



Revisiting Phases: Risk Matters

Developed by: National Drug Court Institute

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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

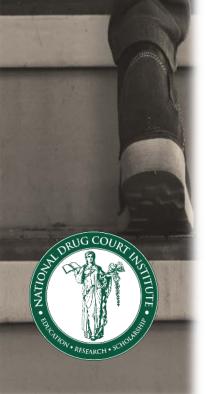
- Comply with treatment
- Comply with supervision
- Recovery support groups
- Community service
- Employment
- Program fees/court costs
- Phase advancement
- Alumni/continuing care



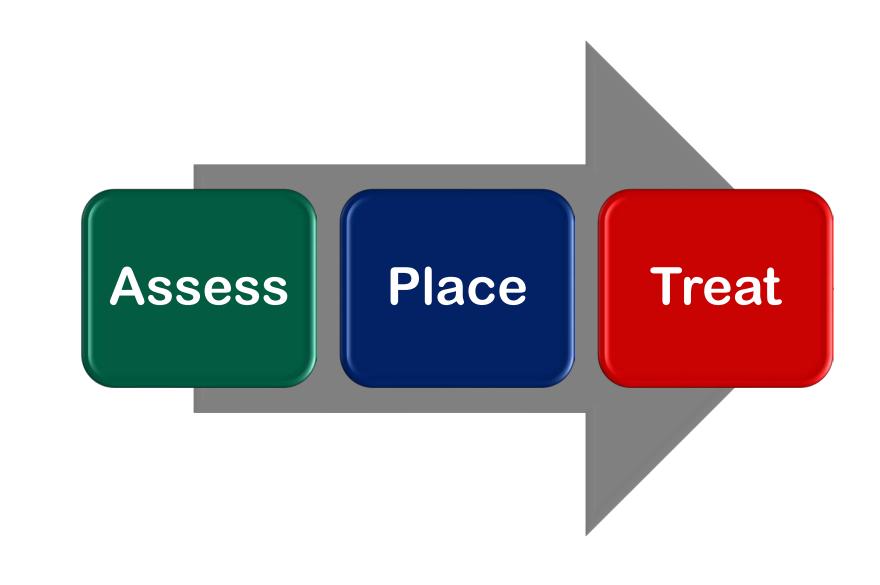
COURT REQUIREMENTS

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





TREATMENT



LEVELS OF CARE – ASSESS

Validated clinical screening and assessment tool

Levels of care

NDCI NATIONAL DRUG COURT INSTITUTE Drug Court Practitioner SAMHSA'S GAINS Center for April, 2013 Six Steps to Improve Your Drug Court Outcomes for Adults with **Co-Occurring Disorders** By Henry J. Steadman, Roger H. Peters, Clinistine Cerpenter, Kim T. Mueser, Norme D. Jeeger, Richard B. Gordon, Garol Fistor, Stephon Goss, Eric Olson, Frod C. Oshor, Chanzon D. Noottier, and Carolyn Hardin. ne of the biggest challenges for drug courts is effectively working with participants w th 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 discreet, leading to a colocourring disorder (Kessler et al., 200b; 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 all, resources Administration's (SA VHSA's) CAINS Center believe that every adult drug court can achieve positive outcomes for persons with co-occurring disorders--// 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 counts. Drug courts are the mest abundant and standardized because of federal funding and regulation. Mental health courts and co-occurring courts are a ternarives to "scatteration and the more varies, as a result of evolving independently in their jurisdictions. Table 1 or page 2 highlights some major differences between these marment courts.

Flexibility

No matter which type of court you have, the key to treating participants with co-occurring disorders is flexibility. Feople 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 lexible and using individualized criteria does not mean the participant faces no rules or expectations for change-Courts might need to app y a different paradigm

SAMPLE Phases





PHASE 1 ACUTE STABILIZATION



- Court weekly
- Comply with treatment
- Comply with supervision
- Develop case plan
- ✓ Weekly office visits
- Monthly home visits

In Order to Advance:

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

- Weekly random drug testing (minimum of 2)
- Address housing
- Obtain medical assessment
- Change people, places, and things
- ✓ Curfew 9 p.m.

PHASE 2 CLINICAL STABILIZATION

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:

90 Days

Engaged with treatment

Compliance with supervision

Sobriety time minimum of 30 consecutive days

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

PHASE 3 PROSOCIAL HABILITATION

Court monthly

- Engage with treatment
- Comply with supervision
- Continue addressing medical needs
- Demonstrate 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:

90 Days

Engaged with treatment Compliance with supervision Began prosocial activity Began recovery network Address medical Sobriety time minimum of 45 consecutive days

PHASE 4 Adaptive Habilitation

- ✓ 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

90 Days

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

PHASE 5 Continuing Care

- ✓ 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:

90 Days

Engaged with treatment Compliance with supervision Maintain prosocial activity Maintain recovery network Maintain other employment, vocational training, or school Address ancillary services Address medical Sobriety time minimum of 90 consecutive days

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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