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
Validated clinical screening and assessment tool

Levels of care
# Practical Implications

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Needs</strong> (dependent)</td>
<td><strong>Low Needs</strong> (abuse)</td>
</tr>
<tr>
<td>✓ Status calendar</td>
<td>✓ Noncompliance calendar</td>
</tr>
<tr>
<td>✓ Treatment</td>
<td>✓ Treatment (separate milieu)</td>
</tr>
<tr>
<td>✓ Prosocial &amp; adaptive habilit.</td>
<td>✓ Adaptive habilitation</td>
</tr>
<tr>
<td>✓ Abstinence is distal</td>
<td>✓ Abstinence is distal</td>
</tr>
<tr>
<td>✓ Positive reinforcement</td>
<td>✓ Positive reinforcement</td>
</tr>
<tr>
<td>✓ Self-help/alumni groups</td>
<td>✓ Self-help/alumni groups</td>
</tr>
<tr>
<td>✓ ~ 18–24 mos. (~200 hrs.)</td>
<td>✓ ~ 12–18 mos. (~150 hrs.)</td>
</tr>
<tr>
<td>✓ Status calendar</td>
<td>✓ Noncompliance calendar</td>
</tr>
<tr>
<td>✓ Prosocial habilitation</td>
<td>✓ Psycho-education</td>
</tr>
<tr>
<td>✓ Abstinence is proximal</td>
<td>✓ Abstinence is proximal</td>
</tr>
<tr>
<td>✓ Negative reinforcement</td>
<td>✓ Individual/stratified groups</td>
</tr>
<tr>
<td>✓ ~ 12–18 mos. (~100 hrs.)</td>
<td>✓ ~ 3–6 mos. (~12–26 hrs.)</td>
</tr>
<tr>
<td>Placement Recommendation</td>
<td>Treatment Hours per Week</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Level 0.5 – Early intervention</td>
<td>Education/minimal</td>
</tr>
<tr>
<td>Level 1 – Outpatient services</td>
<td>Less than 9 hours per week</td>
</tr>
<tr>
<td>Level 2.1 – Intensive outpatient</td>
<td>9 hours or more per week</td>
</tr>
<tr>
<td>Level 3.1 – Clinically managed low-intensity</td>
<td>24-hour structure; 5+ hours clinical week</td>
</tr>
<tr>
<td>residential services</td>
<td></td>
</tr>
</tbody>
</table>
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**

- 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.

**60 Days**

**In Order to Advance:**
Regular attendance at treatment
Office visits
**BEING HONEST**
Sobriety time minimum of 14 consecutive days
**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**

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**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**

- 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

90 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

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

90 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

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**90 Days**

**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
There’s a Lot to Remember
<table>
<thead>
<tr>
<th>Date/Day</th>
<th>Time</th>
<th>Activity – Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>6 a.m.</td>
<td>Take prescription meds with breakfast</td>
</tr>
<tr>
<td>Monday</td>
<td>8 a.m.</td>
<td>Obtain picture ID</td>
</tr>
<tr>
<td>Monday</td>
<td>2 – 4 p.m.</td>
<td>Attend Thinking for Change group</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1 – 4 p.m.</td>
<td>Dialectical Behavioral Therapy (DBT) group</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1 – 4 p.m.</td>
<td>Dialectical Behavioral Therapy (DBT) group</td>
</tr>
<tr>
<td>Thursday</td>
<td>1 – 4 p.m.</td>
<td>Dialectical Behavioral Therapy (DBT) group</td>
</tr>
<tr>
<td>Friday</td>
<td>1 – 2 p.m.</td>
<td>Individual session</td>
</tr>
</tbody>
</table>
CONSIDERATIONS

Population  Accountability  Resources  Challenges  Culture

Realistic and recovery focused
• 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
• 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
chardin@nadcp.org