



# TREATMENT IN HEALING TO WELLNESS COURT

Wisconsin Association of Treatment  
Court Professionals

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# **DISCLAIMER**

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# ACKNOWLEDGEMENT

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## ► KEY COMPONENT #4:

Tribal Healing to Wellness Court provides a holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services that incorporate culture and tradition.

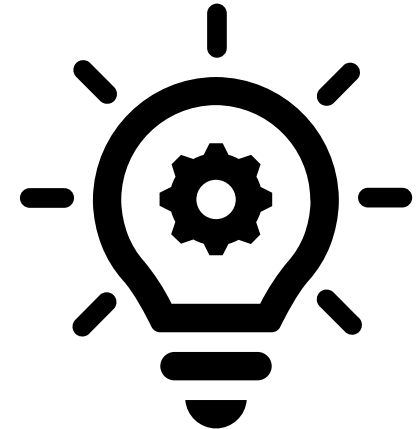


# ▶ **ACTIVITY: SHARE AN EPIPHANY**

Think about a time when you learned something new and/or surprising about addiction, drugs or the people who use them.

What did you learn?

How did it change your understanding?



# ▶ WHAT IS ADDICTION?

- Addiction is continuing to engage in a behavior despite the consequences
- Long-standing debate: Moral failing, character defect, disease, disorder?
- Scientific consensus says that addiction is caused by changes in the brain and those changes are referred to as substance use disorder (SUD)





# LANGUAGE MATTERS



## “Substance abuser”

- Abuse implies something volitional/intentional
- Abuse also implies that people who use drugs are violent or harmful



## Person with a substance use disorder

- Person-centered language dignifies people by emphasizing their humanity first
- SUD is the appropriate clinical term for drug addiction





# LANGUAGE MATTERS



- Addict, druggie, etc.
- Ex-addict, former addict
- Dropped dirty
- Felon, inmate, convict, prisoner, etc.

- Person with a SUD
- Person in recovery
- Positive result
- Person with felonies/Person who has been justice-involved





# ▶ WHAT CAUSES ADDICTION?



- **Risk factors** increase the odds a person will have a SUD
- Genetics are responsible for approximately half of individual risk for SUD
- Mental health disorders have a high rate of comorbidity with SUD (i.e. self-medication for untreated anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), etc.)
- Trauma to Addiction > Lack of access to fresh food to Diabetes
- Indigenous communities experience each of these risk factor disproportionately, and in turn, are at higher risk of SUD



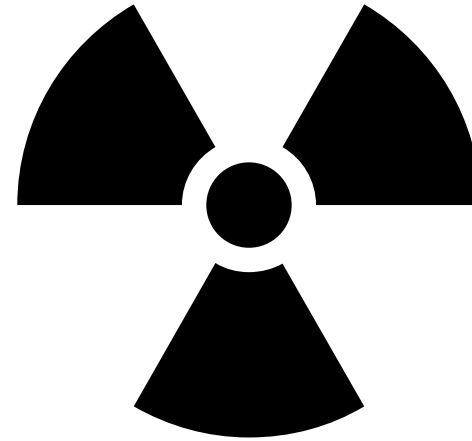
# ▶ ADDICTION IS HOLISTIC

- Mind
- Body
- Soul
- Spirit



# ▶ ACTIVITY

Identify your own risk and protective factors. Have you thought of your own experience in this way?



# ▶ ACTIVITY: CHRONIC DISEASES

How do we typically treat other chronic disorders (i.e. diabetes, hypertension, chronic obstructive pulmonary disease, etc.).

What would it look like if we treated Substance Use Disorder as a chronic disorder?



# ► TREATMENT OPTIONS

Inpatient

Intensive Outpatient

Counseling

Mutual Aid

There are various treatment options, but remember recovery is much more than treatment alone!

Active  
Addiction

Treatment

R E C O V E R Y



# **ACTIVITY: YOUR DEFINITION OF RECOVERY**

What is your definition of recovery?

What is your Tribal Community's definition of recovery?





# RECOVERY DEFINED

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery can involve overcoming or managing diseases or symptoms, such as abstaining from substances, and making healthy choices. It can also involve developing a sense of purpose and meaning in life, and finding hope, self-esteem, and resilience” –Substance Abuse and Mental Health Services Administration (SAMHSA)
- Can Include:
  - Health
  - Home
  - Purpose
  - Self-Determination





# SAMHSA - 10 GUIDING PRINCIPLES OF RECOVERY

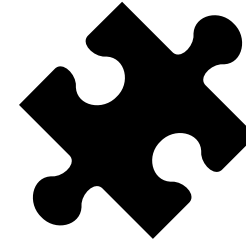
- Hope – the belief that recovery is real
- Person-Driven – self determination & self directed
- Many Pathways – no one “right way”
- Holistic – mind, body, spirit and community
- Peer Support – mutual support
- Relational – involvement of people who believe in the person’s ability to recover
- Culture – including values, traditions, beliefs, activities
- Addresses Trauma – services and supports should be trauma informed
- Strengths/Responsibility Respect – Acceptance and appreciation for the person & their journey

• <https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>

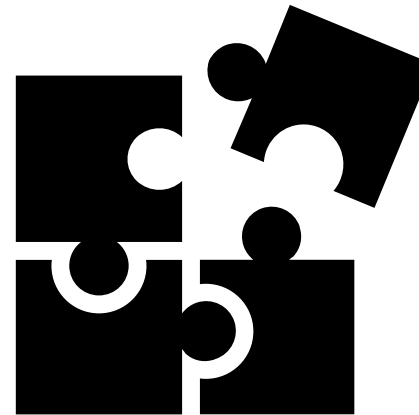




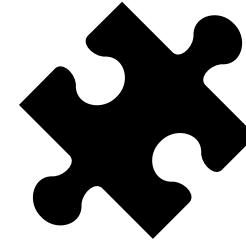
# ► Recovery Capital



- Refers to the multitude of resources that can be used to initiate and sustain recovery from Substance Use Disorder.
- In other words, Recovery Capital is the stuff of recovery!
- Addictions professionals can effectively influence three types of Recovery Capital:
  - Personal Recovery Capital
  - Social Recovery Capital
  - Community Recovery Capital



# ► Personal Recovery Capital (RC)



## Physical RC

- Housing
- Transportation
- Employment
- Mental Health
- Physical Health

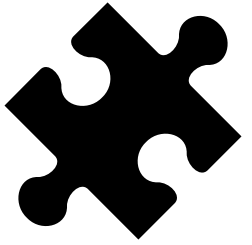
## Human RC

- Values/Beliefs
- Knowledge
- Educational/Vocational Skills
- Meaning/Purpose
- Hopefulness
- Interpersonal Skills





# Social/Community Recovery Capital



## Social RC

- Family
  - Quality of relationships
  - Stressors or stress relievers
  - Willingness to engage in treatment
- Romantic relationships
- Support groups
- Community connection
  - School, work, other affiliations

## Community RC

- Cultural values/attitudes toward SUD
- Active efforts to reduce stigma
- Support for *all* pathways of recovery (not only abstinence)
- Full continuum of SUD treatment/recovery resources
- Local community support
  - Recovery Community Centers, alcoholics anonymous, clubhouses, recovery schools, etc.



# ► CULTURAL RECOVERY

- Refers to the availability of culturally congruent pathways to support a person's recovery and spiritual needs, such as open access spiritual or religious services or culturally relevant communal celebrations like street fairs or parades. Engaging participants in cultural, spiritual or religious activities and events, if desired, enhances cultural recovery capital. (Adult Treatment Court Best Practice Standards, 2nd ed., page. 156)



# ► CULTURAL ENGAGEMENT

- Healing to Wellness Court provides opportunities for participants to re-engage or engage for the first time in cultural teachings, activities and returning to the community.
- Addiction can be isolating or can often cause our Tribal community members to be shunned.
- Healing to Wellness Court as a restorative practice can help

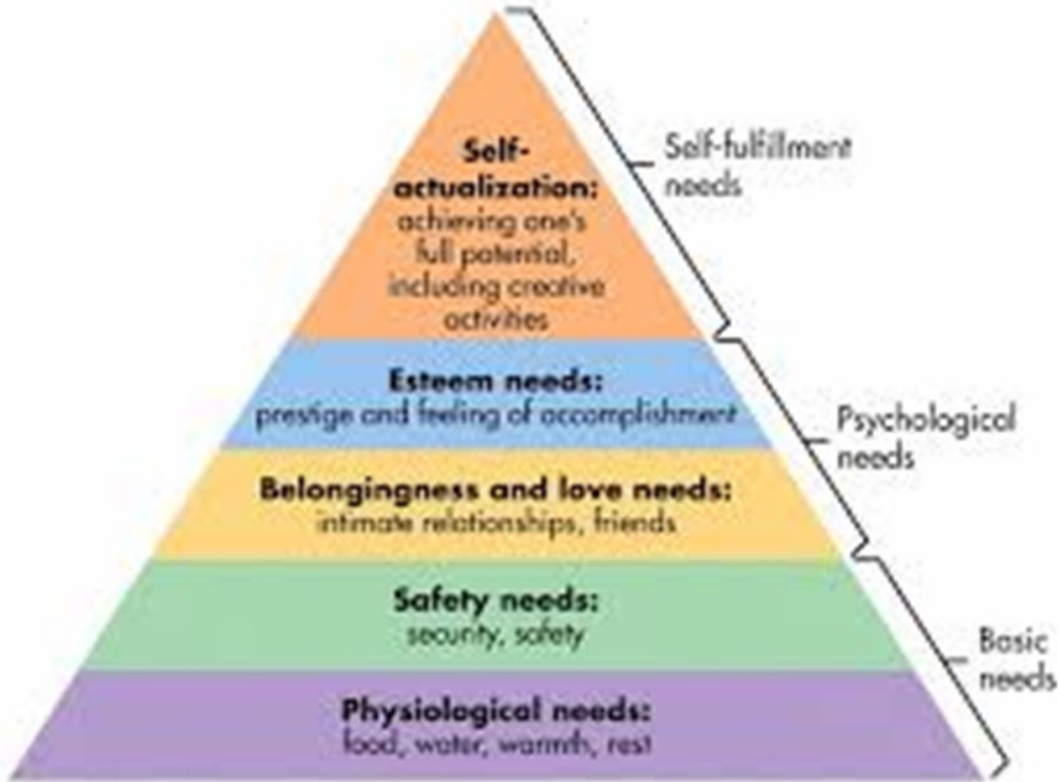


# ▶ EXAMPLES OF CULTURAL ENGAGEMENT

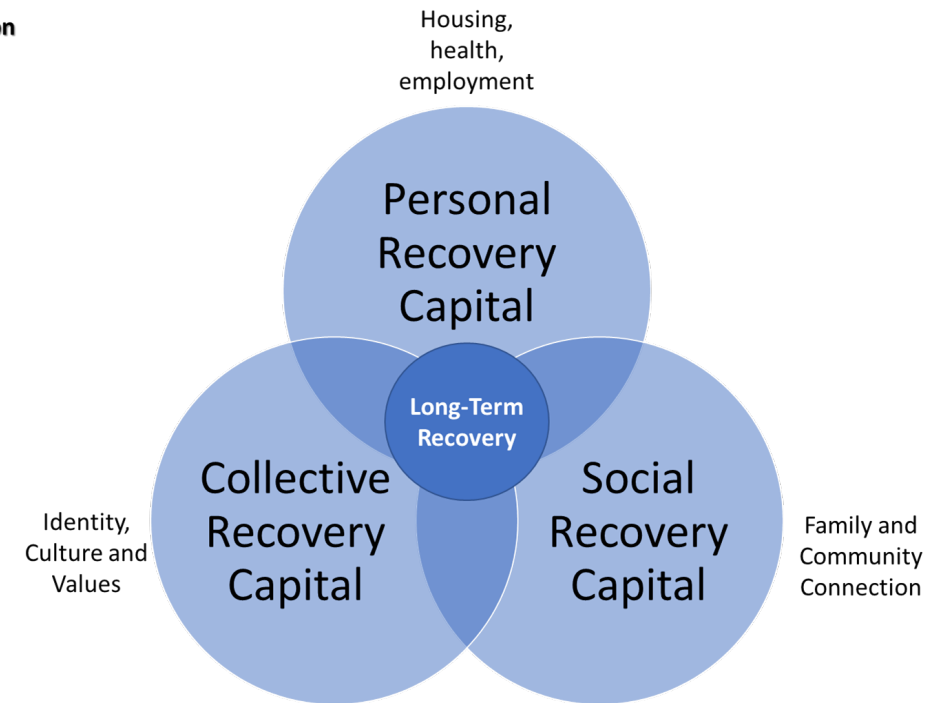
- Providing pieces of traditional clothing as incentive for advancing phases
- Smudging before Healing to Wellness Court
- Language retention
- Specialized gatherings or ceremonies for participants
- Naming phases after significant animals or cycles of life



# RECOVERY CAPITAL



## The Solution



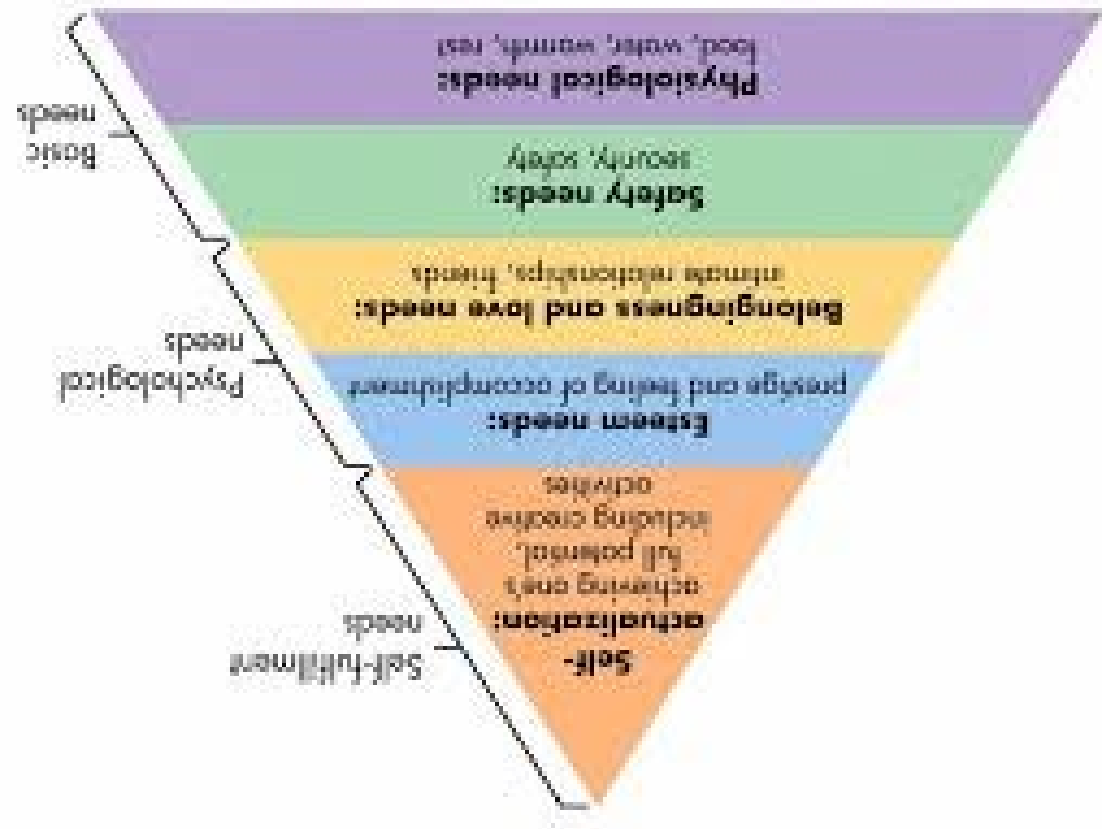
# ▶ ABSTINENCE OR RESOURCES: CHICKEN & EGG

- Should we wait for individuals to become abstinent before building recovery capital?
- **Abstinence as a precondition for:**
- Housing
- Social services
- Caregiving
- Mental health services
- Continued treatment
- Acceptance in the recovery community





# ► WE'VE GOT IT UPSIDE DOWN!



# ▶ **ACTIVITY: PATHWAYS OF RECOVERY**

Consider various pathways of recovery. Which pathway do you think is the most common pathway of recovery: Abstinence, Medication for Opioid Use Disorder (MOUD), Medically assisted treatment (MAT), inpatient treatment, outpatient treatment, or 12-step support?



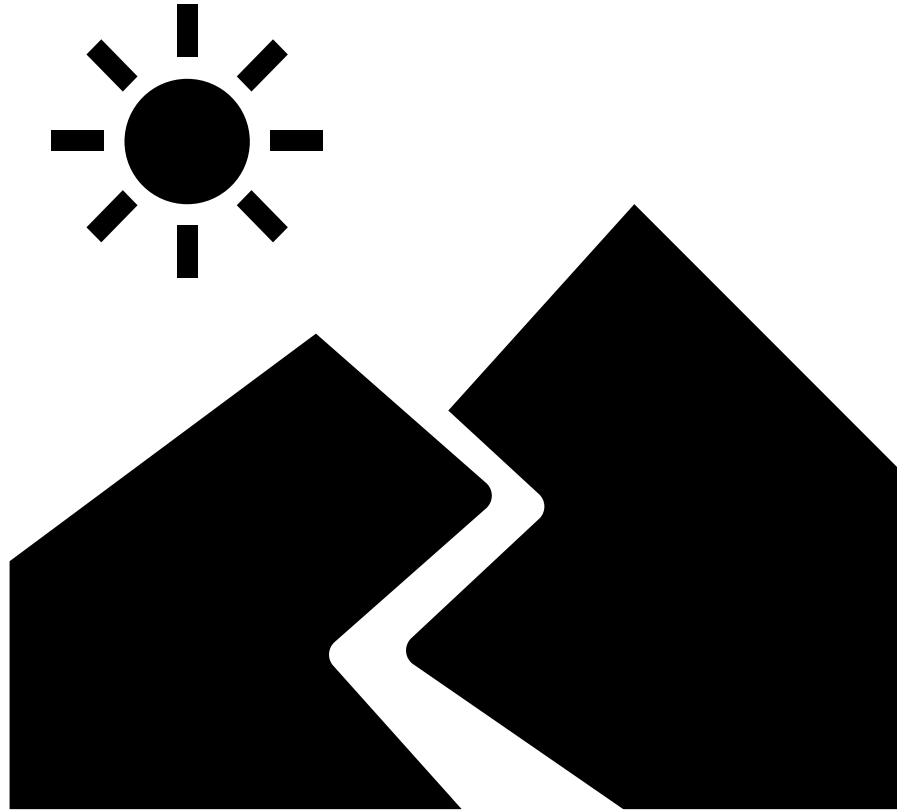
# ► EPIDEMIOLOGY OF RECOVERY PATHWAYS

- Natural Recovery (aka Unassisted Recovery) is the most common pathway of recovery
- According to the National Center for Biotechnology Information (NCBI) 46% of individuals with Substance Use Disorder
- According to National Institute of Alcohol Abuse (NIAAA) 75% of individuals
- How is recovery without formal intervention even possible??

## RECOVERY CAPITAL!!



# THERE ARE MANY PATHWAYS OF RECOVERY



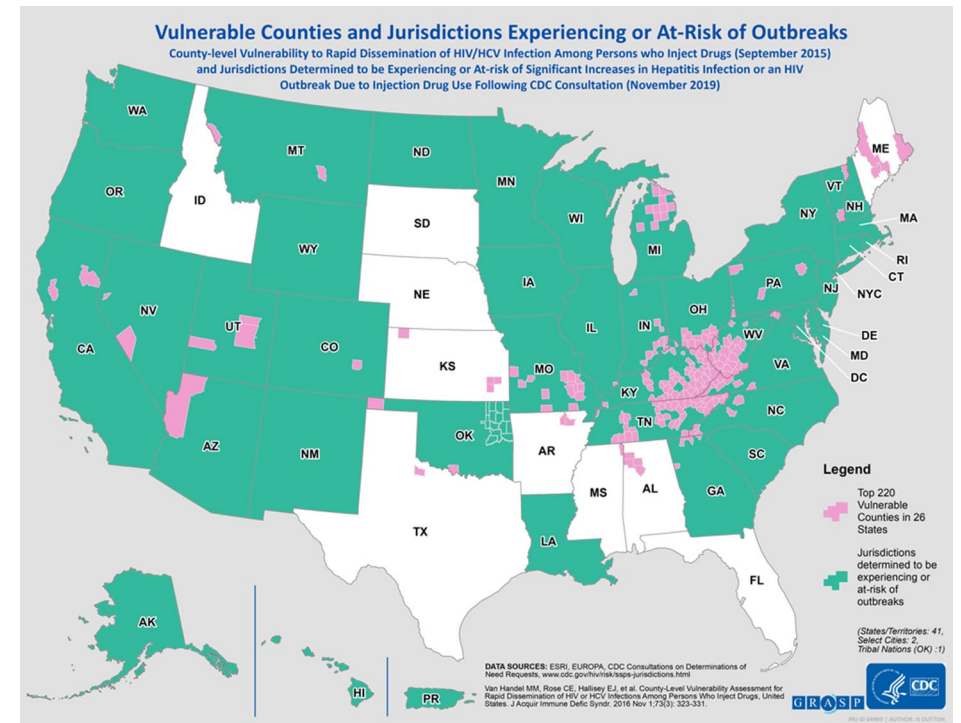
# ► HARM REDUCTION:

- **harm reduction** is a "practical set of strategies aimed at reducing the negative consequences associated with substance use"
- **Harm Reduction** is "a movement for social justice, build on the belief in, and respect for, the rights of people who use drugs"



# ► WHY PRACTICE HARM REDUCTION:

- **Syringe Service Programs**
- Reduce HIV/Hep C
- Reduce injection frequency
- Increase entry to treatment
- Increase access to RC
- Proper syringe disposal
- Reduced accidental needle sticks



# ► HARM REDUCTION:

- 1<sup>st</sup> Principle of HR: “accepts, for better or worse, that licit and illicit drug use is a part of our world and chooses to minimize its harmful effects rather than simply ignore or condemn them”
- Current BJA Adult Treatment Court funding requires access to Medically Assisted Treatment



# MEDICATION FOR OPIOID USE DISORDER (MOUD)

Table 1  
FDA-Approved Drugs Used in MAT<sup>21</sup>

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

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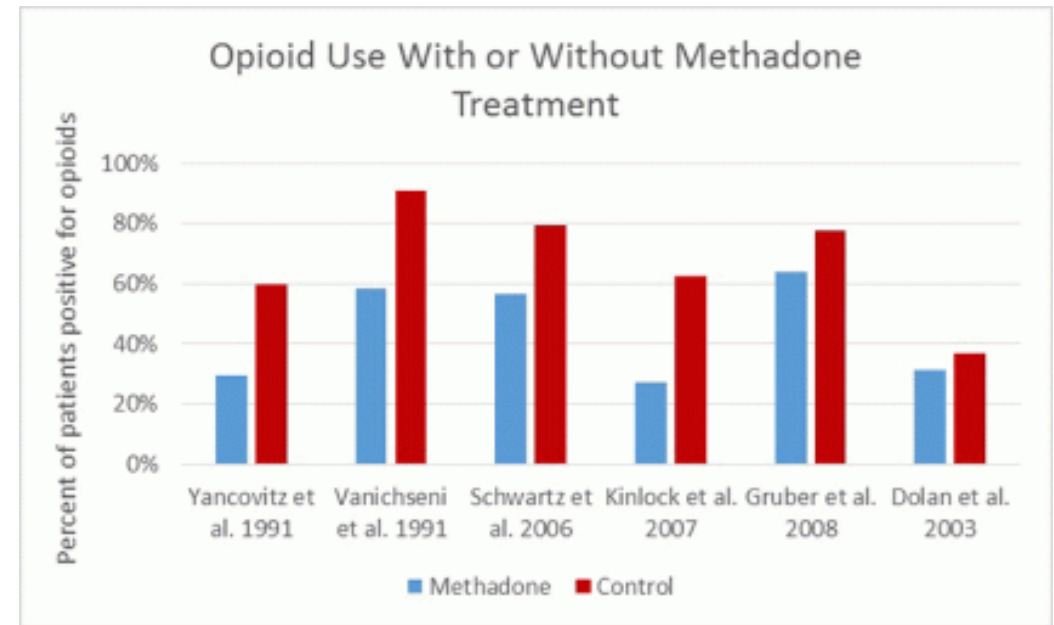
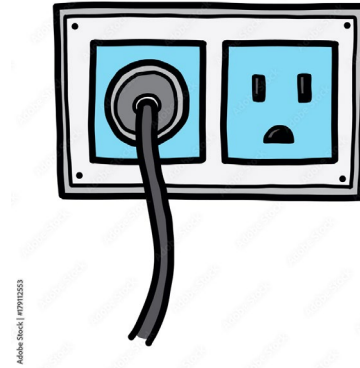






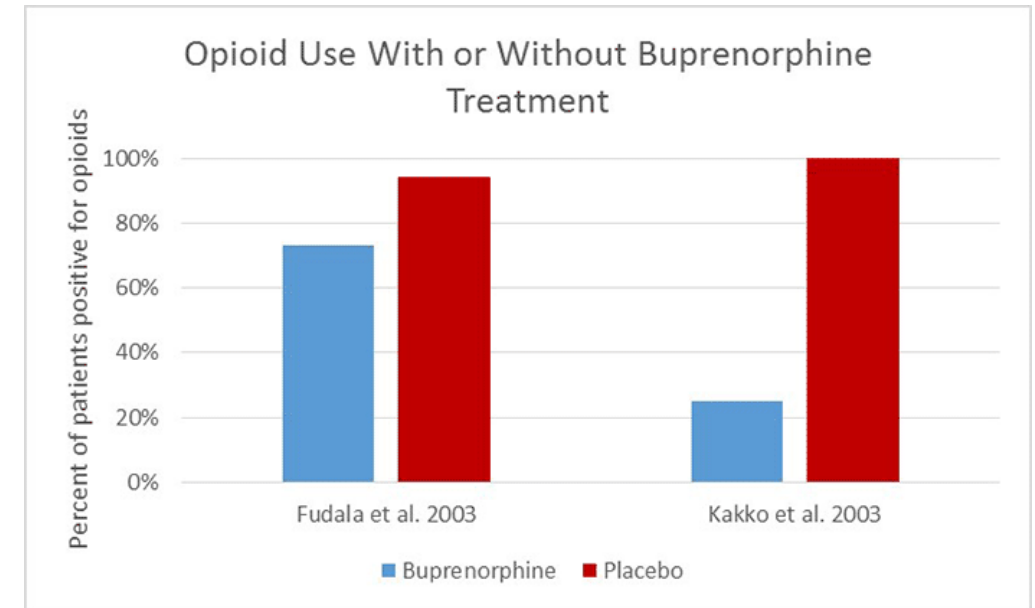
# EVIDENCE FOR METHADONE

- Full agonist: Fills opioid receptors
- Used since 1947 to treat Opioid Use Disorder (OUD)
- Daily dosing
- Methadone is associated with:
- Reduced opioid use
- Reduced transmission of infectious disease
- Improved treatment retention
- Reduced crime



# ▶ EVIDENCE FOR BUPRENORPHINE

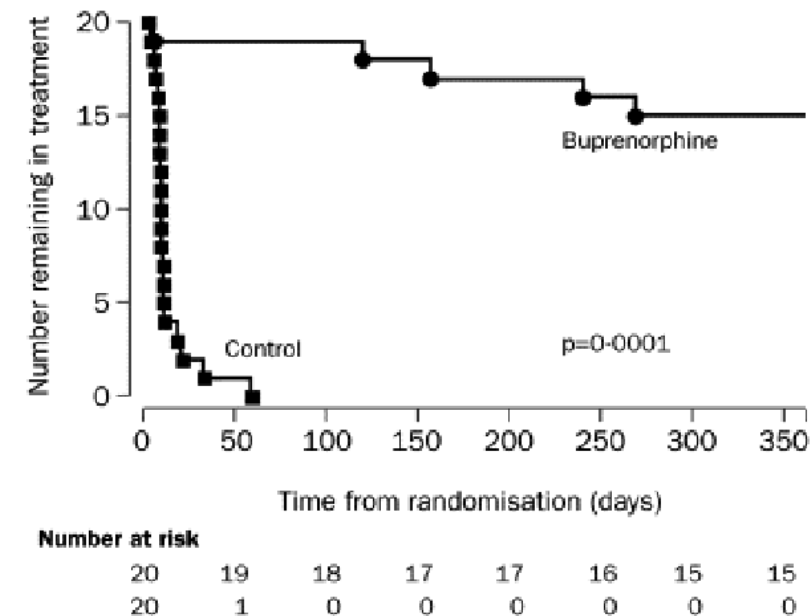
- Partial agonist: loosely fits opioid receptors
- First approved in 2002
- Daily pill or extended release injectable
- Two formulations:
- Buprenorphine alone (e.g. Sublocade™)
- Buprenorphine + opioid agonist naloxone (e.g. Suboxone®)



# ► EVIDENCE FOR BUPRENORPHINE CONT.



- Buprenorphine is extraordinarily effective at retaining individuals in treatment
- One study found that patients on buprenorphine were 1.82 times more likely to stay in treatment than placebo-controlled patients and



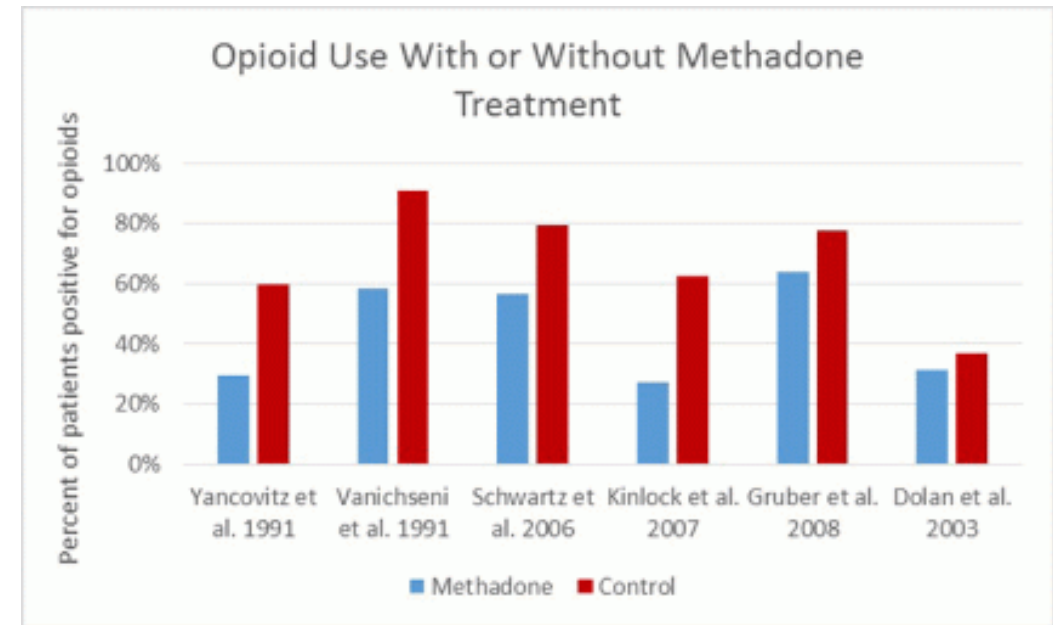


# EVIDENCE FOR NALTREXONE

- Approved by Food and Drug Administration (FDA) in 2010 for OUD
- Daily pill or extended release injectable
- Naltrexone is associated with:
- Increased abstinence
- Decreased craving/relapse
- However, poor treatment adherence

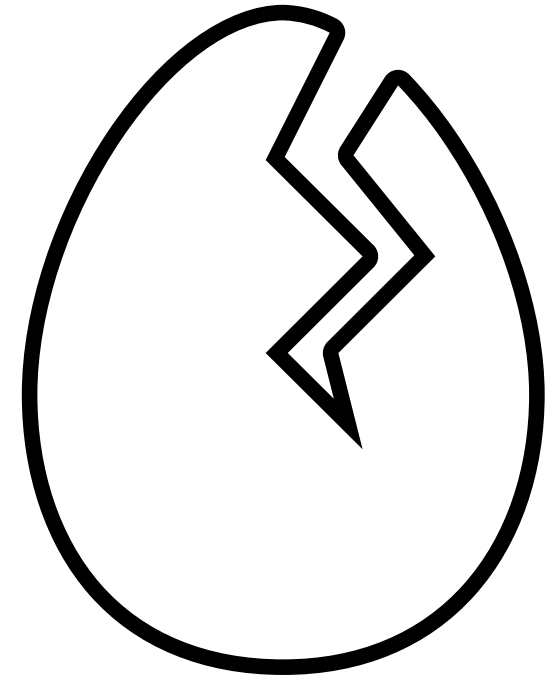
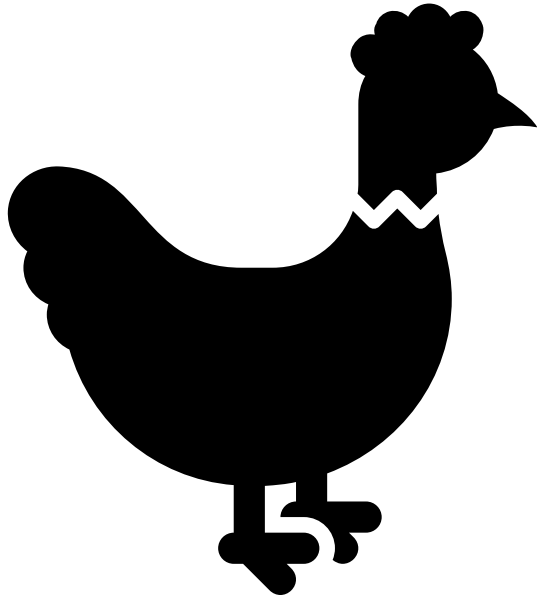


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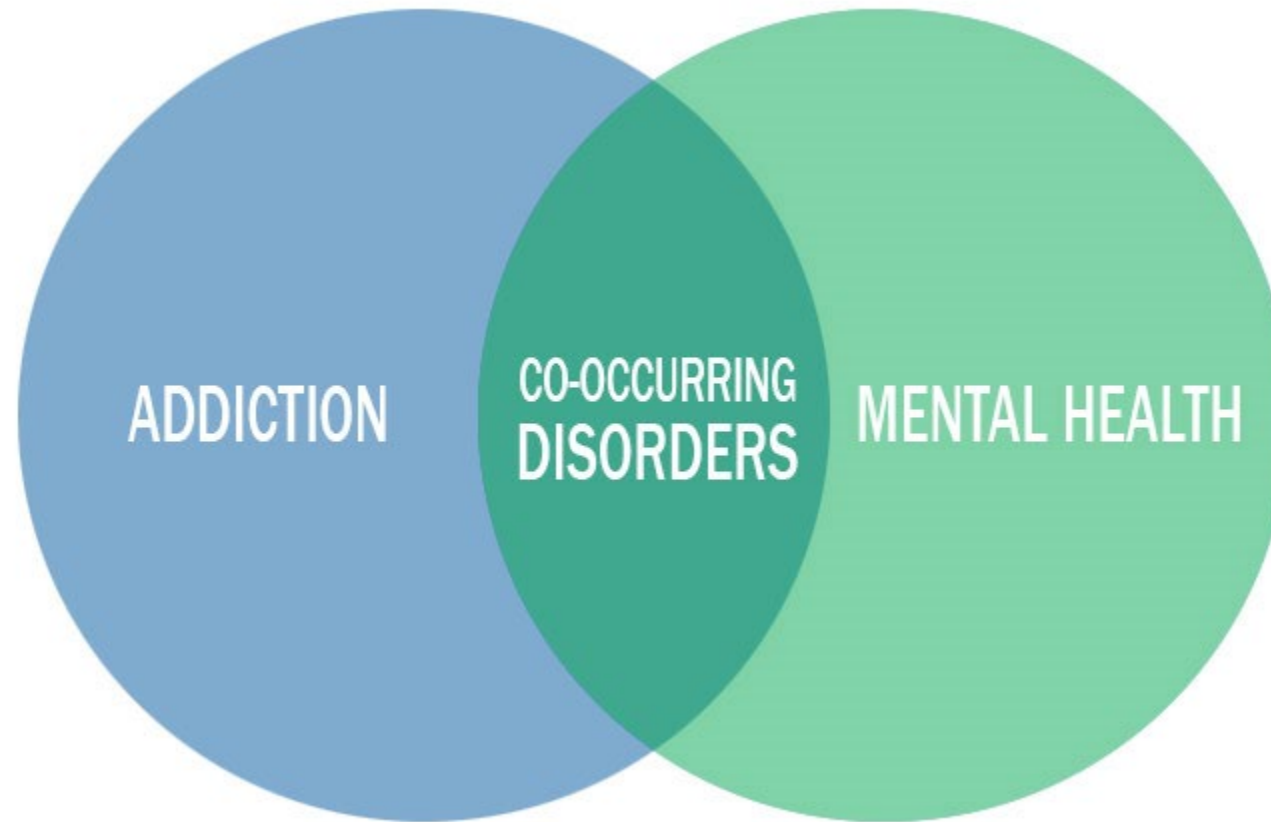


# SUBSTANCE USE AND MENTAL HEALTH: CHICKEN/EGG





## HOW WE IMAGINE IT...





# WHO IS AFFECTED?

7.7  
MILLION

Adults have co-occurring mental and substance use disorders. This doesn't mean that one caused the other and it can be difficult to determine which came first.

Of the 20.3 million adults with **substance use disorders**,

**37.9%**

also had **mental illnesses**.



Among the 42.1 million adults with **mental illness**,

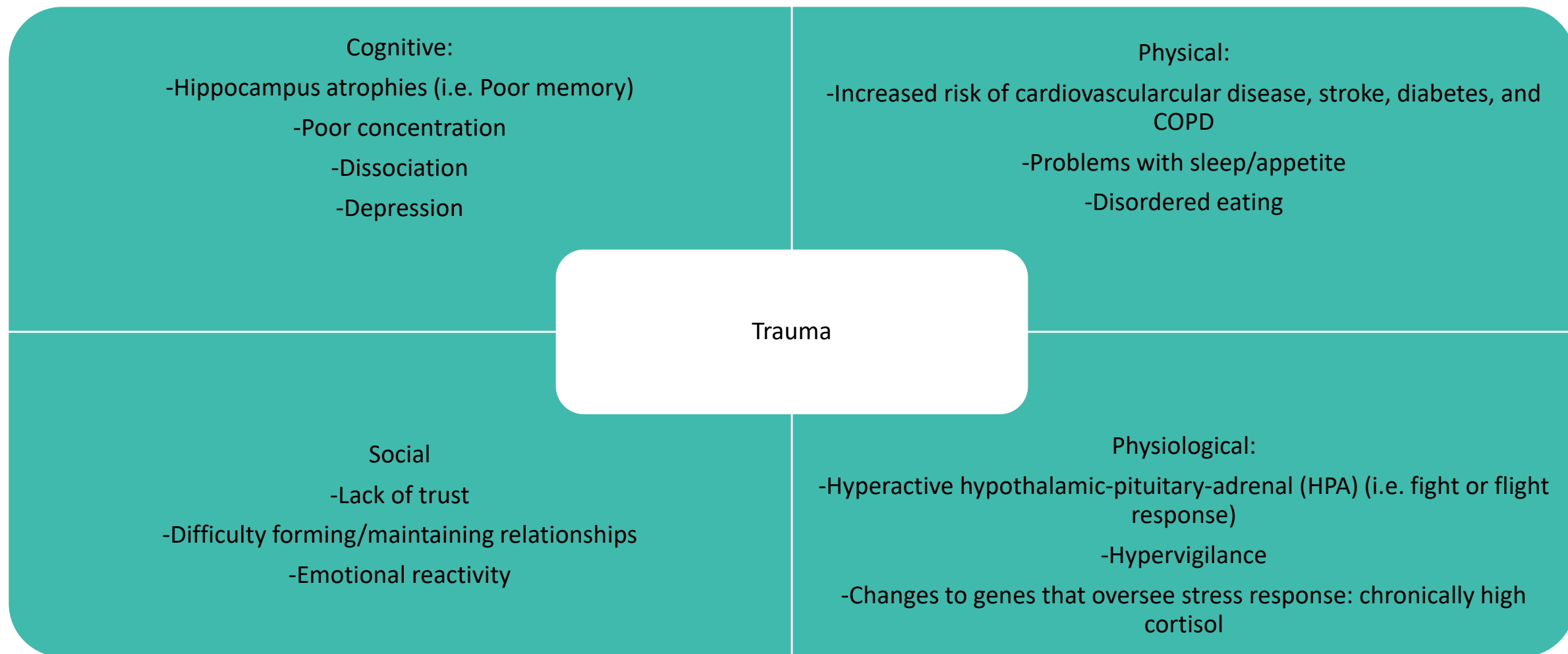
**18.2%**

also had **substance use disorders**.



Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.

# TRAUMA LEADS TO ACCUMULATION OF RISK FACTORS





# ▶ CO-OCCURRING SUBSTANCE USE DISORDER/MENTAL DISORDER (MD) TREATMENT

People with comorbid  
SUD/MD:

Poor treatment adherence

Higher rates of attrition

Integrated SUD/MD treatment  
is superior to separate  
treatment of each diagnosis

Holistic Care





# CONTACT

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