



Rethinking Phases

Carolyn Hardin, Chief of Training and Research

©All Rise, 2024

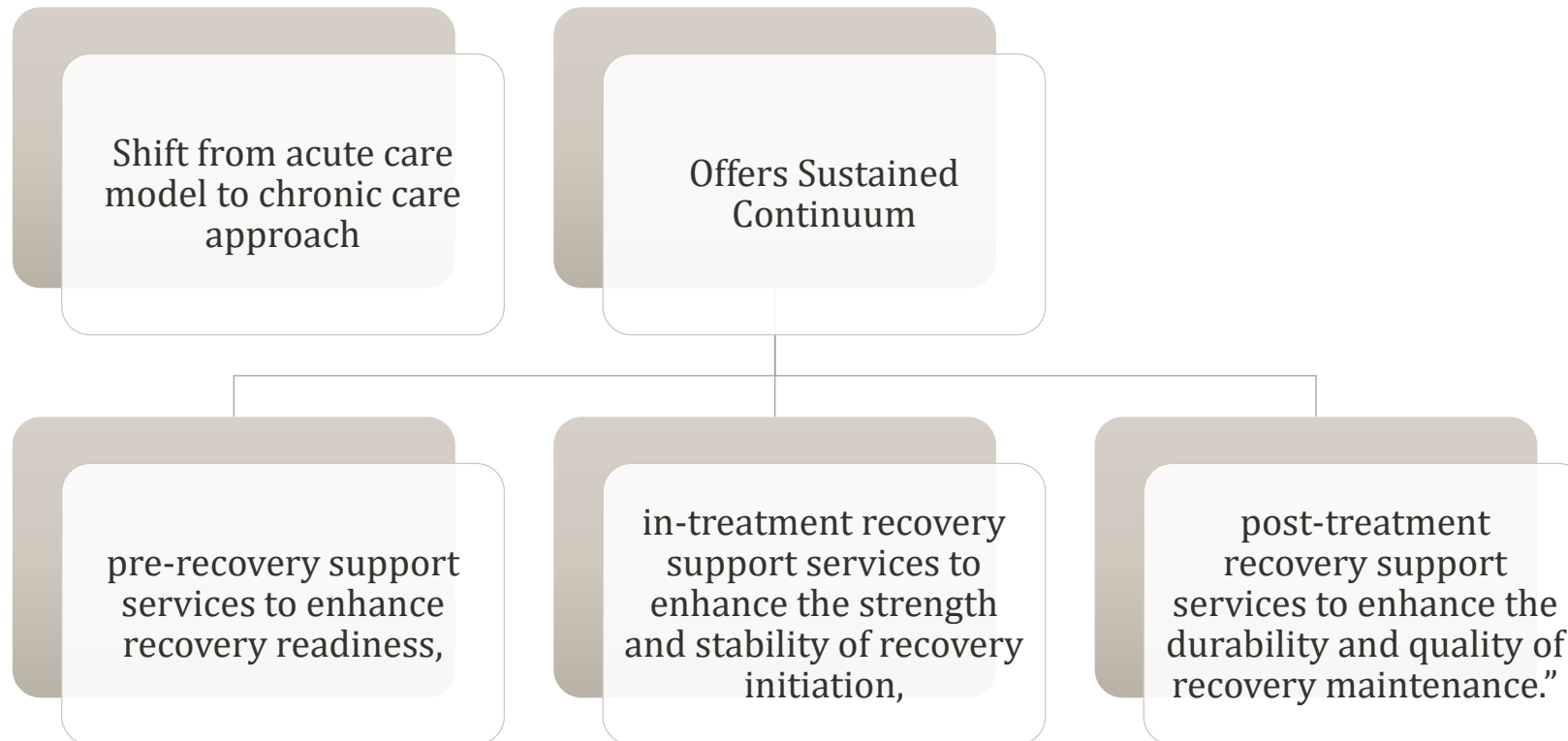
The following presentation may not be copied in whole or in part without the written permission of the author of the National Drug Court Institute. Written permission will generally be given upon request.

Program Phase Focus



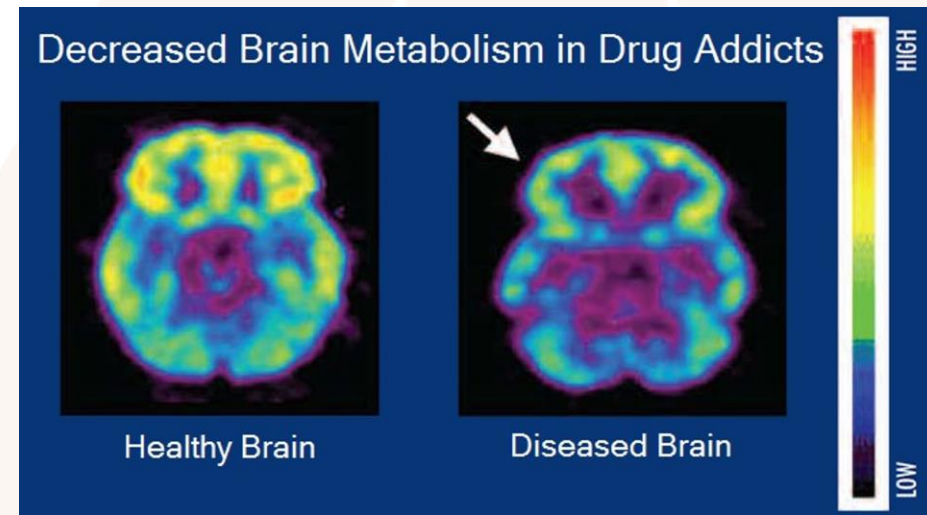
- Providing structure, support, and education for participants.
- Helping participants achieve and sustain psychosocial stability and resolve ongoing impediments to service provisions.
- Ensuring participants follow a safe and prosocial daily routine.
- Teaching participants preparatory skills (e.g. time management, personal finances).
- Engaging participants in recovery-supported activities.

Re - Cap



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.



Drug 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

Two Parts

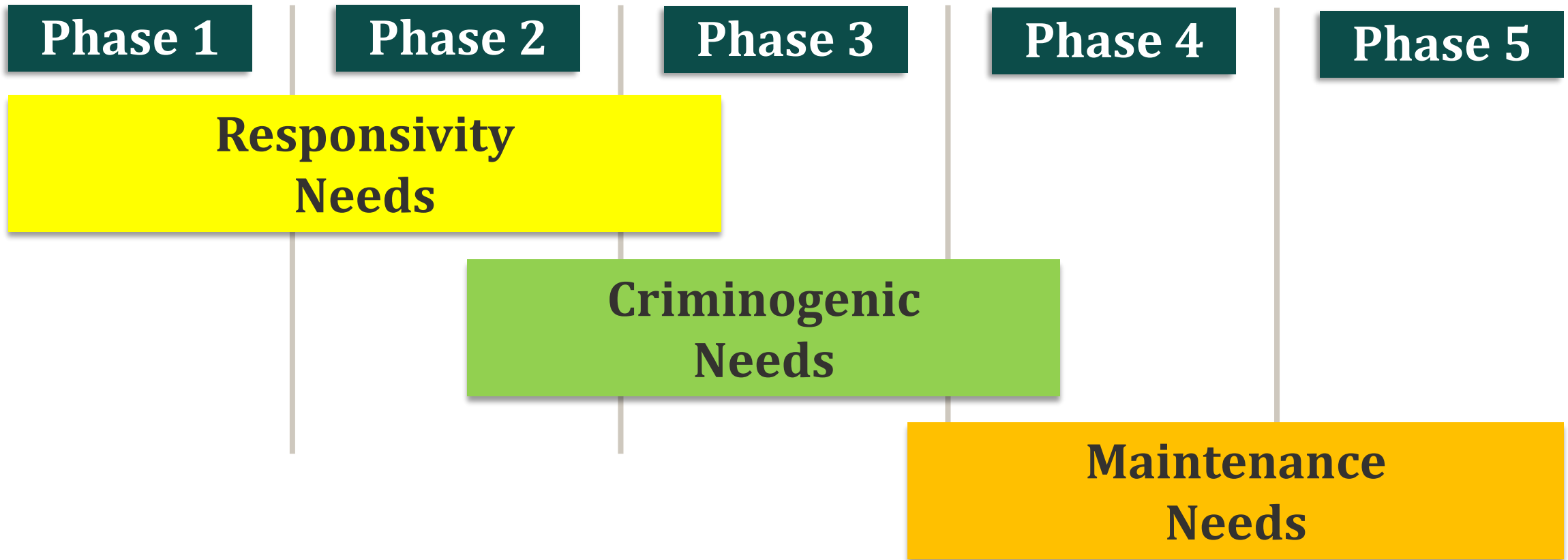
COURT

- Based upon risk levels
- Phases

TREATMENT

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

Timing Matters



Phase 1 – Acute Stabilization and Orientation



- What to focus on
 - Orientation
 - Crisis intervention
 - Develop relationships/alliances with staff
 - Identify/resolve barriers to attendance
 - Ongoing screening and assessment
 - Develop collaborative person-centered treatment/case plans
- Attend court every two weeks for the program's first phase.
 - Some participants will require weekly status hearings
- Random drug and alcohol testing (2 times/wk)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Curfew (if monitored)
- 30-60 days

HOW

Milestones

Measurable

Use of Reporting
Forms



Phase 1 – Welcome



- Phase up - Proximal goals have been managed when:
 - Crisis stabilization/no longer acute distress to participant
 - Orientation completed and adequately familiar with program requirements
 - Ongoing comprehensive screening and assessment
 - Collaborated person-centered treatment plan created

Phase 2 – Psychosocial Stabilization



- What to focus on
- Responsivity needs/stabilization needs
 - Lack of secure housing
 - Persistent cravings
 - Withdrawal
 - Anhedonia (lack of pleasure)
 - MH Symptoms
 - Cognitive Impairments
- Attend court every two weeks
- Random drug and alcohol testing (2 times/wk)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Curfew (if monitored)
- Approximately 90 days

Phase 2: Intensive Support

- Phase up: Psychosocial stability has been achieved
- Stable housing
 - Safe, secure stable housing
- Reliable attendance
 - Attending services (treatment court, supervision, drug and alcohol testing regularly)
- Therapeutic alliance
 - Participant has developed a working relationship with at least one team member/staff
- Clinical stability
 - Participant is no longer experiencing debilitating symptoms

Phase 3: Prosocial Habilitation



- What to focus on:
- Criminogenic needs
 - Substance use
 - Peers
 - Problem-solving
 - Impulsivity
 - Antisocial activities
- Attend court monthly (minimum)
- Random drug and alcohol testing (2 times/wk)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Curfew (if monitored)
- 90-120 days*

Phase 3 – People, Places and Thinking

Phase up: Prosocial habilitation considered managed:

- Prosocial routine
 - Interactions primarily with prosocial persons and activities
- Prosocial skills
 - Completed criminal thinking curriculum and demonstrated skills
- Abstinence efforts
 - Applied efforts to reduce substance use, intermittent intervals of confirmed abstinence

Phase 4: Life Skills



- Early remission achieved
- Clinically stable
- Illiteracy needs
- Vocational/educational needs
- Reduced or eliminated interactions with anti-social or substance using peers a
- Practice prosocial decision making and drug-avoidance skills
- Attend court monthly (minimum)
- Random Drug and alcohol testing (2 times/wk)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Curfew (if monitored)
- 90-180 days*

Phase 4: Putting it into practice

- Phase up: Life skills considered managed:
- Life skills curriculum
 - Completed a life skills curriculum deemed appropriate and desired by the participant
- Adaptive role – social structure
 - Engaged in adaptive role (school, household management, employment, structured hours)
- Early remission:
 - 90 days without clinical symptoms
- Ability to demonstrate periods of abstinence

Phase 5: Recovery Management



- Involvement in recovery support programs
- Continued care plan
- Achieved early remission
- Participating in peer support groups
- Meeting with peer recovery specialist
- Prosocial support structure
- Attend court monthly or less
- Random drug and alcohol testing (2 times/wk)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Curfew (if monitored)
- 90 days

Phase 5: Self-Directed Lives/Adherence

- To COMMENCE:
 - Recovery management activities:
 - Engaged in peer support
 - Continuing care/symptom recurrence prevention plan
 - Attends regular continued care services, if needed or an articulated symptom-recurrence prevention plan
 - Restorative justice activity
 - Satisfied reasonable community service, and paid affordable fees
 - Abstinence maintenance
 - 90 days abstinent – without requiring perfection!

Phase Demotion



- Demoralizing
- Do not take an incentive away
- What additional support is needed in this phase?
- Gives the wrong message - all or nothing
- Service adjustment does not equal a phase demotion

Critical Questions



List the responsivity needs of your target population you need to address in the first phase:

Stable housing, medical needs, mental health symptoms, cognitive impairments

List how your phase structure addresses criminogenic needs:

Substance use disorders, antisocial cognition, family conflict, and antisocial affiliates

Critical Questions



List how your phase structure addresses maintenance needs.

Job skills, literacy needs, recovery capital, prosocial activities

What is advancement based upon?

- Is it a number of days?
- Is it objective or subjective?
- Does everyone have an equal chance?

Bringing It All Together





Questions

