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# Revisiting Phases

Developed by:
National Drug Court Institute

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# Disclosure


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- Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# Why Have Phases?

Structure

Recovery process

Incremental progress

# Two Parts

## Court

Based upon risk levels

Phases

## Treatment

Based upon clinical assessment stages

Level of care

# Court Requirements

- Comply with treatment
- Comply with supervision
- Recovery support groups
- Community service
- Employment
- Phase advancement
- Alumni/continuing care

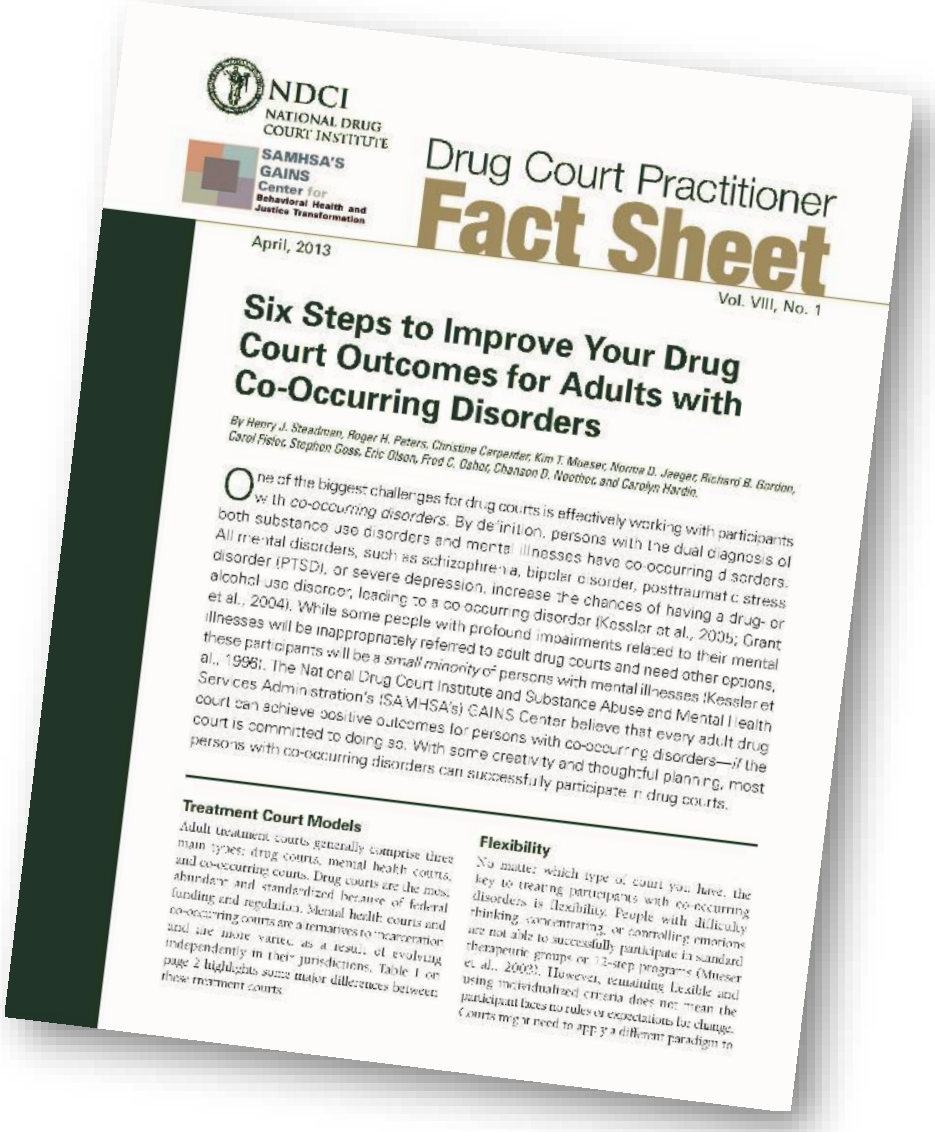
# Court Requirements

- Court appearances
- Drug tests
- Sobriety time
- Curfew
- Ancillary services
- Case management
- Education/vocational training/GED
- Drug-free and prosocial activities

# Levels of Care – Assess

**Validated clinical screening and assessment tool**

**Levels of care**



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SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

Drug Court Practitioner
Fact Sheet

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## Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders

By Henry J. Steadman, Roger H. Peters, Christine Carpenter, Kim T. Mueser, Norma D. Jeeger, Richard B. Gordon, Carol Fisler, Stephen Goss, Eric Olson, Fred C. Osher, Chanson D. Noetzel, and Carolyn Hardin.

One of the biggest challenges for drug courts is effectively working with participants with co-occurring disorders. By definition, persons with the dual diagnosis of both substance use disorders and mental illnesses have co-occurring disorders. All mental disorders, such as schizophrenia, bipolar disorder, posttraumatic stress disorder (PTSD), or severe depression, increase the chances of having a drug- or alcohol use disorder, leading to a co-occurring disorder (Kessler et al., 2005; Grant et al., 2004). While some people with profound impairments related to their mental illnesses will be inappropriately referred to adult drug courts and need other options, these participants will be a small minority of persons with mental illnesses (Kessler et al., 1996). The National Drug Court Institute and Substance Abuse and Mental Health Services Administration's (SAMHSA's) GAINS Center believe that every adult drug court can achieve positive outcomes for persons with co-occurring disorders—if the court is committed to doing so. With some creativity and thoughtful planning, most persons with co-occurring disorders can successfully participate in drug courts.

### Treatment Court Models

Adult treatment courts generally comprise three main types: drug courts, mental health courts, and co-occurring courts. Drug courts are the most abundant and standardized because of federal funding and regulation. Mental health courts and co-occurring courts are alternatives to incarceration and are more varied as a result of evolving independently in their jurisdictions. Table 1 on page 2 highlights some major differences between these treatment courts.

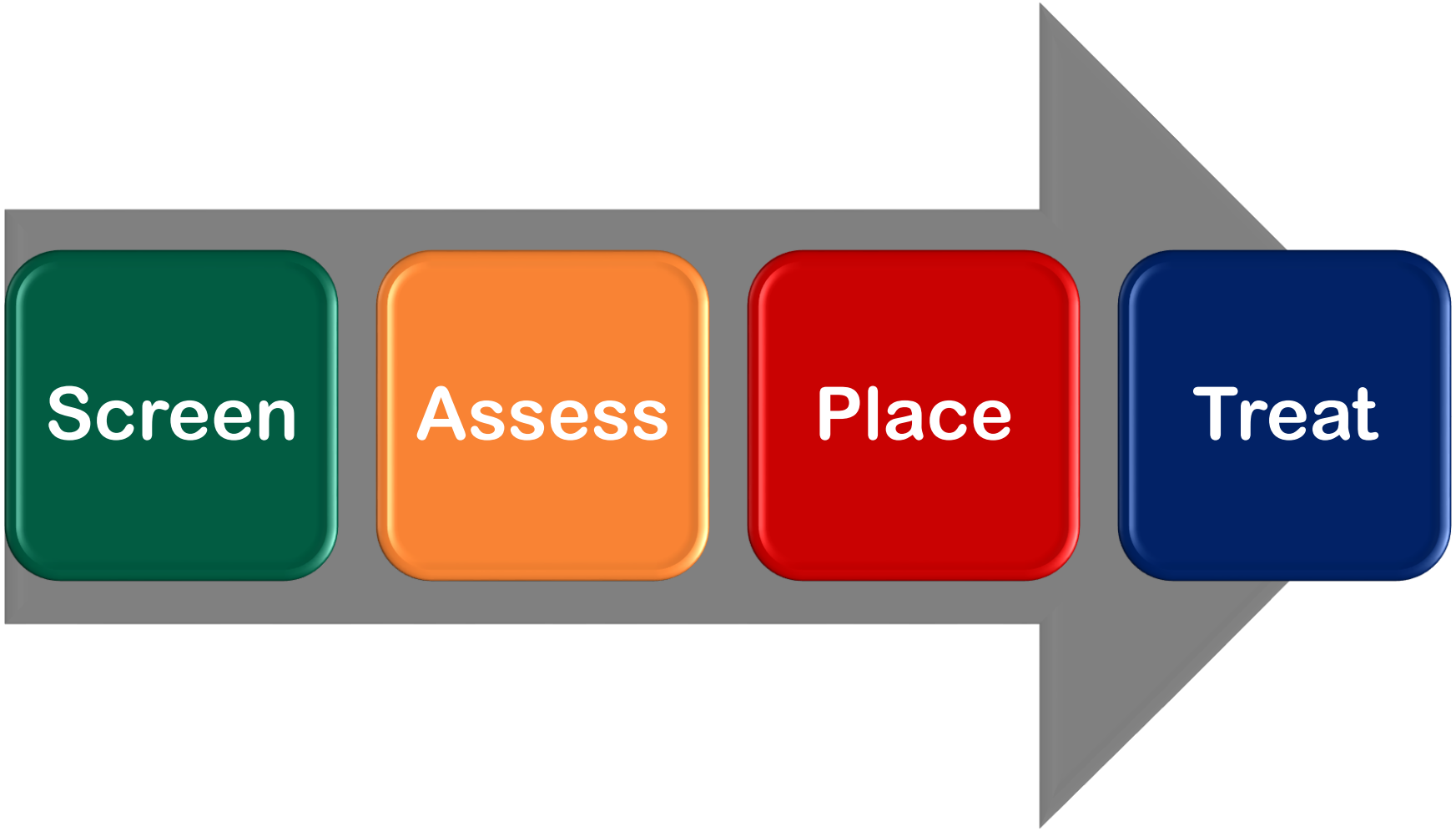
### Flexibility

No matter which type of court you have, the key to treating participants with co-occurring disorders is flexibility. People with difficulty thinking, concentrating, or controlling emotions are not able to successfully participate in standard therapeutic groups or 12-step programs (Mueser et al., 2002). However, remaining flexible and using individualized criteria does not mean the participant faces no rules or expectations for change. Courts might need to apply a different paradigm to

# Practical Implications

| | High Risk | Low Risk |
|---|---|---|
| High Needs (dependent) | ✓ **Status calendar**<br>✓ **Treatment**<br>✓ **Prosocial & adaptive habilit.**<br>✓ **Abstinence is distal**<br>✓ **Positive reinforcement**<br>✓ **Self-help/alumni groups**<br>✓ **~ 18–24 mos. (~200 hrs.)** | ✓ Noncompliance calendar<br>✓ Treatment (separate milieu)<br>✓ Adaptive habilitation<br>✓ Abstinence is distal<br>✓ Positive reinforcement<br>✓Self-help/alumni groups<br>✓ ~ 12–18 mos. (~150 hrs.) |
| Low Needs (abuse) | ✓ Status calendar<br>✓ Prosocial habilitation<br>✓ Abstinence is proximal<br>✓Negative reinforcement<br>✓~ 12–18 mos. (~100 hrs.) | ✓Noncompliance calendar<br>✓ Psycho-education<br>✓ Abstinence is proximal<br>✓ Individual/stratified groups<br>✓ ~ 3–6 mos. (~ 12–26 hrs.) |

# TREATMENT



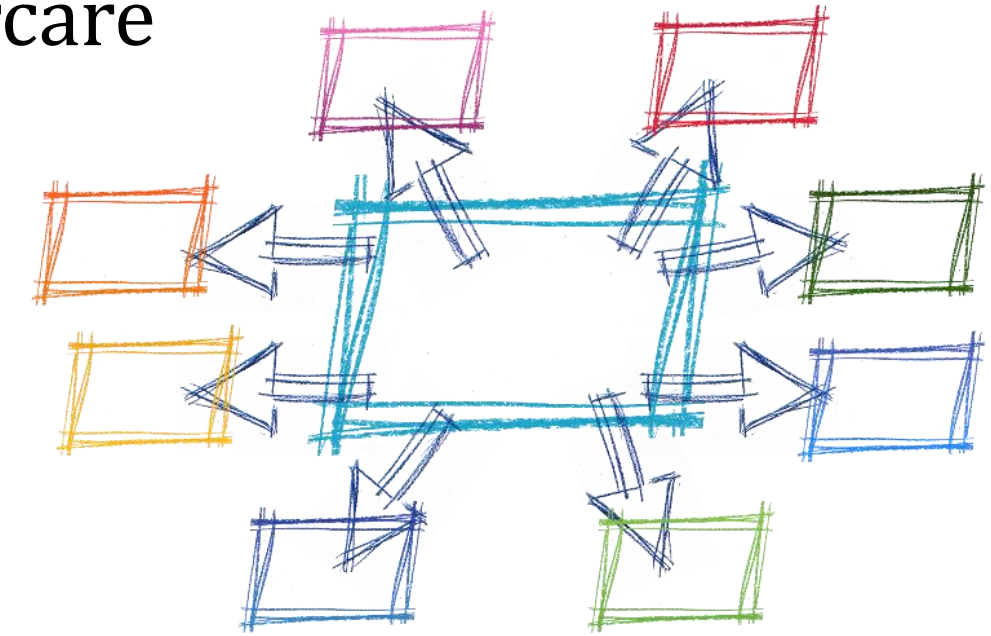
# ASAM Criteria – Place

| Placement Recommendation | | Treatment Hours per Week |
|---|---|---|
| Level 0.5 – Early intervention | → | Education/minimal |
| Level 1 – Outpatient services | → | Less than 9 hours per week |
| Level 2.1 – Intensive outpatient | → | 9 hours or more per week |
| Level 3.1 – Clinically managed low-intensity residential services | → | 24-hour structure; 5+ hours clinical week |

# Unified Case Planning – Treat

## Levels of Care

- ✔ Manualized treatment
- ✔ Individualized treatment plans
- ✔ Continuation of care/aftercare
- ✔ Recovery coaches
- ✔ Recovery support groups
- ✔ Peer mentors



# Sample Phases

# High Risk and High Need

# Phase 1
# Acute Stabilization

# 60 Days

- Court weekly
- Comply with treatment
- Comply with supervision
- Develop case plan
- Weekly office visits
- Monthly home visits
- Weekly random drug testing (minimum of 2)
- Address housing
- Obtain medical assessment
- Change people, places, and things
- Curfew 9 p.m.

**In Order to Advance:**

Regular attendance at treatment
Office visits
***BEING HONEST***
Sobriety time minimum of 14 consecutive days

# Phase 2
# Clinical Stabilization

# 90 Days

- **Court biweekly**
- Engage with treatment
- Comply with supervision
- Continue addressing medical needs
- Continue changing people, places, and things
- **Review case plan**
- Weekly office visits
- Monthly home visits
- Weekly random drug testing (minimum of 2)
- **At end of phase, begin to focus on recovery support groups**

**In Order to Advance:**

Engaged with treatment

Compliance with supervision

Sobriety time minimum of 30 consecutive days

- **Maintain housing**
- **Addressing financial** (budget assessment)
- **Curfew 10 p.m.**

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# Phase 3
# Prosocial Habilitation

# 90 Days

- **Court monthly**
- Engage with treatment
- Comply with supervision
- Continue addressing medical needs
- Continue changing people, places, and things
- Review case plan
- **Biweekly office visits**
- Monthly home visits
- Weekly random drug testing (minimum of 2)
- **Begin criminal thinking program**
- **Establish prosocial activity**
- **Begin recovery network**
- **Curfew 11 p.m.**

**In Order to Advance:**

Engaged with treatment

Compliance with supervision

Began prosocial activity

Began recovery network

Address medical

Sobriety time minimum of 45 consecutive days

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# Phase 4
# Adaptive Habilitation

## 90 Days

- Court monthly
- Engage with treatment
- Comply with supervision
- Continue addressing medical needs
- Continue changing people, places, and things
- Review case plan
- **Monthly office visits**
- Monthly home visits
- Maintain housing
- Weekly random drug testing (minimum of 2)
- Maintain prosocial activity
- **Engage recovery network**
- **Curfew 12 a.m.**
- **As needed based upon assessment:**
  - **Job training**
  - **Parenting/family support**
  - **Vocational training**

**In Order to Advance:**

Engaged with treatment

Compliance with supervision

Maintain prosocial activity

Engage recovery network

Address medical

Began employment, vocational training, or school

Begin to address ancillary services

Sobriety time minimum of 60 consecutive days

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# Phase 5
# Continuing Care

# 90 Days

- Court monthly
- Engaged with treatment
- Comply with supervision
- Continue addressing medical
- Continue changing people, places, and things
- Review case plan
- Monthly office visit
- Monthly home visits
- Maintain housing
- **Random drug testing**
- **Development of continuing care plan**
- Maintain prosocial activity
- Maintain recovery network
- As needed based upon assessment:
  - Job training
  - Parenting/family support
  - Vocational training

**In Order to Commence:**

Engaged with treatment

Compliance with supervision

Maintain prosocial activity

Maintain recovery network

Maintain employment, vocational training, or school

Address ancillary services

Address medical

Sobriety time minimum of 90 consecutive days

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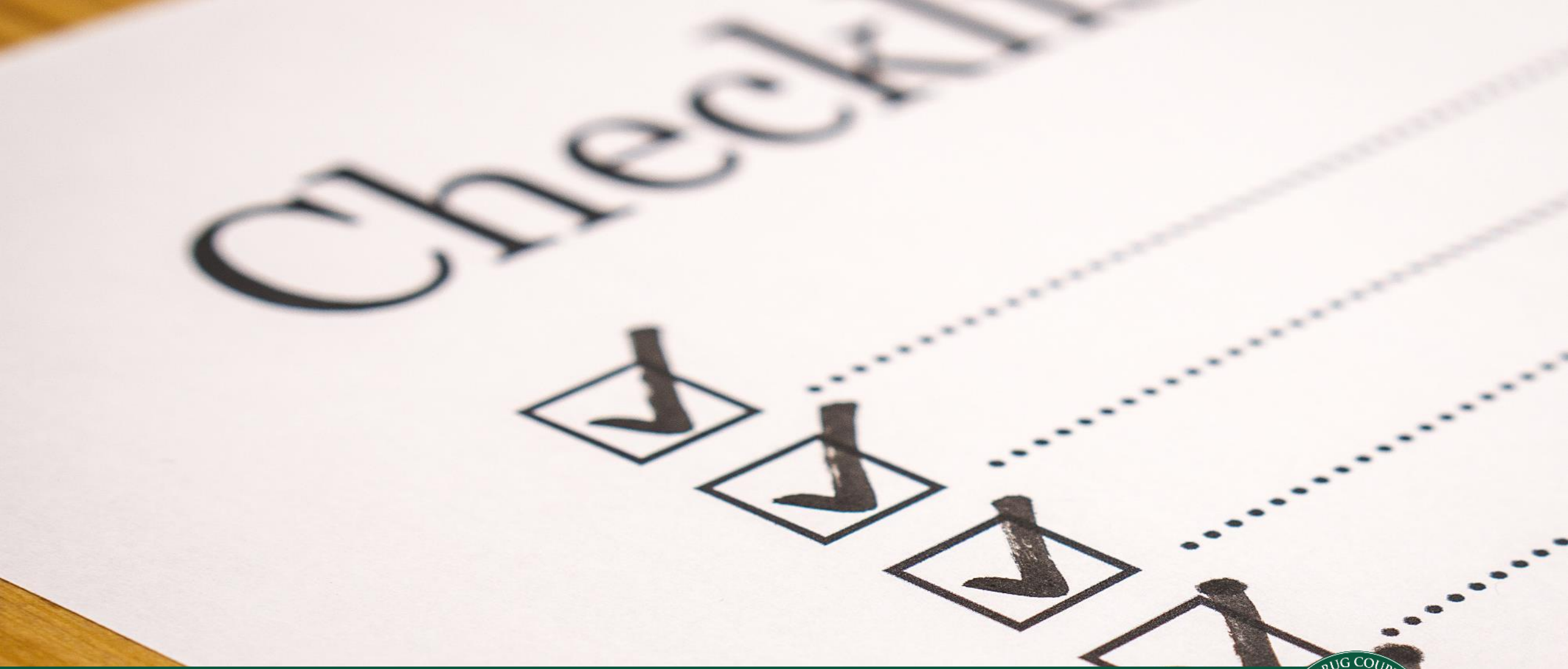
# THERE'S A LOT TO REMEMBER



# Sample Weekly Sheet

| Date/Day | Time | Activity – Goal | Initials |
|---|---|---|---|
| Monday | 6 a.m. | Take prescription meds with breakfast | |
| Monday | 8 a.m. | Obtain picture ID | |
| Monday | 2 – 4 p.m. | Attend Thinking for Change group | |
| Tuesday | 1 – 4 p.m. | Dialectical Behavioral Therapy (DBT) group | |
| Wednesday | 1 – 4 p.m. | Dialectical Behavioral Therapy (DBT) group | |
| Thursday | 1 – 4 p.m. | Dialectical Behavioral Therapy (DBT) group | |
| Friday | 1 – 2 p.m. | Individual session | |
| | | | |
| | | | |
| | | | |

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# CONSIDERATIONS

Population

Accountability

Resources

Challenges

Culture

Realistic and recovery focused

# Incorporating Culture

- Restore Identity– sense of loss, non-belonging
- Community driven process – Native designed and delivered
- Is a channel to promote a healthy life style
- Compliments treatment services (holistic approach)
- Assists in preventing relapse
- Strengthens community – individual contribution to the whole
- Historical practices – Warming of the breathe

# EXAMPLES

- Ribbon shirt and camp dress making
- Language classes
- Naming of phases
- Phase progression – (traditional wear/regalia)
- Drum group
- Group sessions - Talking circles , Re-kindling the fire
- AA/ white Bison

- Elder participation -
- Community service – pow-wows, community events
- Ceremonies
- Naming of phase
- Incentives – rattles, blankets/ shawls etc
- Traditional foods

# Thanks for Listening

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