

Decisions on level of treatment

- How is the participants' initial level of treatment determined in your program?

- A. Screens
- B. Clinical Judgement
- C. Prior Treatment History
- D. Assessment
- E. All of the above

Treatment based upon assessment

The level of care is assessed throughout the phases of treatment court – includes dosage

Standardized patient placement criteria governs the level of care that is provided

Continuing of Care Includes:

- Detoxification
- Residential
- Sober living
- Day treatment
- Intensive outpatient
- Outpatient services

In-Custody Treatment

- Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters

Referral to Treatment

- How long does it take for a participant to attend their first treatment session after admission to your treatment program?

- A. 1 – 7 days
- B. 7 – 14 days
- C. 14 – 30 days
- D. Longer than 30 days

Treatment Agencies

- Treatment agencies are primarily responsible for the delivery of treatment services for participants
- Treatment agencies should be licensed & trained clinicians in substance abuse counseling
- Treatment services must be HFS 75 certified
 - Chapter 75 of WI Administrative Code
- Clinicians need to meet the DSPS requirements in WI for substance abuse counselors/clinicians
- Physicians have the addiction medicine or addiction psychiatry or closely related field specialty

Treatment Plan Content (HFS75)

1. The treatment plan shall describe the patient’s individual or distinct problems and specify short and long-term individualized treatment goals that are expressed in behavioral and measurable terms, and are explained as necessary in a manner that is understandable to the patient.
2. The goals shall be expressed as realistic expected outcomes.
3. The treatment plan shall specify the treatment, rehabilitation, and other therapeutic interventions and services to reach the patient’s treatment goals.
4. The treatment plan shall describe the criteria for discharge from services.
5. The treatment plan shall provide specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed, with input from a mental health professional.

Team Representation

- Clinically trained representatives are core members of the Treatment Court Team
- Expectations of treatment providers to regularly attend team meetings & status hearings

Is dosage important ?

Dosage and Intensity (Adults)
Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.

	Low Risk	Moderate Risk	Moderate/High Risk	High Risk
Dosage	Not applicable	100 hours	200 hours	300 hours
Duration	Minimal	3-6 months	6-9 months	9-18 months
Intensity	Minimal	Once/week	Twice/week	Three/week or residential

See: Bourgon, G. & Armstrong, B., 2005; Beech, Fisher, and Becket, 1998; Sperber & Latessa (forthcoming) 31

Treatment Modalities

Guided by use of Evidence-Based Selection

Process including:

- Gender, trauma histories, and co-occurring psychiatric symptoms
- Links in handouts for evidence-based assessments

Treatment Modalities

- First phase- participants seen at least once a week by treatment provider or clinical case manager for one individual session
- All services should include individual sessions
- Mental health and addiction services should be treated with an integrated approach
- Treatment groups should have no more than 12 participants with at least two treatment providers is the drug court standard

Evidence-Based

These practices should be incorporated throughout the treatment court process:

- Trauma Informed Approach/Care
- Motivational Interviewing
- Gender-specific treatment

Trauma Informed Care Numbers

- More than 1/4 of Drug Court participants report having been physically or sexually abused in their lifetime or having experienced another serious traumatic event, such as a life-threatening car accident or work-related injury (Cissner et al., 2013; Green & Rempel, 2012).
- Among female Drug Court participants, studies have found :
 - more than 80% experienced a serious traumatic event in their lifetime
 - more than 50% were in need of trauma-related services
 - over 33% met diagnostic criteria for PTSD (Messina et al., 2012; Powell et al., 2012; Sartor et al., 2012).

Trauma Informed Care Numbers

- Individuals in the criminal justice system who have PTSD are approximately 1 ½ times more likely to reoffend than those without PTSD (Sadeh & McNiel, 2015).
- Individuals with PTSD are significantly more likely to drop out or to be discharged prematurely from substance abuse treatment than individuals without PTSD (Mills et al., 2012; Read et al., 2004; Saladin et al., 2014).
- Addressing trauma-related symptoms beginning in the first phase of Drug Court and continuing as necessary throughout participants' enrollment in the program is essential.

Evidence-Based Treatment

- Cognitive Behavioral Therapy (CBT)
- Contingency management
- Matrix Model
- Moral Reconciliation Therapy (MRT)
- Relapse Prevention Therapy (RPT)
- Motivational Enhancement Therapy
- Thinking for a Change
- Medication Assisted Treatment (MAT)- Vivitrol, Methadone, Suboxone

National Registry of Evidence-Based Programs and Practices (NREPP)-(SAMHSA)

Ways to Ensure Fidelity

- Audio taping sessions
- Clinical supervision
- Site visits and tours
- Approved/manualized treatment modalities are reviewed
- Review of participants treatment plans

Medications

- Use of Medication Assisted Therapy (MAT) for substance use disorders
- Psychotropic or MAT medications are based on medical need by a physician with expertise in addiction medicine, addiction psychiatry or closely related field
- Evidence of the benefits

Are your resources adequate ?

- If a treatment program does not have specific interventions in mind for enhancing clients' motivation, improving their insight, and developing their behavioral drug-refusal skills, then it may be time to find a new treatment program.

Peer Support Groups

- Participant encouraged to attend regular support groups or self-help groups such as Smart Recovery Model
- Linking with support group volunteers

Continuing Care

- Final phase of treatment court and should Focus on relapse prevention
- Continuing support for at least 90 days after discharge from treatment court
- Does your treatment program have a continuing care phase?
 - A. Yes
 - B. No
 - C. Not sure


Complementary Treatment & Social Services

- Scope of Complementary Services
- Sequence and Timing of Services
- Clinical Case Management
- Housing Assistance
- Mental Health Treatment
- Trauma-Informed Services
- Criminal Thinking Interventions
- Family and Interpersonal Counseling
- Vocational and Educational Services
- Medical and Dental Treatment
- Prevention of Health-Risk Behaviors
- Overdose Prevention and Reversal

Evidence-Based?

Is your treatment evidence-based?

- A. Yes
- B. No
- C. Not sure



Evidence-Based?

Does your team use motivational interviewing (MI)?

- A. Yes
- B. No
- C. Not sure

