



**Impaired
Driving Solutions**

Clinical Stability & Decision-Making

Through a Treatment Court Lens

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Learning Objectives



Define “clinical stability” across key domains.

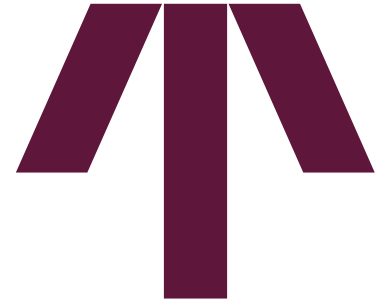


Use validated tools to track change.



Translate data into clear, defensible recommendations.

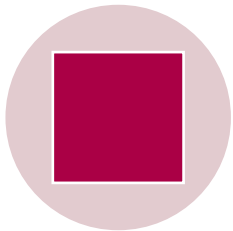
Psychosocial Stability



Stable housing— safe, secure, and stable housing and is likely to remain 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.



Therapeutic alliance—The participant has developed a therapeutic alliance or collaborative working relationship with at least one staff member

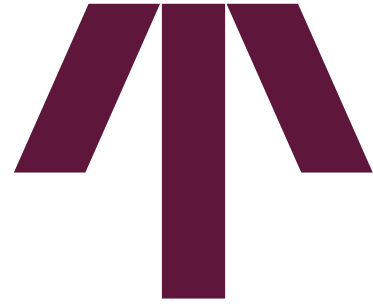


Ask for additional help or advice when needed.

Clinical Stability - ATCBPS

- 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.

Early Remission Defined



DSM-5-TR Criteria for Early Remission

Early remission is defined by meeting no substance use disorder criteria, except craving, for 3-12 months after diagnosis.

Significant Progress and Vulnerability

This period shows substantial improvement but ongoing risk for relapse, requiring continued support and vigilance.

Milestone for Recovery

Early remission marks a vital step toward long-term recovery, signaling sustained behavioral change and hope.

Recurrence vs. Episode



Recurrence Defined

Recurrence is the return to substance use after a period of abstinence, often indicating a pattern over time.

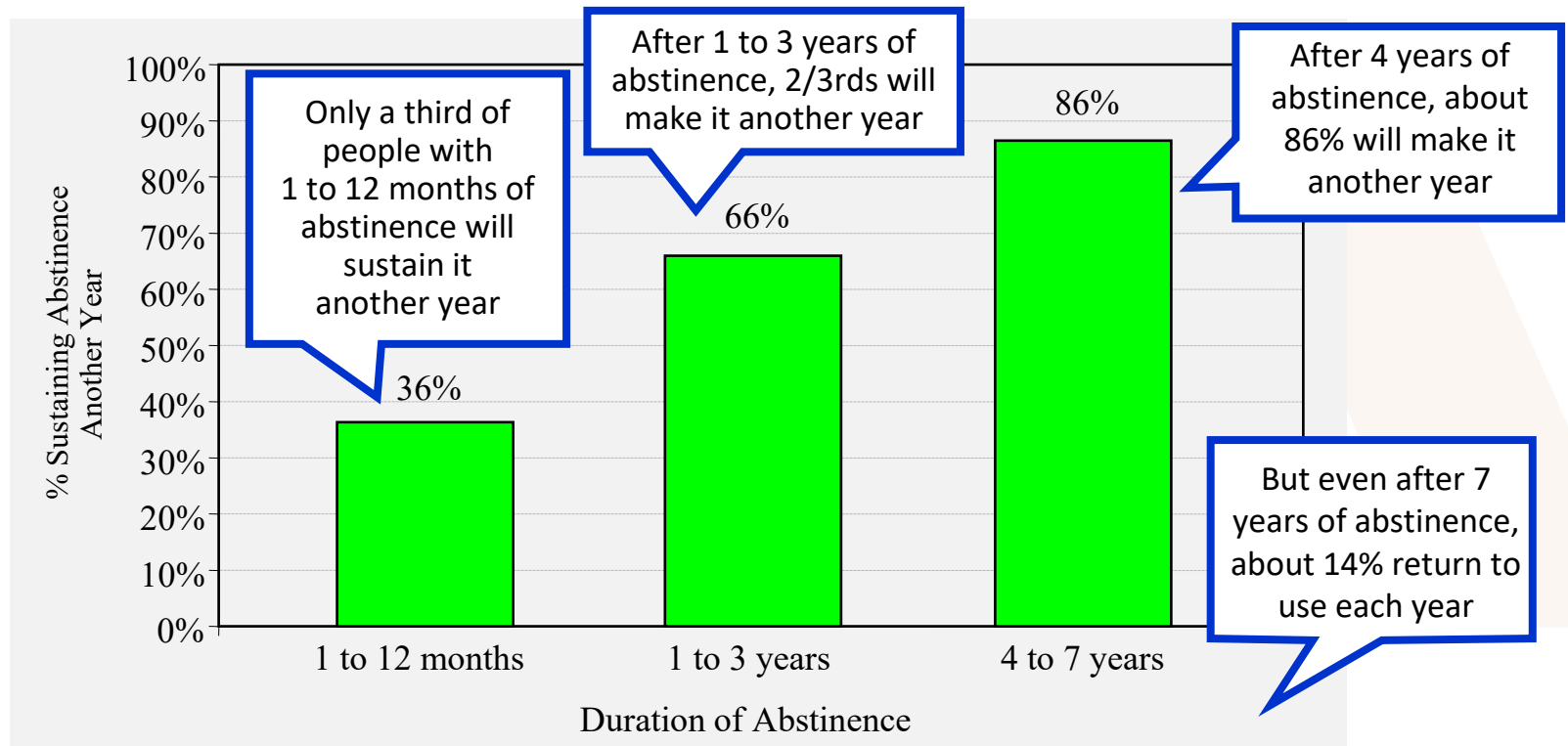
Episode of Use

An episode of use refers to a one-time or short-period, isolated event of substance use, not indicating a pattern.

Clinical Implications

Recognizing the difference enables tailored interventions and reduces shame, supporting long-term recovery.

Likelihood of Sustaining Abstinence Grows Over Time



Source: Dennis, Foss & Scott (2007)

Current Research Findings: Treatment Court Specific

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

Why Focus on Clinical Stability?



Beyond abstinence-only markers toward whole-person outcomes.



Trend data using validated tools and observations.



Consistency and transparency in staffing/court recommendations.



Align treatment, supervision, and participant-centered goals.

Measuring What Matters



Outcomes that reflect quality of life, not just symptom reduction

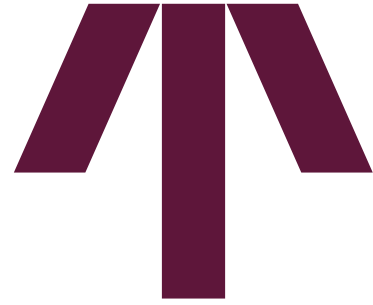


Use of validated tools (e.g., PHQ-9, GAD-7, ASI, ASAM)



Continuous feedback loops with clients and staff

Measuring Progress in Recovery



Behavioral changes and self-awareness

Reduction in substance use or abstinence

Improved relationships and quality of life

Clinical Stability

What to Measure

Substance Use Monitoring

Mental Health & Emotional Stability

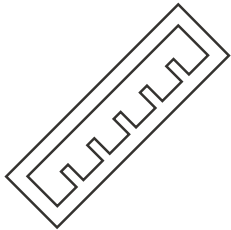
Recovery Capital & Motivation

Functioning & Daily Life

Treatment Engagement & Alliance

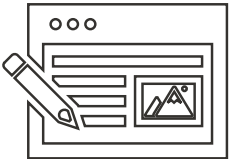
Clinical Risk & Safety

Monitoring Substance Use



Systematic Tracking Methods

Monitoring substance use relies on validated tools such as clinical toxicology*, breathalyzers, and structured questionnaires for reliable data. (TEA; WHOQOL-BREF, CIWA/COWS, Brief Craving Scale)



Establishing Clinical Thresholds

Clear thresholds help distinguish between safe, risky, and harmful substance use levels, guiding clinical decisions. (Stable, expected toxicology results, improved coping)



Early Identification and Intervention

Accurate monitoring enables early detection of misuse and supports timely, targeted interventions for those at risk.

Clinical Toxicology Testing



Clinical testing is based on clinical and medical needs, not supervisory/surveillance



Clinical toxicology testing includes the reasons for testing, how toxicology test results will be used to inform treatment



Participants should be informed about the reasons/results and sharing regarding testing



The use of toxicology testing should be normalized as a therapeutic tool used to support an individual's recovery



If the treatment center is providing supervisory/surveillance testing, policies and practices should be in place that discerns the types of testing and how the results will be shared/used.



It is important for programs and providers to use non-stigmatizing and clinically appropriate terms; for example, "positive toxicology result" rather than "dirty urine".

Measuring Mental Health

Standardized Assessment Tools

Mental health is measured using reliable assessment tools with set criteria to evaluate emotional stability and symptom severity. (Beck's Depression Scale, GAD-7, PHQ-9)

Severity Thresholds

Scales use specific thresholds to categorize the severity of mental health symptoms and guide clinical decisions.

Benefits of Regular Screening

Regular screening/measuring enables early identification, monitors changes over time, and supports effective intervention planning.

Measuring Recovery Capital and Motivation

Recovery Capital Assessment Tools

Tools like ARC (BARC-10) and RCI help measure recovery capital by evaluating social, personal, and community resources.

Resource Identification Thresholds

Thresholds in assessment tools distinguish levels of recovery resources, guiding support strategies for individuals.

Motivation Evaluation Instruments

Motivation is measured with tools like SOCRATES, enabling tailored interventions based on readiness for change.

Assessing Daily Functioning Tools

Measuring Key Life Areas

Evaluation tools assess housing stability, job or school participation, and self-care skills to gauge daily functioning.

Standardized Assessment Use

Standardized tools help identify independence in ADLs and compliance with living, employment, or school requirements. (ORS)

Monitoring Legal Compliance

Tracking adherence to court orders and legal responsibilities ensures a comprehensive understanding of holistic functioning.

Measuring Engagement & Alliance

Assessing Therapeutic Alliance

Tools like the Working Alliance Inventory and Session Rating Scale capture the quality of the client-therapist relationship.

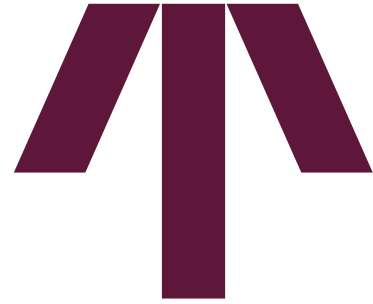
Monitoring Treatment Engagement

Engagement is tracked with self-report questionnaires or attendance records, reflecting the client's involvement in treatment. (Reliable attendance = ~90%)

Alliance and Engagement Thresholds

Predefined cutoff scores indicate meaningful levels of alliance or engagement, guiding clinical decisions and interventions.

Assessing Clinical Risk Safely



Effective Risk Identification

Clinical risk assessment tools help accurately identify suicide and self-harm risk levels in patients. (Columbia-Suicide Severity Rating Scale)

Guided Intervention Thresholds

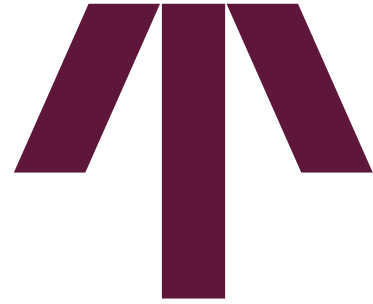
Severity and immediacy of risk determine intervention thresholds, guiding appropriate responses for patient safety.

Safety and Collaboration

Thorough assessment, clear documentation, and multidisciplinary team involvement ensure comprehensive patient protection.

Measurement Toolkit Examples

*Non-exhaustive



TEA; WHOQOL-BREF; CIWA-AR/COWS; Brief Craving Scale

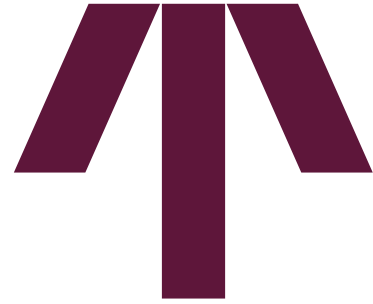
PHQ-9; GAD-7; ASQ, C-SSRS

ARC; BARC-10; SOCRATES; URICA; Readiness Ruler

ADL scales; ORS

WAI; SRS

Clinical Stability Snapshot

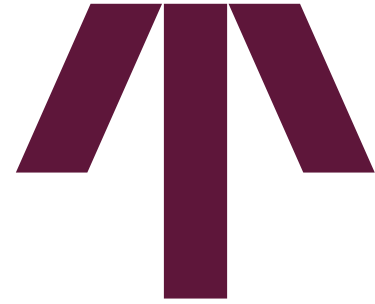


Domain	Assessment Area(s)	Tools/Indicators	Clinical Threshold (Examples)
Substance Use	Use; Tox; Cravings	TEA; WHOQOL; UDS; Craving Scale; CIWA/COWS	Stable/no use; expected tox; coping
Mental Health	Symptoms; Meds; Regulation	PHQ-9; GAD-7; ASQ; MAR; Observations	Managed symptoms; adherent; no crises
Recovery Capital	Supports; Readiness; Learning	ARC/BARC-10; SOCRATES; URICA; Readiness Ruler	Growing supports; action/maintenance
Functioning	Housing/Employment; ADLs; Legal	ADL; CM/self-report; supervision	Stable housing; independent ADLs; compliant

Clinical Stability Snapshot

Domain	Assessment Area(s)	Tools/Indicators	Clinical Threshold (Examples)
Engagement & Alliance	Attendance; Alliance; Skills	Logs; WAI; SRS; provider notes	≈90% attendance; strong alliance; skill use
Clinical Risk & Safety	Suicide; Judgment	CSSRS; ASQ; team review	Reduced dynamic risk; no imminent risk

Workflow: From Data to Decisions



Set intervals (intake; every 30–60 days, regulatory).



Collect inputs before staffing; rate domains.



Align responses with clinical risk/need and stage of change.



Document via brief clinical summary for court.

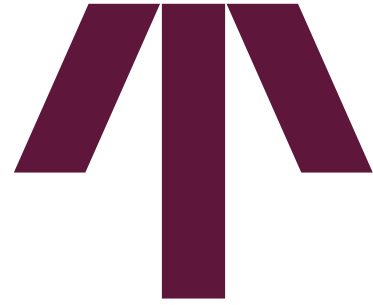
Stability Determination



Stable | Moderate |
Unstable

Use domain ratings
to support
determination; avoid
binary thinking.

Clinical Summary for Court



Attendance/Participation,
Progress,
Housing/Employment,
Health,
Support/Engagement

Review relevant items
and provide a brief 2–3
sentence narrative
explaining the change
and rationale.

Recommendations to the Court



Continue current plan

Modify treatment
(frequency, modality,
MAT/MOUD consult)

Add services
(housing;
psychiatric; peer
support)

Reassessment
(clinical/risk)



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Q&A and Next Steps



Ask the Expert

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

Office Hours

Scheduled times with experts on various key topics

Submit a Question

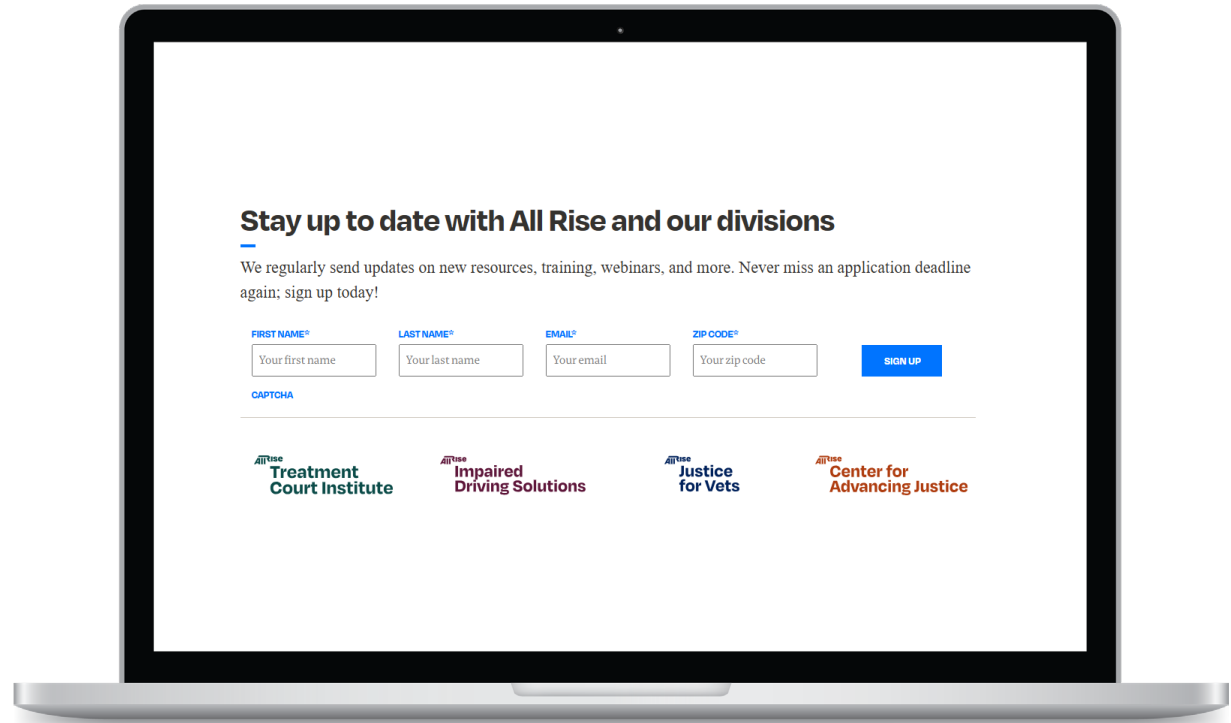
Submit a question to the All Rise team

Schedule a Consultation

Schedule a consultation with the All Rise team

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