



**Treatment
Court Institute**

Phases: Importance of Structure

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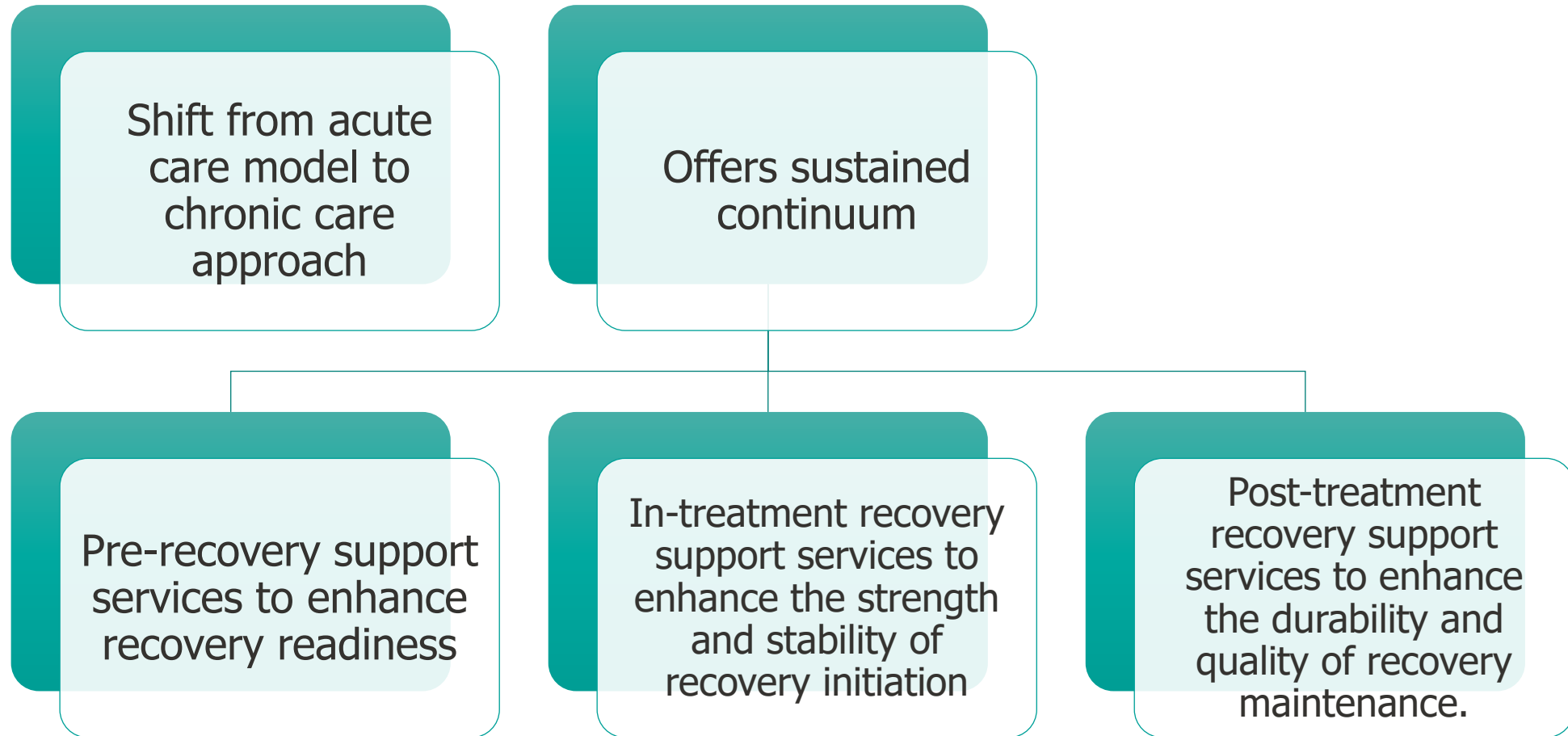
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Disclosure

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Re - Cap



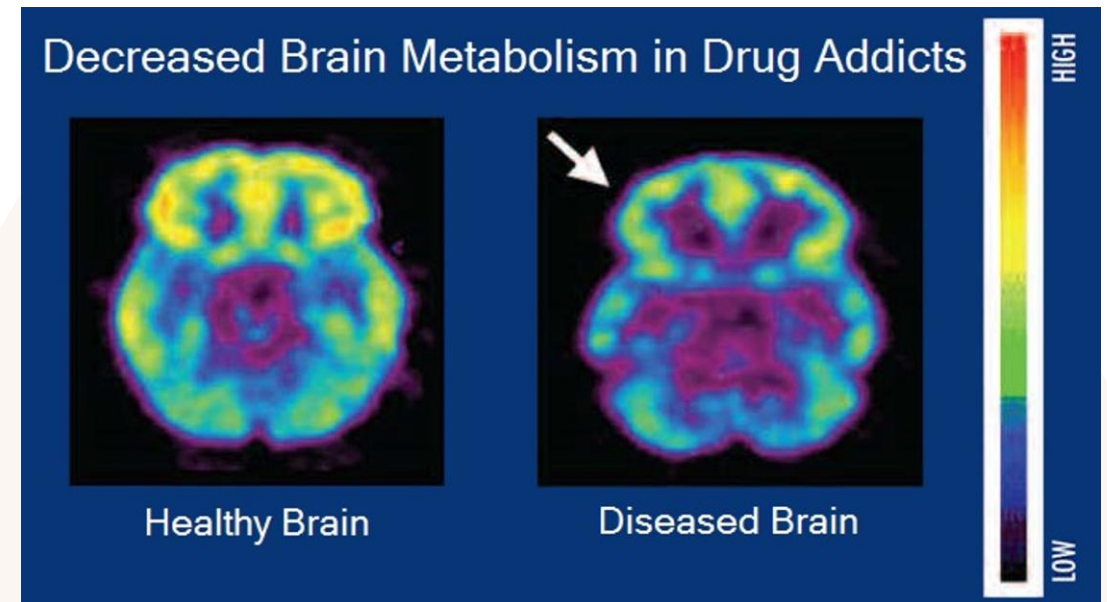
Why Phases



- Provides structure
- Creates a systematic approach to participants' needs
- Helps participants understand program expectations
- Safeguards from requiring too many goals at one time
- Ensures goals build upon a previously achieved goal

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 gets worse with extended use.



Demonstration

What Color is the Word?

- HOUSE
- CAT
- TREE
- HORSE
- BUILDING
- DESK

- TRUCK
- DINNER
- DOG
- CAR
- LAMP
- POOL

What Color is the Word?

- RED
- GREEN
- BLUE
- ORANGE
- PURPLE
- GREEN

- ORANGE
- BLUE
- RED
- PURPLE
- RED
- GREEN



Stroop Test

- The Stroop test can be used to measure a person's selective attention capacity and skills, processing speed, and alongside other tests to evaluate overall executive processing abilities.
- Measures the ability to inhibit dominant responses.
- What dominant responses to participants usually have?
- This is a function of cognitive processing, not motivation.

Phases: Sequence and Timing



Two Parts

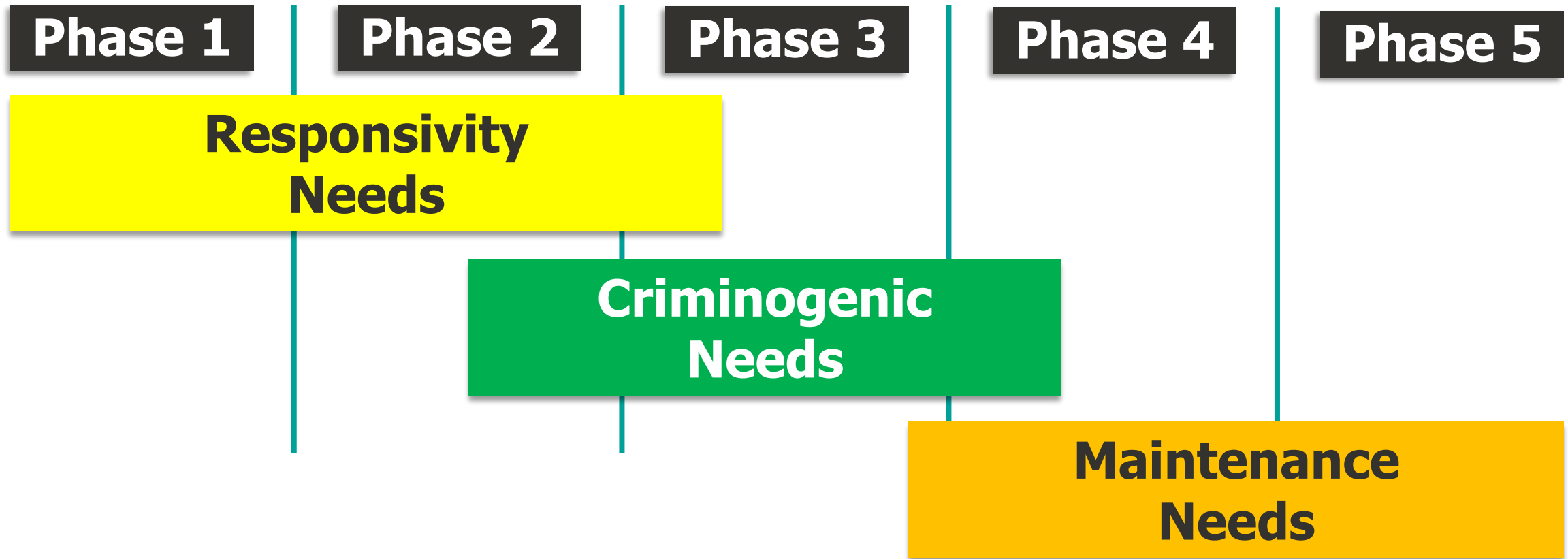
COURT

- Based upon risk levels
- Phases

TREATMENT

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

Timing Matters



Phase 1





Phase 1

*The focus is on Acute
Stabilization and Orientation*

**What do you want the
participant to accomplish at
the end of this phase?**

Phase 1: Stabilization/Orientation

Brief overview




Focus	Acute crisis intervention Orientation Develop connections Screen/assess
Goals	Crisis intervention Orientation Screening & assessment Collaborative person-centered treatment plan
Typical time	30 – 60 days
Abstinence achieved	None required in Phase 1

Incorporating Recovery Capital

- The Recovery Capital tool completed within the first 45 days of the program
- Identify recovery capital strengths and areas needing improvement
- Ongoing assessment to measure gains and setbacks





Phase 1

Proximal Goals

Crisis intervention

Any emergency or crisis issues that cause acute distress or discomfort

Examples:

- Unhoused
- Medical/health needs
- Physiological needs

Making it measurable

- ✓ Complete needs assessment
- ✓ Address barriers to addressing needs
- ✓ Address housing, food, and other basic needs



Phase 1

Proximal Goals

Orientation

Participant has a clear understanding of the program and its requirements

Examples:

- Reviewed participant handbook with a team member
- Met core team members

Making it measurable

- ✓ Review the participant handbook with team member(s) and answer questions
- ✓ Knows who is on the team and the role
- ✓ Attend initial appointments and address transportation barriers

Phase 1

Proximal Goals

Comprehensive screening and assessment

Participant completed all screening and assessments

Examples:

- Risk assessment
- SUD assessment
- Mental health screening/assessment
- Trauma screening

Making it measurable

- ✓ Complete all assessments/screens for:
 - treatment
 - supervision
 - mental health
 - trauma

Phase 1

Proximal Goals

Collaborative, person-centered treatment plan

Participant and treatment reach an agreement on the treatment plan

Example:

Treatment provider and participant meet to discuss the treatment plan.

Making it measurable

- ✓ Agree upon treatment plan

Phase 2

A large, stylized teal arrow pointing upwards, composed of three segments: a central vertical bar and two diagonal bars on either side.



Phase 2

The focus is on Psychosocial Stabilization

What do you want the participant to accomplish at the end of this phase?

Phase 2: Psychosocial Stabilization

Brief overview

Focus	Responsivity/stabilization needs Achieve psychosocial stability
Goals	Stable housing Reliable attendance Therapeutic alliance Clinical stability
Typical time	90 days
Abstinence achieved	Brief periods of several days or few weeks <i>(for clinicians to confirm they are no longer experiencing withdrawal or cravings when not using substances)</i> NOT a proximal goal

Flash Slide

CLINICAL STABILITY

No longer experiencing interfering symptoms

- Persistent cravings
- Withdrawal symptoms
- Anhedonia
- Executive dysfunction
- Acute mental health symptoms
- Cognitive impairments



Phase 2: Psychosocial Stabilization

Brief overview

Focus	Responsivity/stabilization needs Achieve psychosocial stability
Goals	Stable housing Reliable attendance Therapeutic alliance Clinical stability
Typical time	90 days
Abstinence achieved	Brief periods of several days or few weeks <i>(for clinicians to confirm they are no longer experiencing withdrawal or cravings when not using substances)</i> NOT a proximal goal

Flash Slide

PSYCHOSOCIAL STABILITY

When participants have

- secure housing,
- can reliably attend treatment court appointments,
- are no longer experiencing clinical symptoms that may interfere with their ability to attend or benefit from interventions (i.e., clinical stability), and
- have developed an effective therapeutic or working alliance with at least one treatment court team member.



Phase 2: Psychosocial Stabilization

Brief overview

Focus	Responsivity/stabilization needs Achieve psychosocial stability
Goals	Stable housing Reliable attendance Therapeutic alliance Clinical stability
Typical time	90 days
Abstinence achieved	Brief periods of several days or few weeks <i>(for clinicians to confirm they are no longer experiencing withdrawal or cravings when not using substances)</i> NOT a proximal goal

Incorporating Recovery Capital

- Reassess how often?
- Focus is building tools and capital to support clinical stability
- What types of recovery capital are important for a participant to have to support clinical stability?



Phase 2

Proximal Goals

Crisis intervention


Any emergency or crisis issues that cause acute distress or discomfort

Examples:

- Unhoused
- Medical/health needs
- Physiological needs

Making it measurable

- ✓ Complete needs assessment
- ✓ Address barriers to addressing needs
- ✓ Address housing, food, and other basic needs



Phase 2

Proximal Goals

Stable housing

Participant has a safe, secure, and stable housing

Examples:

- Physical safety
- Supportive housing programs
- Choice

Making it measurable

- ✓ Address immediate requests
- ✓ Build rapport
- ✓ Measure safety with participant

Phase 2

Proximal Goals

Reliable attendance

Participant demonstrated the ability to attend appointments

Examples:

- Treatment
- Supervision/case management
- Drug and alcohol testing
- Court status hearings

Making it measurable

- ✓ Consistently attends treatment and supervision appointments
- ✓ Consistently attends status hearings
- ✓ Address any transportation issues

Phase 2

Proximal Goals

Therapeutic alliance

Participant has developed a therapeutic alliance or collaborative working relationship with at least one staff member

Example:

- Mutual agreement on goals
- Developing rapport
- The feeling of safety in the relationship

Making it measurable

- ✓ Utilize alliance tools
 - Helping Alliance Questionnaire (HAQ-II)
 - Working Alliance Inventory (WAI)
 - Session Rating Scale (SRS)

Phase 2

Proximal Goals

Clinical stability

Treatment professionals are confident that the participant is not experiencing debilitating symptoms that are likely to interfere with the participant's ability to attend sessions or benefit from counseling sessions.

Example:

- Participant no longer experiencing persistent substance cravings, withdrawal symptoms, or acute mental health symptoms

Making it measurable

- ✓ Treatment providers and clinical case managers report on symptom reduction/exacerbation and clinical progress in treatment

Phase 2

Proximal Goals



Tools to measure clinical stability:

- Clinical Institute Narcotic Assessment (CINA) Scale for Withdrawal Symptoms
- Clinical Opiate Withdrawal Scale (COWS)
- Subjective Opiate Withdrawal Scale (SOWS)
- Clinical Institute Withdrawal Assessment Alcohol Scale Revised (CIWA-AR)
- Brief Substance Craving Scale (BSCS)
- Anhedonia: Snaith-Hamilton Pleasure Scale (SHPS)

Phase 3





Phase 3

*The focus is on Psychosocial
Habilitation*

**What do you want the
participant to accomplish at
the end of this phase?**

Phase 3: Prosocial Habilitation

Brief overview



Focus	Criminogenic needs Substance use Antisocial peers Deficient problem-solving skills, Impulsivity Antisocial attitudes
Goals	Prosocial routine Prosocial skills Abstinence efforts
Typical time	90 – 120 days
Abstinence achieved	Several weeks or a month at a time (intermittent intervals)

Incorporating Recovery Capital

- Reassess how often?
- Focus is building tools and capital to support clinical stability
- What types of recovery capital are important for a participant to have to support clinical stability?



Phase 3

Proximal Goals

Crisis Intervention

Any emergency or crisis issues that cause acute distress or discomfort

Examples:

- Unhoused
- Medical/health needs
- Physiological needs

Making it measurable

- ✓ Complete needs assessment
- ✓ Address barriers to addressing needs
- ✓ Address housing, food, and other basic needs

Phase 3

Proximal Goals

Prosocial routine


Developing daily interactions that support recovery

Examples:

- Peer support groups
- Healthy recreational activities
- Community/religious events

Making it measurable

- ✓ Engage in activities that support recovery
- ✓ Has a support network
- ✓ Regularly attends weekly events that support recovery




Phase 3

Proximal Goals

Prosocial skills

Participant has completed a manualized CBT curriculum focusing on prosocial skill interventions

- Merely sitting through sessions is insufficient
- Staff must identify concrete examples of when the participant applied the curriculum skills
- A single intervention will not work for all participants



Phase 3

Proximal Goals

Abstinence efforts

Participant has applied efforts aimed at reducing substance use

Examples:

- Practiced drug-refusal skills
- Engaged strategies to cope with substance cravings
- Engaged in medications or addiction treatment

Making it measurable

- ✓ Intermittent intervals of confirmed abstinence

Phase 4





Phase 4

The focus is on life skills

What do you want the participant to accomplish at the end of this phase?

Phase 4: Life Skills

Brief overview



Focus	Maintenance needs Literacy Vocational skills Educational achievements
Goals	Life skills curriculum Adaptive role engagement Early remission
Typical time	90 - 180 days
Abstinence achieved	Approximately 90 days without perfection

Incorporating Recovery Capital

- Reassess how often?
- Focus is building tools and capital to support clinical stability
- What types of recovery capital are important for a participant to have to support life skills?



Phase 4

Proximal Goals

Crisis Intervention

Any emergency or crisis issues that cause acute distress or discomfort

Examples:

- Unhoused
- Medical/health needs
- Physiological needs

Making it measurable

- ✓ Complete needs assessment
- ✓ Address barriers to addressing needs
- ✓ Address housing, food, and other basic needs

Phase 4

Proximal Goals

Life skills curriculum


Focus on preparatory skills needed to fulfill a long-term adaptive role

Examples:

- Effective time management
- Conflict resolution skills
- Job search

Making it measurable

- ✓ Meeting case plan goals
- ✓ Recovery capital gains or needs
- ✓ Applying life skills



Phase 4

Proximal Goals

Adaptive role

Engaged in roles that provide prosocial structure

Examples:

- Schooling
- Household management
- Employment

Making it measurable

- ✓ Engage in school
- ✓ Engage in employment

Phase 4

Proximal Goals

Early remission - SUD

At least 90 days without clinical symptoms that may interfere with participant's ability attend sessions, benefit from interventions and avoid substance use

Examples:

- Engaged in recovery
- Utilizing skills and tools to address any ongoing issues

Making it measurable

- ✓ Participant clinically stable for at least 90 days
- ✓ Abstinent from non-prescribed substances for approximately 90 days*

Flash Slide

CLINICAL STABILITY

No longer experiencing interfering symptoms

- Persistent cravings
- Withdrawal symptoms
- Anhedonia
- Executive dysfunction
- Acute mental health symptoms
- Cognitive impairments



Phase 5

A large, stylized teal arrow pointing upwards, positioned below the text 'Phase 5'.



Phase 5

The focus is on Recovery Management

What do you want the participant to accomplish at the end of this phase?

Phase 5: Life Skills

Brief overview



Focus	Recovery management
Goals	Recovery management activities Continuing care/ symptom recurrence prevention plan Restorative justice activity Abstinence maintenance
Typical time	90 days
Abstinence achieved	Approximately 90 days without perfection

Incorporating Recovery Capital

- Reassess how often?
- Focus is building tools and capital to support clinical stability
- What types of recovery capital are important for a participant to have to support life skills?



Phase 5

Proximal Goals

Crisis Intervention

Any emergency or crisis issues that cause acute distress or discomfort

Examples:

- Unhoused
- Medical/health needs
- Physiological needs

Making it measurable

- ✓ Complete needs assessment
- ✓ Address barriers to addressing needs
- ✓ Address housing, food, and other basic needs

Phase 5

Proximal Goals

Recovery-management activities


Engaged in a peer support community or interacts regularly with someone with relevant lived experience related to substance use or mental health

Examples:

- Peer support group
- Peer recovery specialist
- Self-directed recovery supports

Making it measurable

- ✓ Engage with a peer recovery group
- ✓ Connect with someone in the community with lived experience that provides support



Phase 5

Proximal Goals

Continuing-care or symptom-recurrence prevention

Participant is attending continuing-care services and has a well-articulated and workable symptom-recurrence prevention plan

Examples:

- Develop a symptom-recurrence prevention plan
- Practiced using it with treatment

Making it measurable

- ✓ Has a symptom-recurrence prevention plan and has practiced using it

Phase 5

Proximal Goals

Restorative justice activity

Participant has completed a restorative justice activity

Examples:

- Making amends to individuals harmed or disappointed
- Community project

Making it measurable

- ✓ Complete agreed upon restorative justice activity

Phase 5

Proximal Goals

Abstinence maintenance

Participant demonstrates the ability to sustain abstinence

Examples:

- Engaged in recovery management activities

Making it Measurable

- ✓ Clinical stability for 90 days
- ✓ Approximately 90 days of abstinence (without requiring perfection)
- ✓ Improved recovery capital

Flash Slide

CLINICAL STABILITY

No longer experiencing interfering symptoms

- Persistent cravings
- Withdrawal symptoms
- Anhedonia
- Executive dysfunction
- Acute mental health symptoms
- Cognitive impairments



Phase 5

Proximal Goals

Abstinence maintenance

Participant demonstrates the ability to sustain abstinence

Examples:

- Engaged in recovery management activities

Making it Measurable

- ✓ Clinical stability for 90 days
- ✓ Approximately 90 days of abstinence (without requiring perfection)
- ✓ Improved recovery capital

Discussion



- What information and practices in this session are relatively easy for your court to achieve/implement?
- What information and practices in this session may be difficult for your court to achieve/implement?
- What stakeholders or resources do you need to bring to the table to achieve, make changes, and/or overcome barriers?

Phases: Progression and Setbacks



FLASH SLIDE



PHASE DEMOTION:

We do not take an incentive away

It is demoralizing

Gives the wrong message - all or nothing

We ask: What additional support is needed in this phase?

Service adjustment does not equal a phase demotion

Program Discharge



- If statutorily authorized, legal incentives should be incorporated into successful completion.
- Before termination:
 - Every effort should be made to help participants succeed in the program
 - Treatment courts should exhaust all reasonable rehabilitative efforts before letting participants give up on themselves.

Ask the Expert

<https://allrise.org/trainings/ask-the-expert/>

Office Hours

Scheduled times with experts on various key topics

Submit a Question

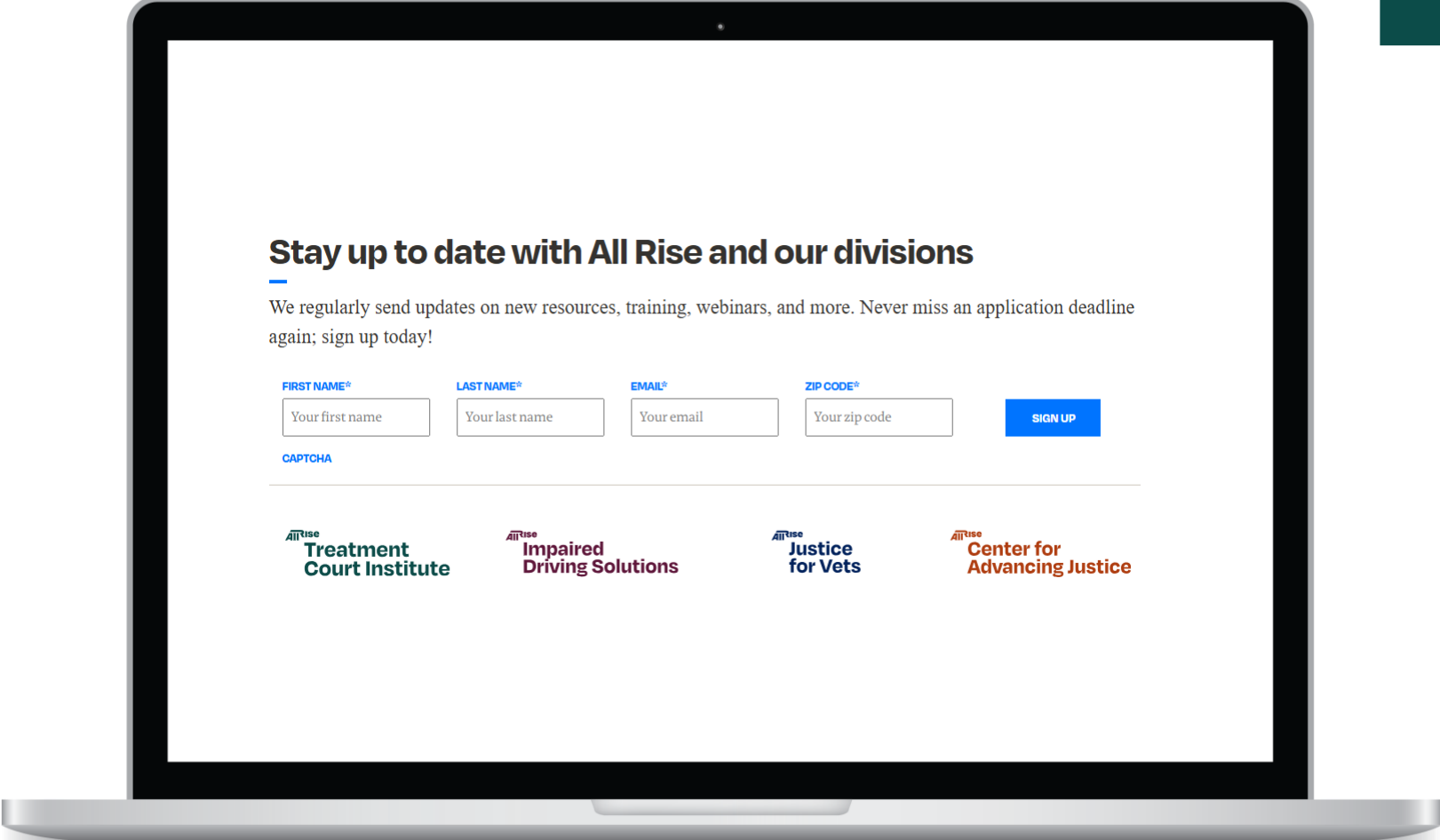
Submit a question to the All Rise team

Schedule a Consultation

Schedule a consultation with the All Rise team

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CAPTCHA

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Evaluations



1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.

Questions??

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**Thank
You**

