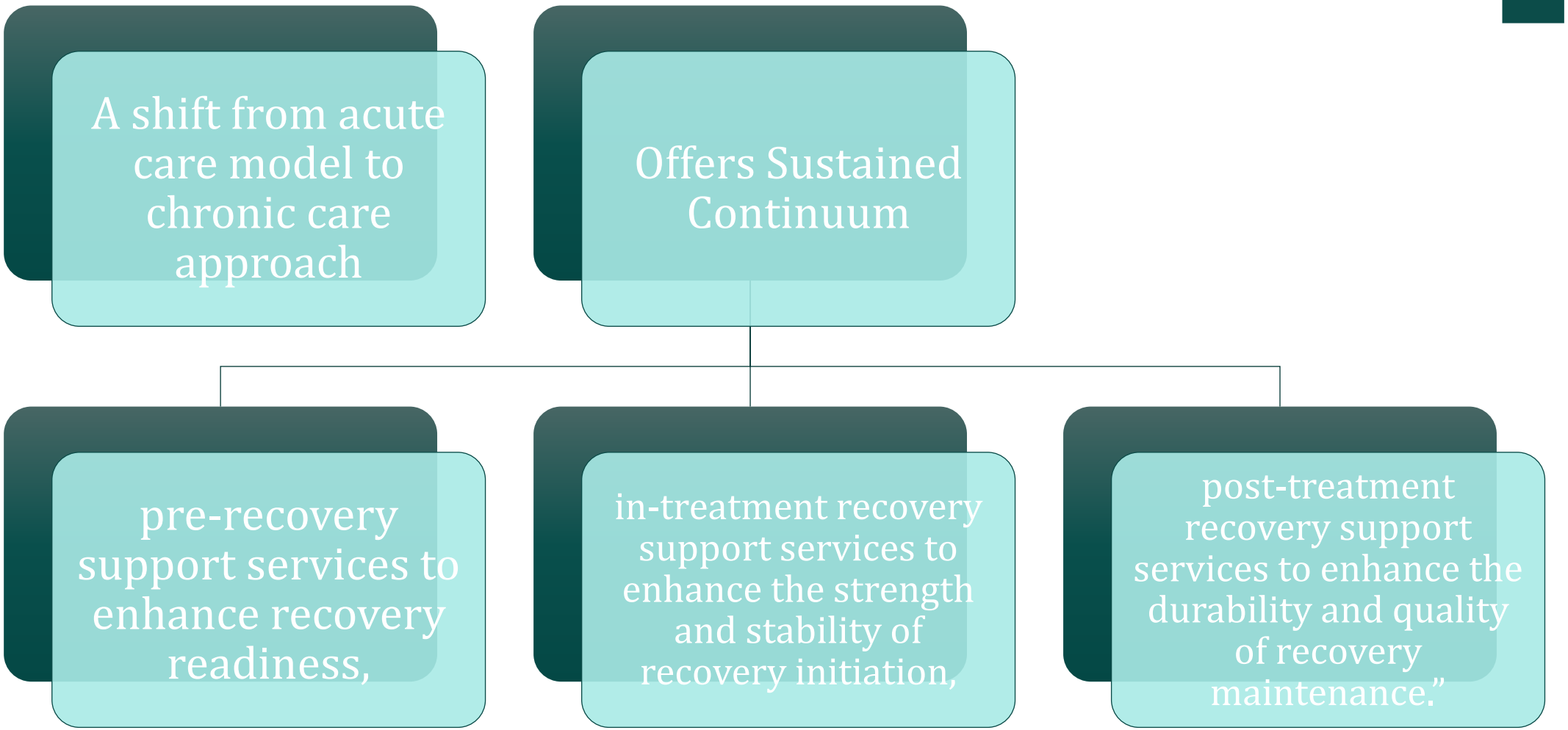
Phases in Treatment Court

Developed by Treatment Court Institute

Program Phase Focus

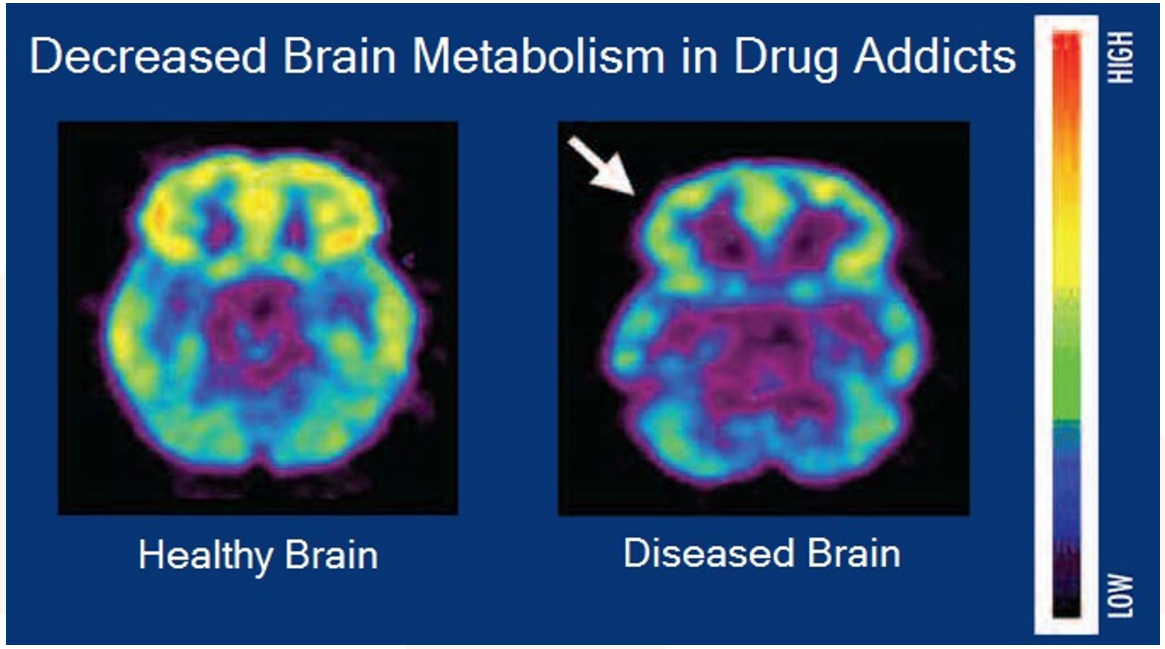
- Providing structure, support, and education for participants.
- Helping participants achieve and sustain psychosocial stability and resolve ongoing impediments to service provisions.
- Ensuring participants follow a safe and prosocial daily routine.
- Teaching participants preparatory skills (e.g. time management, personal finances).
- Engaging participants in recovery-supported activities.

Re - Cap


A shift from acute care model to chronic care approach
Offers Sustained Continuum
pre-recovery support services to enhance recovery readiness,
in-treatment recovery support services to enhance the strength and stability of recovery initiation,
post-treatment recovery support services to enhance the durability and quality of recovery maintenance.”

Why Structure

- Research shows that patients with frontal cortex damage had impaired decision-making abilities. https://www.apa.org/monitor/jun01/cogcentral.html
- Cognitive functioning simply refers to our thinking, or mental activity. Drugs and alcohol change how your brain functions and worsens with extended use.



Substance Use Changes the Brain

- Below are a few points of research in relation to various chronic drug disorders and their effects on cognition. *(Addiction and Cognition by Thomas J. Gould, Ph.D.)*
- cocaine—deficits in cognitive flexibility
- amphetamine—deficits in attention and impulse control
- opioids—deficits in cognitive flexibility
- alcohol—deficits in working memory and attention
- cannabis—deficits in cognitive flexibility and attention
- nicotine—deficits in working memory and declarative learning

Two Parts

COURT

- Based upon risk levels
- Phases

TREATMENT

- Based on clinical assessment
- Clinical needs
- Levels of care

Alternative Tracks

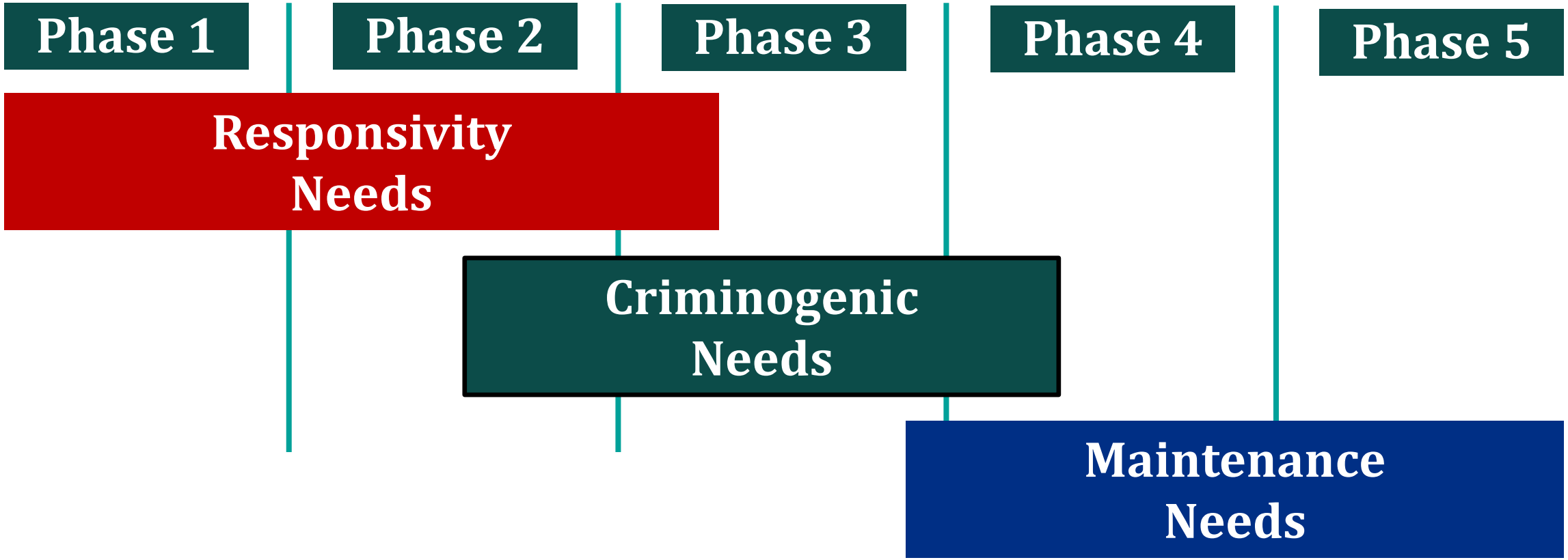
	High Risk	Low Risk
High Needs	**Standard Track** Accountability, Treatment & Habilitation Mod to Severe SUD	**Treatment Track** Treatment & Habilitation Mod to Severe SUD
Low Needs	**Supervision Track** Accountability & Habilitation. Mild to no SUD	**Diversion Track** Secondary prevention Mild to no SUD

Practical Implications

	High Risk	Low Risk
High Needs (dependent)	✓ Status calendar ✓ Treatment ✓ Prosocial & adaptive habilit. ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~ 18–24 treatment court ✓ 9 to 12 mos. treatment (~200 hrs.)	✓ Noncompliance calendar ✓ Treatment (separate milieu) ✓ Adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓Self-help/alumni groups ✓ ~ 12–18 mos. program ✓ 9 to 12 mos. treatment (~200 hrs.)
Low Needs (abuse)	✓ Status calendar ✓ Prosocial habilitation ✓ Abstinence is proximal ✓Negative reinforcement ✓~ 12–18 mos. program ✓Criminal thinking (~100 hrs.)	✓Noncompliance calendar ✓ Psycho-education ✓ Abstinence is proximal ✓ Individual/stratified groups ✓ ~ 3–6 mos. program ✓Education (~ 12–26 hrs. or less)

Ideal Progression

Timing Matters



Phase 1 Proximal Goals

Acute Stabilization and Orientation

Crisis intervention

- Any emergency or crisis issues that are causing acute distress or discomfort *(e.g., house-less, serious medical symptoms)*

Orientation – *First 30 Days*

- Received a clear explanation of program operations
- Establish a routine of attending treatment sessions, supervision appointments, court hearings, and other services
- Interacted with all core team members and understand their roles and functions on the team

Phase 1 Proximal Goals

Developing Person-Centered Plans

Collaborative Person-Centered Treatment Plans

- The participant and treatment staff have reached agreement on a treatment plan that is acceptable to the participant
- There is a reasonable chance for therapeutic success
- Poses the fewest burdens on the participant
- Unlikely to jeopardize the participant's welfare or public safety

Managing Goals and Phase Advancement

- This happens when participants have managed previously proximal goals that are necessary to help them accomplish more difficult distal goals
- Not based on level, dosage, or modality of treatment engagement
- Advancement criteria based on objective and observable behaviors

Phase 2 Proximal Goals

Psychosocial Stabilization

Stable housing

- The participant is living in safe, secure, and stable housing

Reliable attendance

- Participant demonstrates the ability to attend program services
- Perfect attendance and active contributions to sessions are not yet required

Phase 2 Proximal Goals

Psychosocial Stabilization

Therapeutic alliance

- Participant has developed a therapeutic alliance or collaborative working relationship with at least one staff member
- Participant feels comfortable sharing thoughts, feelings, and experiences and can ask for help or advice when needed

Clinical stability

- Participant is no longer experiencing persistent substance cravings, withdrawal symptoms, anhedonia, executive dysfunction, or acute mental health symptoms

Phase 3 Proximal Goals

Prosocial Habilitation

Prosocial routine

- Daily interactions are primarily with prosocial persons and involve prosocial activities
- Avoids interactions with persons who are engaged in substance use, crime, or other harmful behaviors

Prosocial skills

- Participant completes manualized CBT counseling curriculum
- Staff identify concrete examples of occasions when the participant applied the skills from the curriculum

Phase 3 Proximal Goals

Prosocial Habilitation

Abstinence efforts

- Participant has applied efforts aimed at reducing substance use
  - Avoids substance-using peers or events where substance use is likely to occur
  - Practices drug-refusal skills
  - Engages in mindfulness techniques or other strategies to cope with substance cravings
- Participant achieves intermittent intervals of confirmed abstinence such as several weeks or a month at a time

Phase 4 Proximal Goals

Life Skills

Life skills curriculum

- Completed life skills curriculum focusing on preparatory skills needed to fulfill a long-term adaptive role desired by the participant

Adaptive role

- Participant engaged in an adaptive role (e.g., schooling, household management, employment)
  - Provides prosocial structure
  - Keeps them away from negative influences
  - Provides natural reinforcement for recovery-supportive goals

Phase 4 Proximal Goals

Life Skills

Early remission

- Defined as 90 days without clinical symptoms that may interfere with the participant's ability to attend sessions, able to benefit from the interventions, and avoid substance use
- Requiring perfect or continuous abstinence is associated with demoralization and other adverse side effects.
- The participant is free of debilitating symptoms for at least 90 days and should demonstrate the ability to sustain abstinence over that time, even if intermittent cravings and/or occasional lapses might occur.

Phase 5 Proximal Goals

Recovery Management

Recovery-management activities

- Engages in peer community
- Interacts regularly with someone with relevant lived experience who can offer informed advice, credible empathy, support, and companionship

Continuing care or symptom recurrence prevention plan

- Attends continuing care services or having a well-articulated and workable symptom recurrence prevention plan
- Addresses seeking assistance if new concerns arise

Phase 5 Proximal Goals

Recovery Management

Restorative justice activity

- Completes a reasonable and achievable restorative justice activity

Abstinence maintenance

- Demonstrates the ability to sustain abstinence
- If new use occurs:
  - Staff discuss with participant the cause(s) of use
  - Implement service adjustments or additional support as needed
  - Administer sanctions or other responses if appropriate to address proximal or willful infractions

Considerations

What is statutorily allowed?

What resources are available in your community?

- Psychoeducational groups
- Educational interventions
- Social supports

Final Considerations

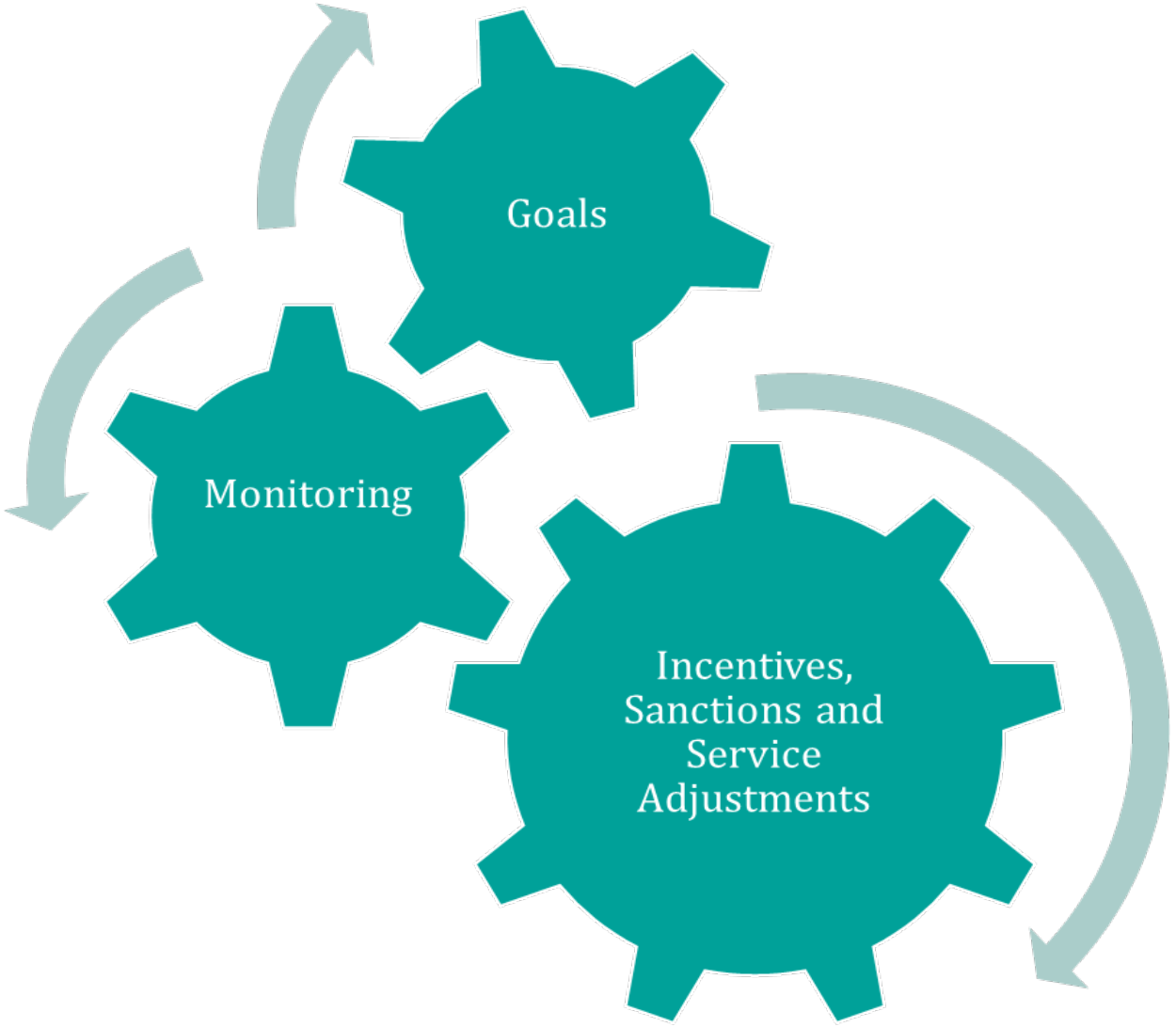
Takeaway

Each phase can have standardized goals to advance through the program, but each participant's journey will be different, and they will need individualized case planning to help them accomplish it

Court responses should:

- Identify barriers.
- Incorporate skills or tools to help the participant overcome the barrier(s).
- Teach problem-solving skills to empower the participant

Reliable and Timely Monitoring



Critical for effective behavior modification

Most Influential Factors

CERTAINTY

- Ratio of incentives to achievements or sanctions to infractions.
- The larger the ratio, the better the effects

CELERITY

- Time between an achievement or infraction and the delivery of the response.
- Associated with the behavior

Accurate and timely information

1 Informs the team as to whether participants are complying with program requirements.

2 Without this information, there is no way to apply incentives or sanctions with certainty or celerity to adjust treatment and supervision correctly. The worst-case scenario is applying the wrong response.

3 Undermines treatment court when failing to recognize and reward positive accomplishments or failing to detect and address infractions.

Participant Performance Monitoring and Reviews

Community Supervision

- Includes home or field visits, verifying employment or school, monitoring curfews or area restrictions, and drug testing

Treatment and Complementary Treatment Services

- Attendance/engagement/progress/level of care/EBP curriculum/ recovery support services and activities

Court

- Staffing and status hearing

Phase Demotion

- Demoralizing
- Do not take an incentive away
- What additional support is needed in this phase?
- Gives the wrong message - all or nothing
- Service adjustment does not equal a phase demotion

Critical Questions

List the responsivity needs of your target population you need to address in the first phase:

Stable housing, medical needs, mental health symptoms, cognitive impairments

List how your phase structure addresses criminogenic needs:

Antisocial cognitions,
Antisocial associates,
Antisocial personality and
Antisocial behaviors

Critical Questions

List how your phase structure addresses maintenance needs:

Job skills, literacy needs, recovery capital, prosocial activities

What is advancement based upon?

- Is it a number of days?
- Is it objective or subjective?
- Does everyone have an equal chance?

Treatment Court Institute

Developing Phases Across Risk/Need Levels: Impaired Driving Considerations

Developed by Treatment Court Institute

Justice-topia

- All impaired drivers are screened and, if warranted, undergo further assessment within days after arrest.
- If a need for treatment is determined, the person is placed immediately.
- Cases are resolved within 50 days (30 for over-achievers).
- Sentencing is informed by assessments… there are no arbitrary requirements.
- Interventions are determined by risk and need.

Impaired Drivers are Unique

Often lack an extensive criminal history

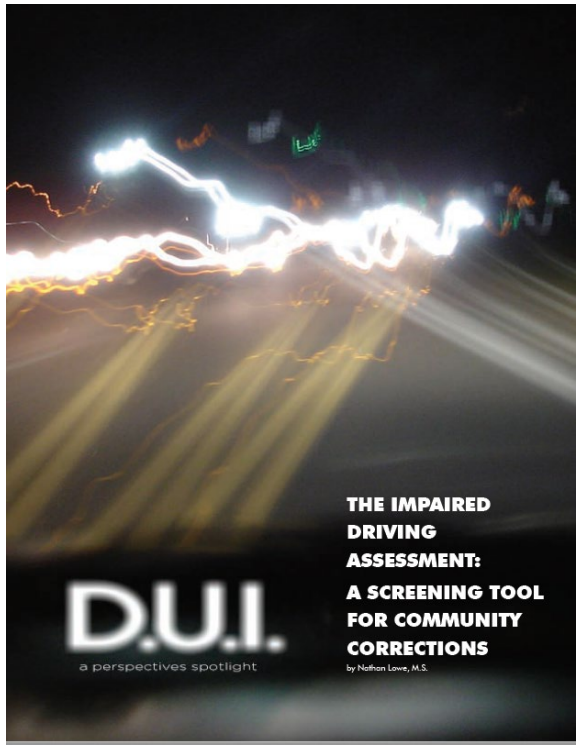
High degree of denial and separation

- ✓**Alcohol is legal, highly prevalent, and encouraged by societal norms… Marijuana and some other drugs are beginning to follow this trend**
- ✓**Tend to be employed**
- ✓**May have a stable social network**
- ✓**Do not view themselves as "criminals"**

Repeatedly engage in dangerous behavior

Impaired drivers tend to score lower on traditional risk assessments

Validated Assessments are Critical



Impaired Driving Assessment

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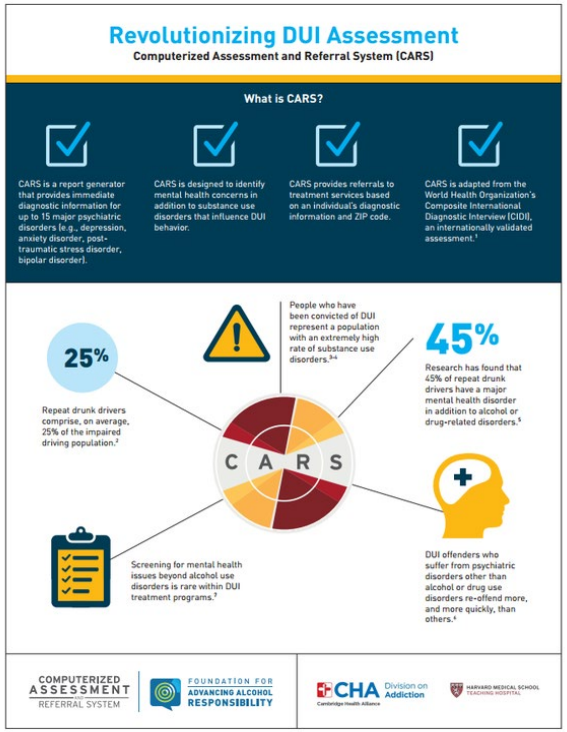

Computerized Assessment and Referral System

Screening Tool:

DUI-RANT

www.carstrainingcenter.org

What We Do Know

SBIRT is effective at reducing risky/hazardous drinking

SBIRT is effective in primary care and emergency departments

SBIRT is evolving with justice-involved individuals

AllRise Treatment Court Institute

Screening, Brief Intervention, and Referral to Treatment

Early intervention for persons with risky alcohol use

SCREENING

To identify people at risk for developing substance use disorders

BRIEF INTERVENTION

To raise awareness of risks and consequences, motivate for change, and help set healthier goals

REFERRAL TO TREATMENT

To aid access to treatment and coordinate service for people with high risk and/or dependence

AllRise Treatment Court Institute

Goals of SBIRT with Impaired Drivers

- Alter risky substance use behavior
- Understand the paradigm shift
- Find opportunities for intervention

Drugged Driving

One in Five - the rate of Americans driving on a weekend night testing positive for any drug, illegal and medications (prescription and over-the-counter)

TRANSLATION

Drug Testing and Supervision looks different

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Developing Phases Across Risk/Need Levels: Veterans Populations

Developed by Treatment Court Institute

The Big Picture

- ✓ Veterans Treatment Court participants receive treatment care services that are based on standardized screens and assessments to match their treatment need.
- ✓ Treatment is not provided to reward, to punish, or to serve other nonclinical goals.
- ✓ Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.
- ✓ Treatment placement is not based on speculation, gut instinct or personal discretion.

The Veteran Centered Approach

- Veteran Mentors
- Veteran Service Organizations
- Community Outreach & Advocacy 501(c)3
- *VA Peer Support Specialists*
- *Community Peer Support Specialists*

- Judicial Officer
- Prosecution
- Defense

Ancillary Services (Community)

- Educational/Vocational Support
- Quality of Life (food/heating)
- Family Supportive Services
- Faith Based Organizations

Community Supervision

- Criminogenic Programming
- Toxicology Screening
- Electronic/adjunct monitoring
- Program Evaluation
- Law Enforcement
- Probation & Pretrial Services Officers

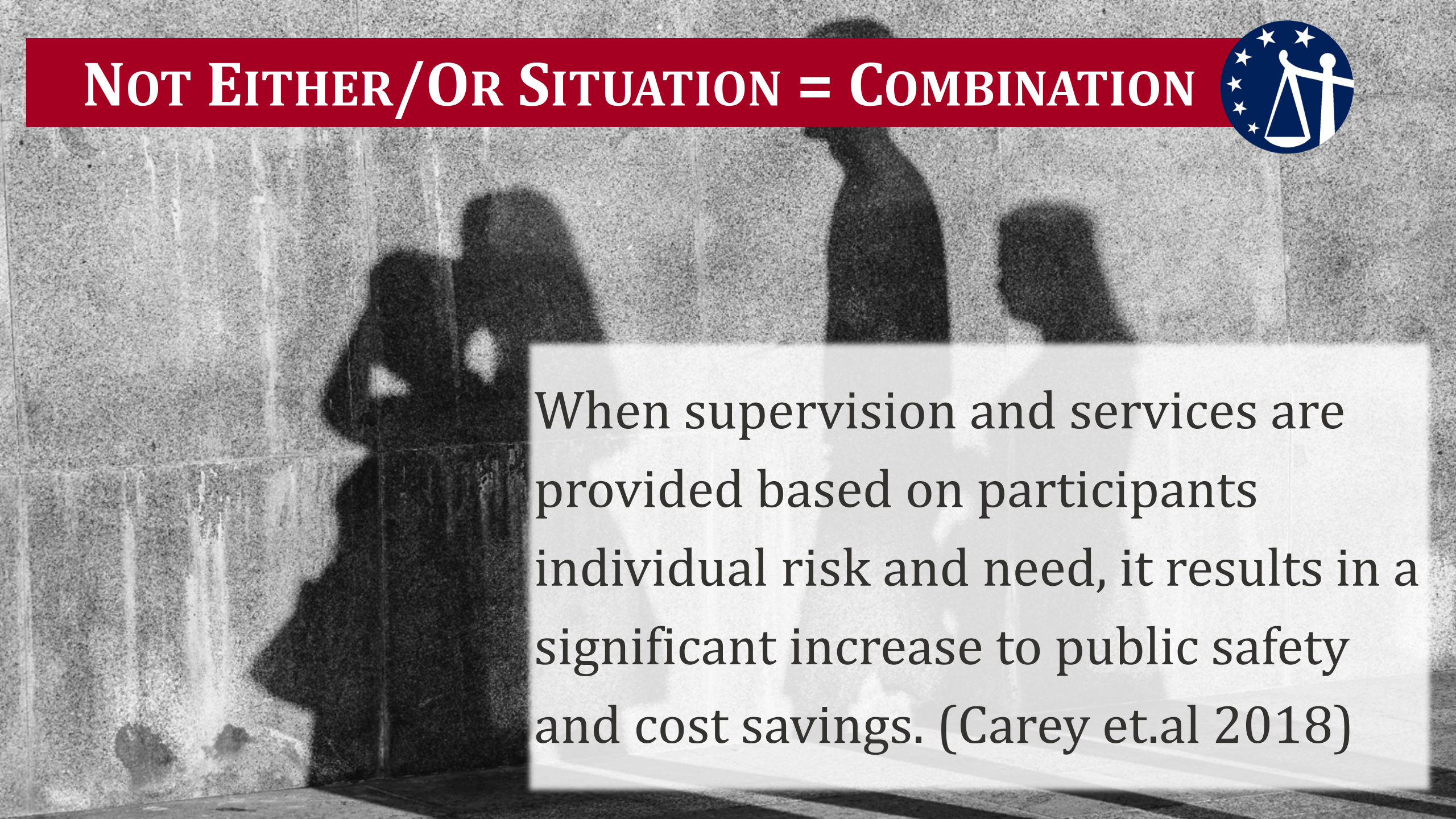
Community Treatment

- Individualized Treatment Plans
- EB, *Best and Promising* Practices
- Complementary and alternative medicine

VA Medical Centers

- Individualized Treatment
- "One Stop" & CAM
- Evidence Based Practices
- VJO Specialist
- VHA/VBA Services
- *Vet Centers/Readjustment Counselors*

Not Either/Or Situation = Combination



When supervision and services are provided based on participants individual risk and need, it results in a significant increase to public safety and cost savings. (Carey et.al 2018)

Some examples of Evidence Based Interventions for VTC Participants

- ❑ Cognitive Processing Therapy (CPT)
- ❑ Virtual Reality
- ❑ Trauma Focused Group Therapy
- ❑ Eye Movement Desensitization and Reprocessing (EMDR)
- ❑ Prolonged Exposure (PE)
- ❑ Adaptive Disclosure
- ❑ Logotherapy/Narrative Therapy
- ❑ Seeking Safety (PTSD and Substance Use)
- ❑ CBT for Insomnia
- ❑ Moral Reconation Therapy

Thank you