



**Treatment
Court Institute**

Developing and Reviewing Phases

Developed by Treatment Court Institute

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Why Phases?

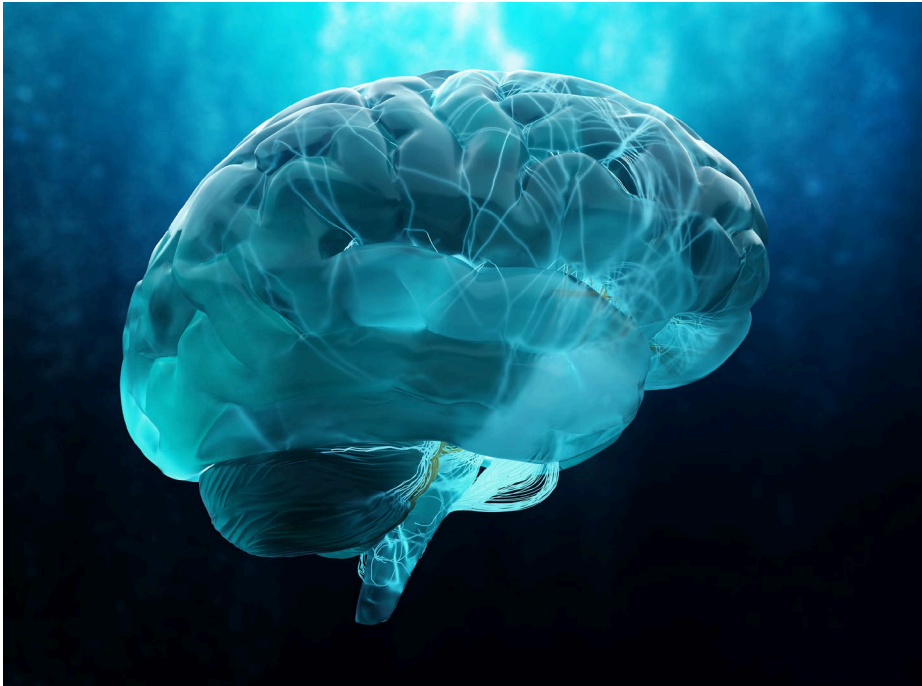


Program Phase Focus



- 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.

Prefrontal Cortex



- Decision Making
- Planning
- Impulse Control
- Memory
- Judgement
- Not fully developed until age 25
- Trauma impairs development

Impact of Substance Use on the Frontal Lobe

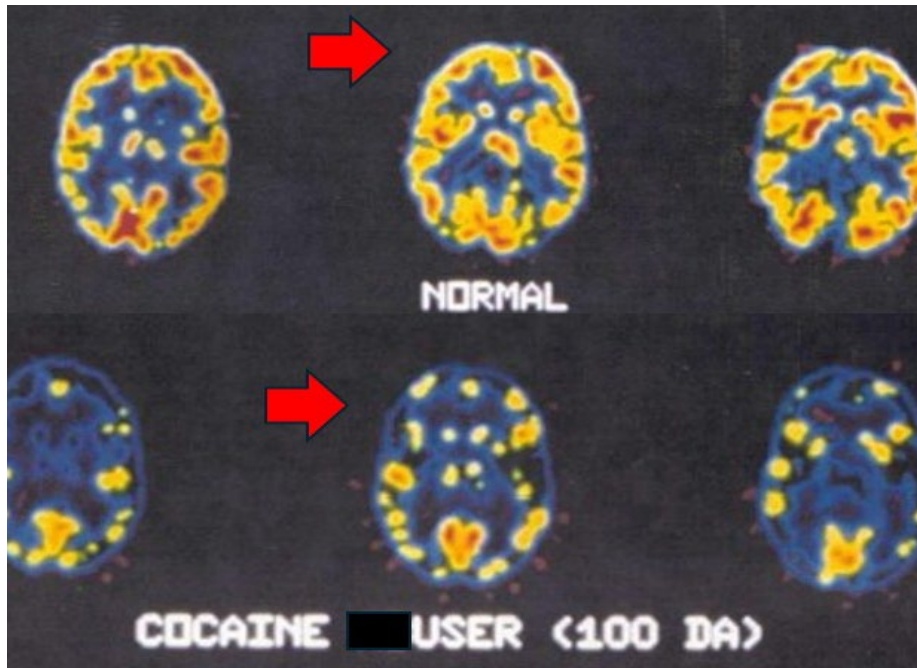


Image Courtesy of National Institute on Drug Abuse

- Can impair activity for long periods of time after use stops
- Problems with:
 - Judgement
 - Impulse Control
 - Planning
 - Memory and Learning

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

Phases: Sequence and Timing



Two Parts



Court

- Based on risk assessment
- Criminogenic needs
- Changed behavior

Treatment

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

Ideal Progression

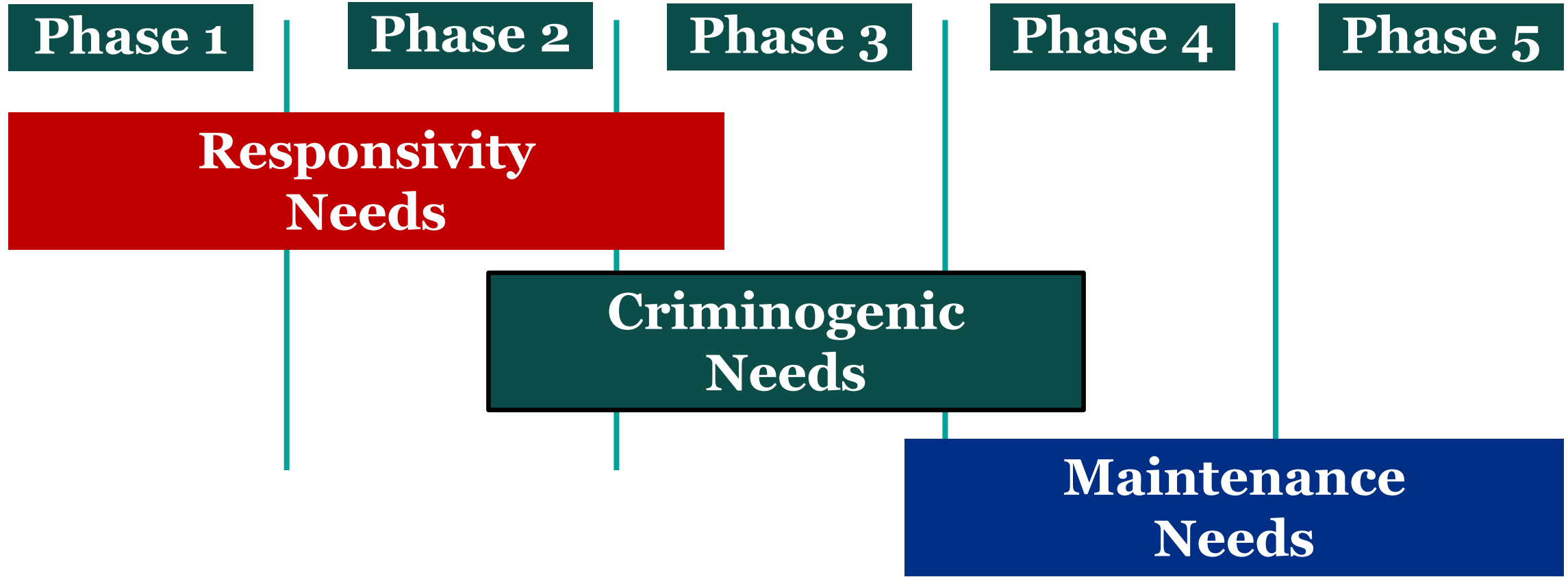
**Distal
Goals**

**Managed
Goals**

**Proximal
Goals**



Timing Matters



Phase 1:

Acute Stabilization





Acute Stabilization

Phase 1 focuses on acute stabilization. Acute stabilization refers to the short-term, intensive treatment and interventions for mental health and/or substance use crises, aiming to de-escalate symptoms, ensure safety, prevent deterioration, and transition individuals to start a journey of recovery.

Phase 1: Stabilization/Orientation



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



Phase 1

Proximal goals

Crisis intervention: Managing 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
- ✓ 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
- ✓ Know who is on the team and their roles
- ✓ Attend initial appointments and address transportation barriers

Phase 1

Proximal goals



Comprehensive screening and assessment:
Participant completes all assessments

Examples

- Risk assessment
- SUD & mental health 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.
- This may take several meetings.

Making it measurable

- ✓ Agree upon treatment plan

Activity: Phase 1

- Crisis intervention
- Orientation
- Assessments completed (criminogenic, treatment, recovery capital)
- Collaborative, person-centered treatment plan



Phase 2:

Psychosocial Stabilization



Psychosocial Stabilization



The focus of Phase 2 is psychosocial stabilization. This is the process of improving and/or building social, emotional, and environmental factors and supports to make progress in recovery.

Phase 2: Psychosocial Stabilization



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 (for clinicians to confirm they are no longer experiencing withdrawal or cravings when not using substances) NOT a proximal goal



Phase 2

Proximal goals

Stable housing: Participant has safe, secure, and stable housing

Examples

- Physical safety
- Supportive housing programs
- Choice

Making it measurable

- ✓ Address immediate requests
- ✓ Build rapport
- ✓ Assess safety with the participant



Phase 2

Proximal goals

Reliable attendance: Participant has demonstrated the ability to attend appointments

Examples

- Treatment & supervision
- 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

Examples

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

Making it measurable

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

Therapeutic Alliance Resources:

THE HELPING ALLIANCE QUESTIONNAIRE Patient Version

INSTRUCTIONS: These are ways that a person may feel or behave in relation to another person -- their therapist. Consider carefully your relationship with your therapist, and then mark each statement according to how strongly you agree or disagree. Please mark every one.

	strongly disagree	disagree	slightly disagree	slightly agree	agree	strongly agree
1. I feel I can depend upon the therapist.	1	2	3	4	5	6
2. I feel the therapist understands me.	1	2	3	4	5	6
3. I feel the therapist wants me to achieve my goals.	1	2	3	4	5	6
4. At times I distrust the therapist's judgment.	1	2	3	4	5	6
5. I feel I am working together with the therapist in a joint effort.	1	2	3	4	5	6
6. I believe we have similar ideas about the nature of my problems.	1	2	3	4	5	6
7. I generally respect the therapist's views about me.	1	2	3	4	5	6
8. The procedures used in my therapy are not well suited to my needs.	1	2	3	4	5	6
9. I like the therapist as a person.	1	2	3	4	5	6
10. In most sessions, the therapist and I find a way to work on my problems together.	1	2	3	4	5	6
11. The therapist relates to me in ways that slow up the progress of the therapy.	1	2	3	4	5	6
12. A good relationship has formed with my therapist.	1	2	3	4	5	6
13. The therapist appears to be experienced in helping people.	1	2	3	4	5	6
14. I want very much to work out my problems.	1	2	3	4	5	6
15. The therapist and I have meaningful exchanges.	1	2	3	4	5	6
16. The therapist and I sometimes have unprofitable exchanges.	1	2	3	4	5	6
17. From time to time, we both talk about the same important events in my past.	1	2	3	4	5	6
18. I believe the therapist likes me as a person.	1	2	3	4	5	6
19. At times the therapist seems distant.	1	2	3	4	5	6

- **The Helping Alliance Questionnaire (HAQ-II)**
<https://www.med.upenn.edu/cpr/assets/user-content/documents/HAQ2QUES.pdf>
- **Working Alliance Inventory (WAI)**
<https://wai.profhorvath.com/>
- **Multisite Adult Drug Court Evaluation - Participant Survey** assesses their perceived working alliance with the judge and supervision officer
<https://www.ojp.gov/pdffiles1/nij/grants/237109.pdf>
[see Appendix A, pp. 229–230]).

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 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)

Activity: Phase 2

- Psychosocial stability
 - Stable housing
 - Reliable attendance (90%)
 - Therapeutic alliance
- Working toward clinical stability
 - The “fog” is lifting
 - Cravings & symptoms are no longer interfering



Phase 3:

Prosocial Habilitation



Prosocial Habilitation



The focus of Phase 3 is prosocial habilitation. This includes addressing the most prevalent and impactful criminogenic needs that cause or exacerbate crime and other infractions.

Phase 3: Prosocial Habilitation



Focus	Criminogenic needs • Antisocial thoughts & attitudes • Antisocial personality patterns (impulsivity, deficient problem-solving skills) • Antisocial peers
Goals	Prosocial routine, skills, thinking & attitude Abstinence efforts
Typical time	90 to 120 days
Abstinence achieved	Several weeks or a month at a time (intermittent intervals)

Phase 3

Proximal goals



Prosocial routine: Developing daily interactions that support recovery

Examples

- Peer support groups
- Healthy recreational activities
- Religious events

Making it measurable

- ✓ Engages in activities that support recovery
- ✓ Has a support network
- ✓ Regularly participates in prosocial activities, which may be individualized or in a group

Phase 3

Proximal goals



Prosocial skills: Participant has completed a CBT curriculum focused 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

- Engaged strategies for coping with substance cravings
- Engaged in medications for addiction treatment

Making it measurable

- ✓ Intermittent intervals of confirmed abstinence
- ✓ Practiced drug-refusal skills

Activity: Phase 3



- Reduction in criminal risk
 - Improvement in antisocial thinking and attitudes
 - Improvement in impulsivity, managing negative emotions
 - Skill-building
- Recovery-oriented engagement
 - Connections with recovery community and/or support network
 - Participation in prosocial activities

Phase 4:

Life Skills



Life Skills



- The focus of Phase 4 is to develop and practice the skills needed for long-term, pro-social, and independent living in the community.

Phase 4: Life Skills



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



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

- Educational courses
- 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 the participant's ability to attend sessions, benefit from interventions, and avoid substance use.

Examples

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

Making it measurable

- Participant clinically stable for at least 90 days
- Abstinent from nonprescribed substances for approximately 90 days*

Activity: Phase 4

- Maintenance needs
 - Life skills curriculum
- Adaptive role engagement
 - Schooling, household management, employment, etc.
- Early remission
 - Free of debilitating symptoms for 90 days



Phase 5:

Recovery Management



Recovery Management



- The focus of Phase 5 is on maintaining the progress achieved during the program and successfully transitioning the participant into long-term community life with a strong support system.



Phase 5: Life Skills

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

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 or 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

- Identify likely risk-scenarios
- Identify several potential responses for future issues

Making it measurable

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



Phase 5

Proximal Goals

Restorative justice activity: Participant completes a restorative justice activity

Examples

- Making amends to individuals harmed or disappointed
- Community project

Making it measurable

- ✓ Make an action plan, discuss with the team, and then complete the agreed-upon restorative justice activity

Phase 5

Proximal Goals



Abstinence maintenance: Participant demonstrates the ability to abstain from substance/alcohol use

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

Activity: Phase 5

- Recovery Management Activities
 - Peer support groups, education, employment, etc.
- Continuing-Care Plan
 - Continuing care service or symptom recurrence plan
- Restorative Justice Activity
- Abstinence Maintenance



Progression and Setbacks



Recovery Capital Through the Continuum



Phase development also includes assessing recovery capital, or the tangible and intangible assets participants draw upon to sustain their long-term recovery.

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 Demotions



No takebacks! Phase demotions and incentive returns should never happen.

- Takebacks are demoralizing, which does not promote behavior change.
- Takebacks give the wrong message (all or nothing).
- Service adjustment does not equal phase demotion.
- Instead ask, “What additional support is needed in this phase?”

Unsuccessful Discharge



Before unsuccessful discharge (aka termination):

- Has every effort been made to help this participant succeed in the program?
- If a participant is self-terminating, have we exhausted all efforts to motivate them before letting them give up on themselves?

It should be easy to get into our programs and hard to get out!



Unsuccessful Discharge

Before unsuccessful discharge, the judge finds by clear and convincing evidence, one or more:

- Participant poses a serious and imminent risk to public safety
- Participant chooses to voluntarily withdraw
- Participant is unwilling to receive treatment or other services

Remember Due Process!

Takeaway



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

Court responses should:

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

Questions?



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