

Phases of Change



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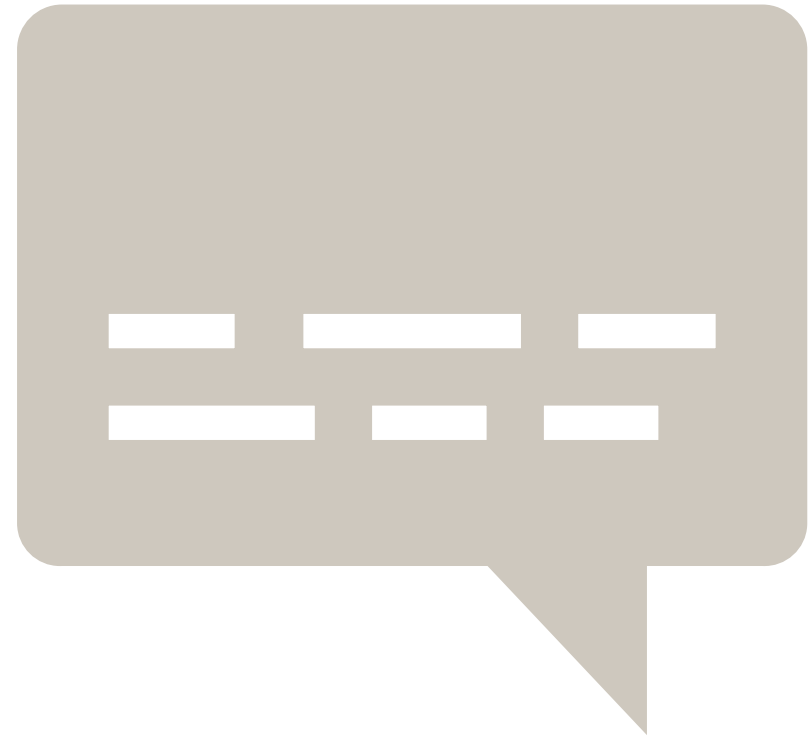
Disclosure



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But First, A Message From *The Standards*



Clinical Stability

- The participant is no longer experiencing
 - persistent substance cravings,
 - withdrawal symptoms,
 - anhedonia, or
 - executive dysfunction (e.g., impulsivity, stress reactivity),
 - acute mental health symptoms, or
 - cognitive impairments.

Psychosocial Stability



Stable housing—The participant lives in safe, secure, and stable housing and is likely to remain in stable housing for the foreseeable future.



Reliable attendance—The participant has demonstrated the ability to attend services more than 90% of scheduled appointments for at least a month, which suggests that a person can likely meet treatment court attendance requirements.



Therapeutic alliance—The participant has developed a therapeutic alliance or collaborative working relationship with at least one staff member with whom the person feels comfortable sharing thoughts, feelings, and experiences and can acknowledge concerns



Ask for additional help or advice when needed.

Early Remission



Early remission from a DSM-5 substance use disorder is defined as at least

3 but less than 12 months without substance use disorder criteria (except craving), and sustained remission is defined as at least 12 months without criteria (except craving). Additional new DSM-5 specifiers include “in a controlled environment” and “on maintenance therapy” as the situation warrants.

Recurrence: Return to Use, Episode of Use

Episode of Use

- Single or brief occurrence
- May be intentional or unintentional
- Does NOT indicate full return of SUD
- Often followed by quick re-engagement
- Learning opportunity

Return to Use

- Sustained or recurring pattern
- Re-emergence of habitual use
- Disrupts recovery and stability
- Ongoing or compulsive use
- Linked to coping breakdowns

Episode = isolated event | Return to Use = pattern over time
Not all use is relapse—context and clinical stability matter.

Learned Helplessness



Repeated Non-Compliance and Perceived Futility

- Efforts are futile, despite repeated efforts

Disillusionment with Court-Mandated Programs

- Disillusionment can result in a cycle of disengagement from the court process

Court's Punitive Approach to Non-Compliance

- No matter what they do, they cannot win within the court system

Negative Feedback Loops

- No matter how hard they try, they will never be able to meet the court's expectations

Countermeasures to Learned Helplessness



Building Hope and Self-Efficacy

- Celebrate victories and progress – ALL

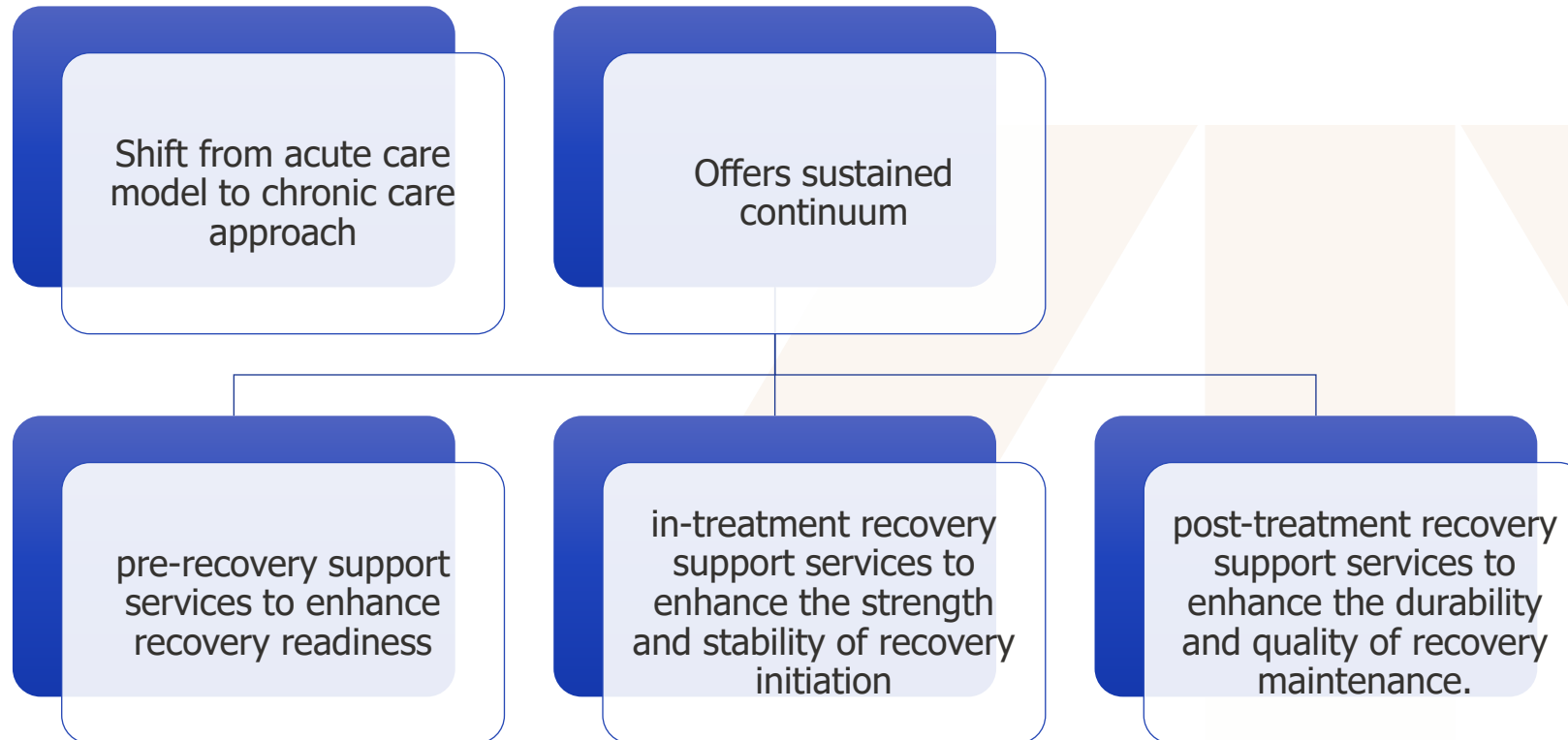
Supportive and Non-Punitive Approach

- Being accountable does not equate to punitive

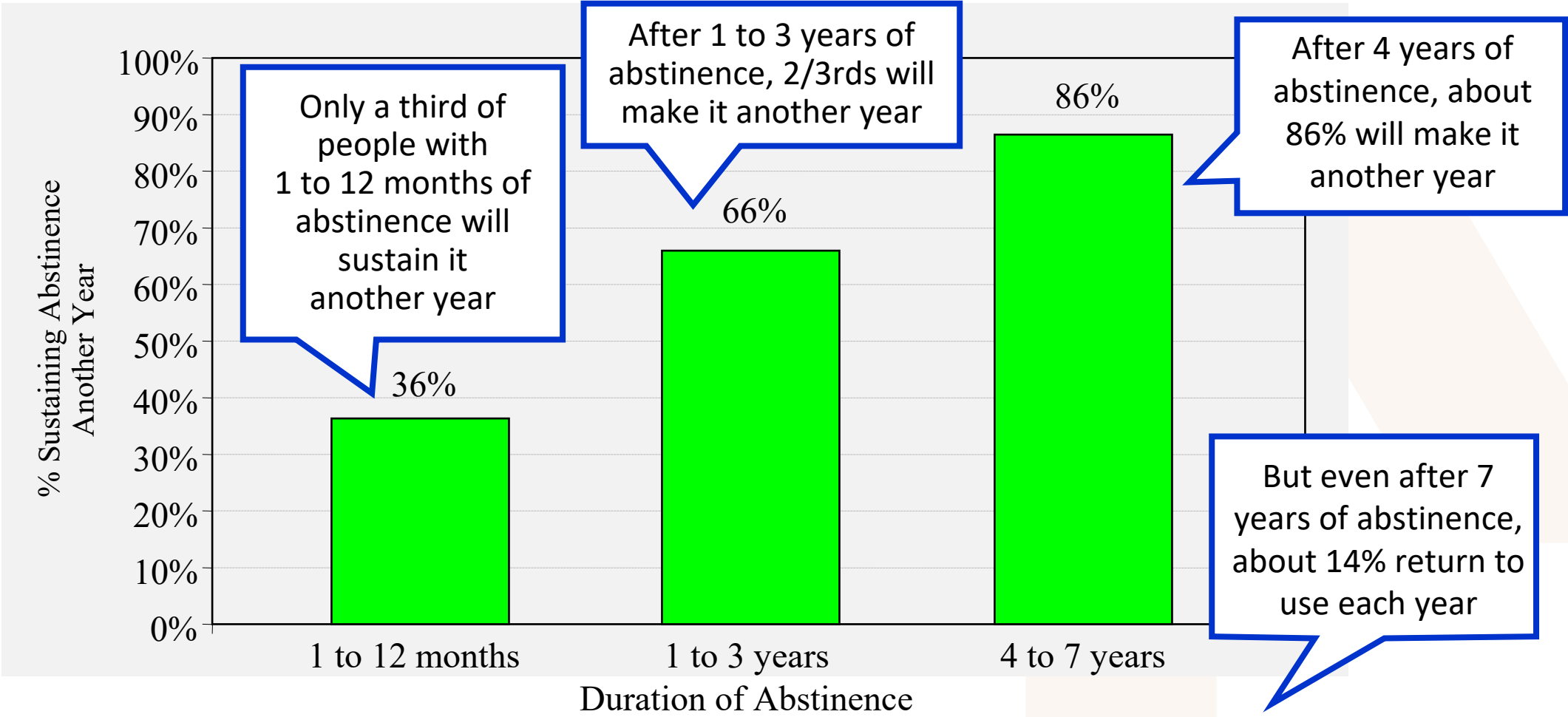
Holistic Support Systems

- Reducing barriers promotes a sense of agency (control)

Re - Cap



Likelihood of Sustaining Abstinence Grows Over Time





Current Research Findings: Treatment Court Specific

A 2016 study found that treatment court clients had “restricted recovery capital portfolios”
(n=34)



Why Phases

- Provides structure
- Creates a systematic approach to participants' needs
- Helps participants understand program expectations
- Safeguards from requiring too many goals at one time
- Ensures goals build upon a previously achieved goal

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.

Phases: Sequence and Timing



Two Parts

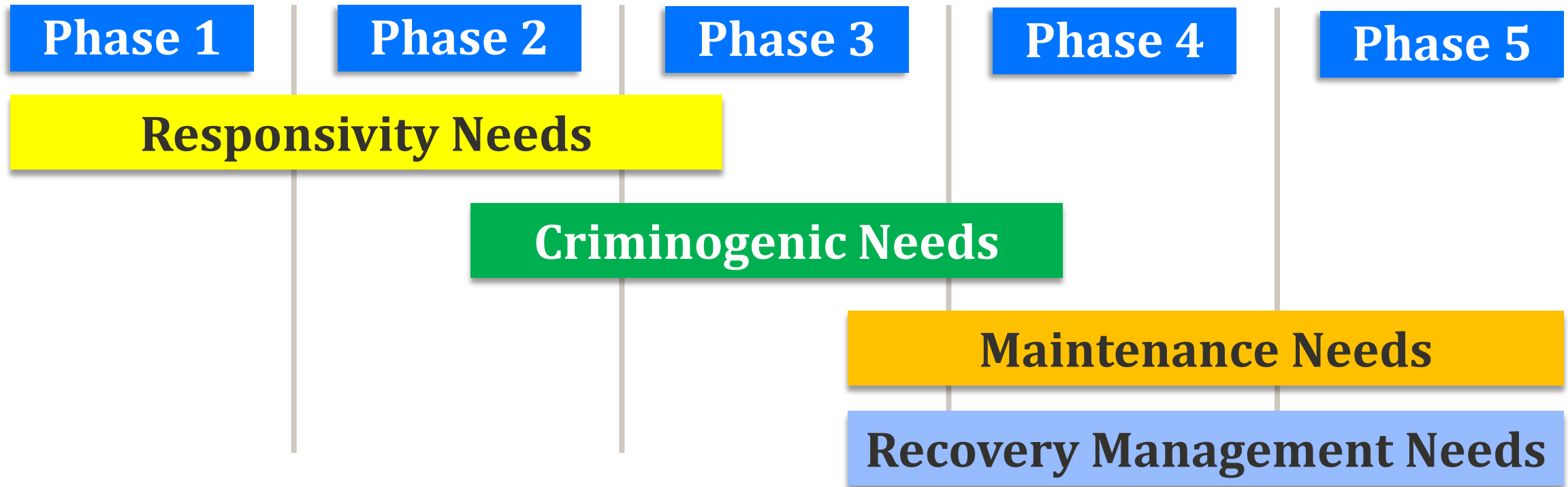
COURT

- Based upon risk levels
- Phases

TREATMENT

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

Timing Matters



Why is this important?

Should align with
treatment planning

Ensure providing
services needed

Not receiving more
services than needed

Leaving pressing
problems
unaddressed

Overburden the client

Interfere with
engagement in
required services

Addressing in the
wrong order may
undermine
effectiveness of the
interventions

Phase 1





Phase 1

The focus is on acute stabilization and orientation

What do you want the participant to accomplish at the end of this phase?

Phase 1: Stabilization/Orientation



Brief overview

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

Incorporating Recovery Capital



- The Recovery Capital tool completed within the first 45 days of the program
- Identify recovery capital strengths and areas needing improvement
- Ongoing assessment to measure gains and setbacks



Phase 2





Phase 2

The focus is on psychosocial stabilization

What do you want the participant to accomplish at the end of this phase?

Phase 2: Psychosocial Stabilization



Brief overview

| | |
|----------------------------|--|
| 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 <i>(for clinicians to confirm they are no longer experiencing withdrawal or cravings when not using substances)</i> NOT a proximal goal |

Flash Slide



CLINICAL STABILITY

No longer experiencing interfering symptoms

- Persistent cravings
- Withdrawal symptoms
- Anhedonia
- Executive dysfunction
- Acute mental health symptoms
- Cognitive impairments

PSYCHOSOCIAL STABILITY

When participants have

- Secure housing,
- Can reliably attend treatment court appointments,
- Are no longer experiencing clinical symptoms that may interfere with their ability to attend or benefit from interventions (i.e., clinical stability), and
- Have developed an effective therapeutic or working alliance with at least one treatment court team member.

Phase 2



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)

Phase 3





Phase 3

The focus is on Psychosocial Habilitation

What do you want the participant to accomplish at the end of this phase?

Phase 3: Prosocial Habilitation

Brief overview



| | |
|----------------------------|---|
| Focus | Criminogenic needs Substance use Antisocial peers Deficient problem-solving skills, Impulsivity Antisocial attitudes |
| Goals | Prosocial routine Prosocial skills Abstinence efforts |
| Typical time | 90 – 120 days |
| Abstinence achieved | Several weeks or a month at a time (intermittent intervals) |

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 clinical stability?



Phase 4





Phase 4

The focus is on life skills

What do you want the participant to accomplish at the end of this phase?

Phase 4: Life Skills

Brief overview



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

Phase 5





Phase 5

The focus is on Recovery Management

What do you want the participant to accomplish at the end of this phase?

Phase 5: Life Skills

Brief overview



| | |
|----------------------------|---|
| 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 |

Phases: Progression and Setbacks





“In any given moment we have two options: to step forward into growth or step back into safety”

Abraham Maslow



PHASE DEMOTION:

We do not take an incentive away

- It is demoralizing
- Gives the wrong message - all or nothing

We ask:

What additional support is needed in this phase?

Program Discharge



- If statutorily authorized, legal incentives should be incorporated into successful completion.
- Before termination:
 - Every effort should be made to help participants succeed in the program
 - Treatment courts should exhaust all reasonable rehabilitative efforts before letting participants give up on themselves.

Questions?



Ask the Expert



<https://allrise.org/trainings/ask-the-expert/>

Office Hours

Scheduled times with experts on various key topics

Submit a Question

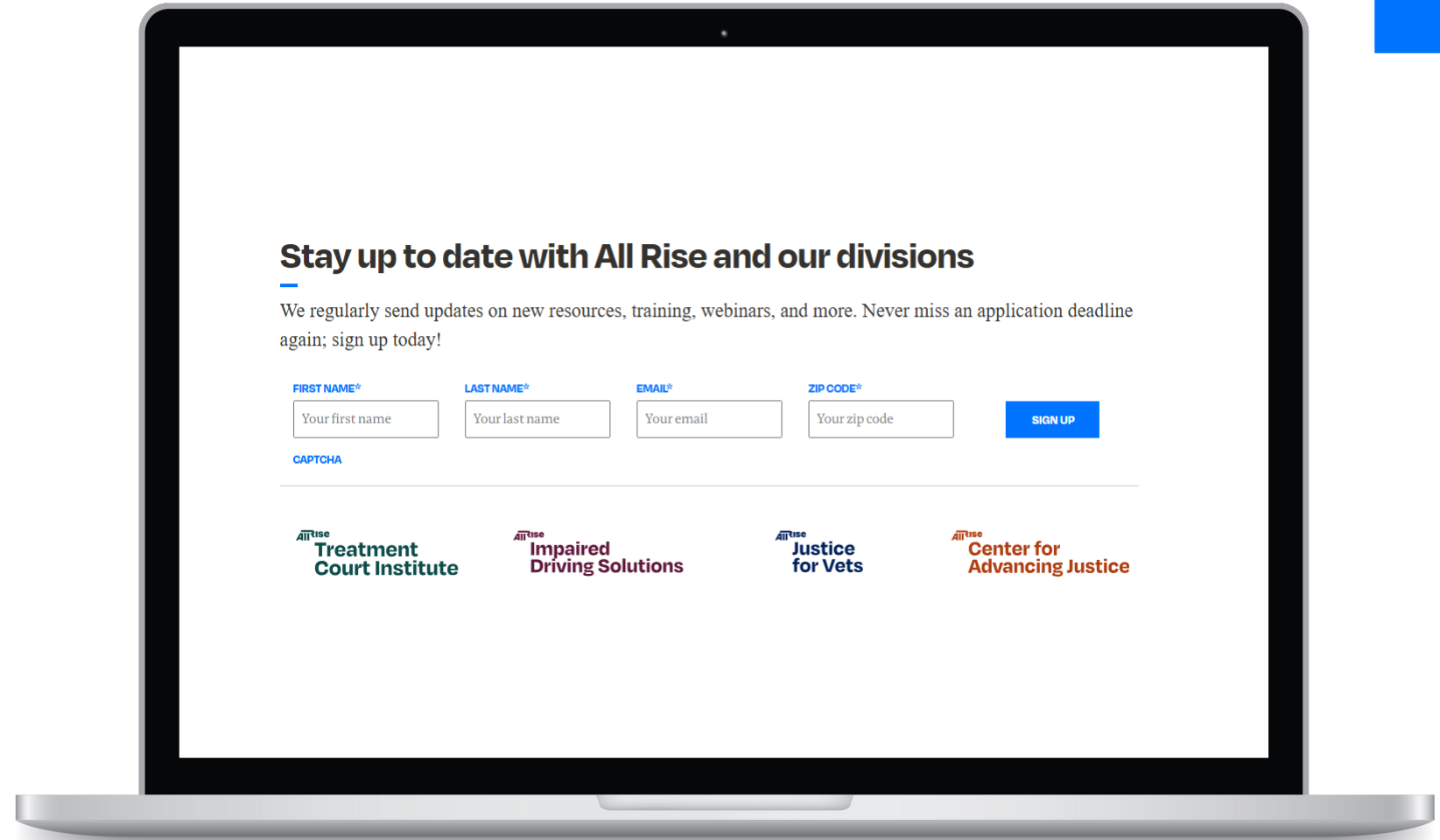
Submit a question to the All Rise team

Schedule a Consultation

Schedule a consultation with the All Rise team

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CAPTCHA



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