



# Revisiting Phases: Risk Matters

Developed by: National Drug Court Institute

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### 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

Place Assess Treat



### Levels of Care – Assess

Validated clinical screening and assessment tool

Levels of care



### Drug Court Practitioner Fact Sheet

#### 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. Maeser, Norma D. Jeeger, Richard B. Gardon, Carol Fision, Stephon Goss, Eric Olson, Frod C. Oshor, Chanzon D. Noother, and Carolyn Hardin.

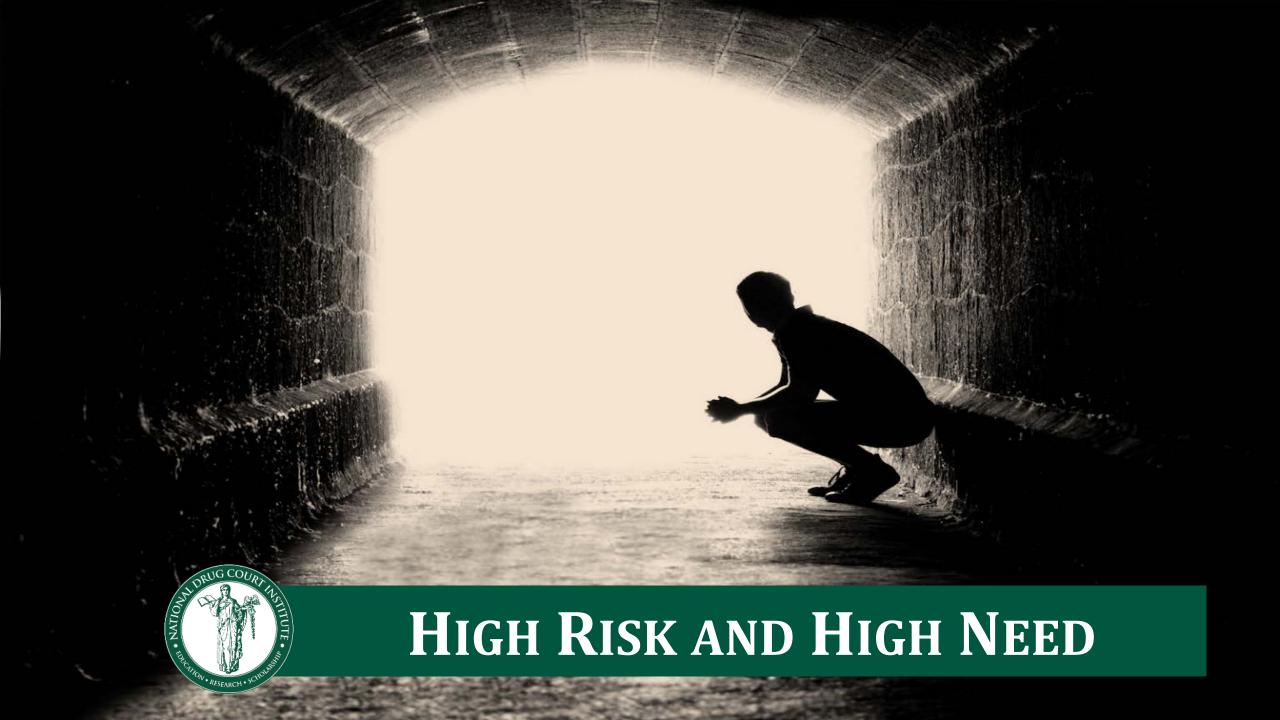
ne of the biggest challenges for drug courts is effectively working with participants with co-occurring disorders. By definition, persons with the dual diagnosis of both substance use disorders and mental illnesses have co-occurring disorders. All mental disorders, such as schizophrenia, bipolar o sorder, posttraumatic stress disorder (PTSD), or severe depression, increase the chances of having a drug-or alcohol use discreet leading to a colocurring disorder (Kossler 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 (SAVHSA's) CAINS 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, memal health courts, and co-occurring counts. Drug courts are the mesabundant and standardized because of federal funding and regularism. Mental health courts and co-cocurring courts are a ternatives to "rearceration and are more varied, as a result of evolving independently in their jurisdictions. Table 1 or page 2 highlights some major differences between these mearment courts.

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







# 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.





# PHASE 3 PROSOCIAL HABILITATION

## 90 Days

- **✓** 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:

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

## 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 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
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

