

# Using Comprehensive Treatment Practices in Adult Treatment Courts

*Incorporating Evidence-based Curricula, Focused Individual Therapy, MAT, and Recovery Capital*

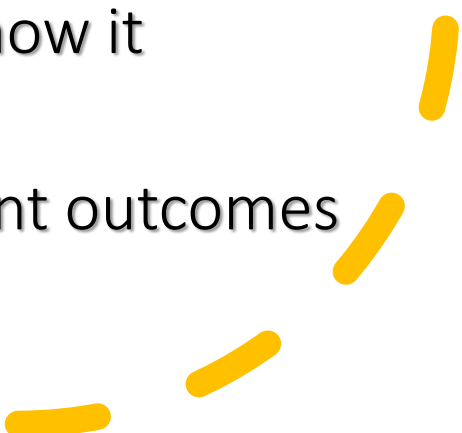
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A photograph of a piece of white paper with a jagged, torn edge, set against a light gray background. The paper is held in place by two vertical strips of white tape on the left and right sides. The text "Who are you?" is written in a blue, serif font across the center of the white paper.

Who are you?

# Learning Objectives

- Know how to navigate and understand best practice standards for treatment
  - Learn practical steps to implement services
  - Learn about validated assessment tools to focus services
  - Learn more about available evidence-based curricula
  - Understand Medication for Addiction Treatment and its benefits within treatment courts
  - Know what Recovery Capital is and how it improves outcomes
  - Learn how to evaluate your treatment outcomes with data
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# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Treatment court participants receive **evidence-based treatment** for substance use, mental health, trauma, and co-occurring disorders from **qualified treatment professionals** that is acceptable to the participants and sufficient to meet their **validly assessed treatment needs**. Recovery management interventions that **connect participants with recovery support services and peer recovery networks** in their community are core components of the treatment court regimen and are delivered when participants are motivated for and prepared to benefit from the interventions. *(ATC BPS, p. 20)*





# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### A. TREATMENT DECISION MAKING

- Treatment providers are CORE members of the team – attend consistently.
- Decisions are made based on input and recommendations from treatment providers.
- Treatment needs are determined by valid, clinical assessments.
- Treatment providers must provide information & explain it – help make effective decisions.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### B. COLLABORATIVE, PERSON-CENTERED TREATMENT PLANNING

- Participants collaborate with treatment providers to set treatment goals.
- Treatment Court team members complement and support treatment efforts.
- All team members work collaboratively to help the participants reach treatment goals, ensure their welfare and public safety.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### C. CONTINUUM OF CARE

- Treatment and services should start as soon as possible after arrest.
- Continuum of care should meet their identified service needs.
- Adjustments to level of care or modality are based on validly assessed needs.
- No sanctions or harsher sentences for not responding to treatment that is inconsistent with their assessed needs.





# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### D. COUNSELING MODALITIES

- Group counseling plus ONE individual counseling session per week during first phase.
- The frequency and duration of individual counseling are based on addressing assessed needs and preventing symptom reoccurrence.
- Groups should have no more than 12 participants and 2 facilitators.
- Evidence-based group allows for addressing needs such as co-occurring disorders or trauma.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### E. EVIDENCE-BASED COUNSELING

- Cognitive behavioral therapy (CBT) interventions.
- Treatment providers are professionally credentialed in SUD/MH treatment and certified to facilitate curricula.
- CBT interventions focus on addressing SUD, MH, and trauma symptoms; prosocial thinking and problem-solving skills; developing life skills.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### F. TREATMENT DURATION AND DOSAGE

- Participants receive a dosage of CBT interventions and other needed services (housing assistance, MAT) to stabilize, initiate abstinence, teach them skills needed to fulfill adaptive roles.
- After CBT interventions, an additional 3 months of monitoring and connection to recovery management.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### G. RECOVERY MANAGEMENT SERVICES

- Provide connection with recovery support services and networks in their community.
- Evidence-based recovery management services are CORE components of the treatment court regimen.
- Linking to peer support specialists, sober living housing, education/employment services.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### H. MEDICATION FOR ADDICTION TREATMENT

- Screen immediately for potential overdose risk and other indications for MAT.
- Refer to qualified medical practitioner.
- Rely exclusively on judgement of medical practitioners.
- ROI for communication on progress and response to the medication.
- Annual training on how to enhance program utilization of MAT.



# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### I. CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH OR TRAUMA TREATMENT

- Screened immediately for co-occurring disorders or trauma - referred for in-depth assessment, if needed.
- Assessors administer valid screening tools without re-traumatization to participants.
- Evidence-based, integrated treatment models for co-occurring d/o.
- Treatment providers must be licensed, credentialed and continuing ongoing training.
- Unhindered access to psychiatric medications.
- Trauma-informed court practices & training.





# Adult Treatment Court Best Practice Standards

## Substance Use, Mental Health, and Trauma Treatment and Recovery Management

### J. CUSTODY TO PROVIDE OR WHILE AWAITING TREATMENT

- Do not detain in jail to achieve treatment or social service objectives.
- Jail sanction for repeated, willful infractions or public safety concerns, OR the judge finds custody necessary to protect from imminent harm and all other less restrictive means to keep the person safe are exhausted. Preventing an overdose is not sufficient grounds, by itself.
- Uninterrupted access to MAT, psychiatric meds and other services while in custody.

# Practical Implementation of Treatment Services

Where do we

START

A paved road winds through a grassy landscape. The word "START" is painted in large white letters on the road, with a white arrow pointing forward from the end of the word. The road curves into the distance, flanked by green and yellow grass under a blue sky with scattered clouds.

# Choosing Treatment Providers

- Availability in your community
- Public behavioral health agency (Community Service Board)
- Private agency
- Private practice
- Contract treatment providers (Managed by Treatment Court Clinical CM or Coordinator)
- Residential Facility
- Intensive Outpatient Facility
- Fully licensed
- Scope of practice includes criminal justice involved clients
- Has professional credentials for SUD and/or MH or co-occurring treatment
- Certified to facilitate EB curriculum
- Will participate on treatment court team, attend pre-court staffing, court hearings & annual training conferences



# Validated Assessments

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- Identifies specific needs – SUD, MH, Comorbidity, Trauma
- Determines level of care required – mild, moderate, severe
- Gives clarity about participant's learning style, cognitive ability, executive functioning
- Provides focus for treatment planning – goals, objectives
- Gives understanding about proximal and distal goals
- Creates focus for individual counseling



# Validated Clinical Assessments

- Substance Use
- Mental Health
- Executive Functioning

# Substance Use Assessments

- ASAM Dimensions
- B-MAST
- DAST-20
- MAST
- TCU-Drug Screen Inventory
- CMRS Scale

- *American Society of Addiction Medicine Dimensions*
- *Brief Michigan Alcoholism Screening Test*
- *Drug Abuse Screening Test*
- *Michigan Alcoholism Screening Test*
- *Texas Christian University Drug Screen-V*
- *Circumstances, Motivation, and Readiness Scales for Substance Abuse Treatment*



# Mental Health Assessments

- *Correctional Mental Health Screener*
- *Bipolar Depression Rating Scale*
- *Beck Anxiety Inventory*
- *Beck Depression Inventory*
- *Patient Health Questionnaire*
- *Circumstances, Motivation & Readiness Scale*

- **CMHS-M; CMHS-W**
- **BDRS**
- **BAI-I**
- **BDI-II**
- **PHQ**
- **CMRS Scale**

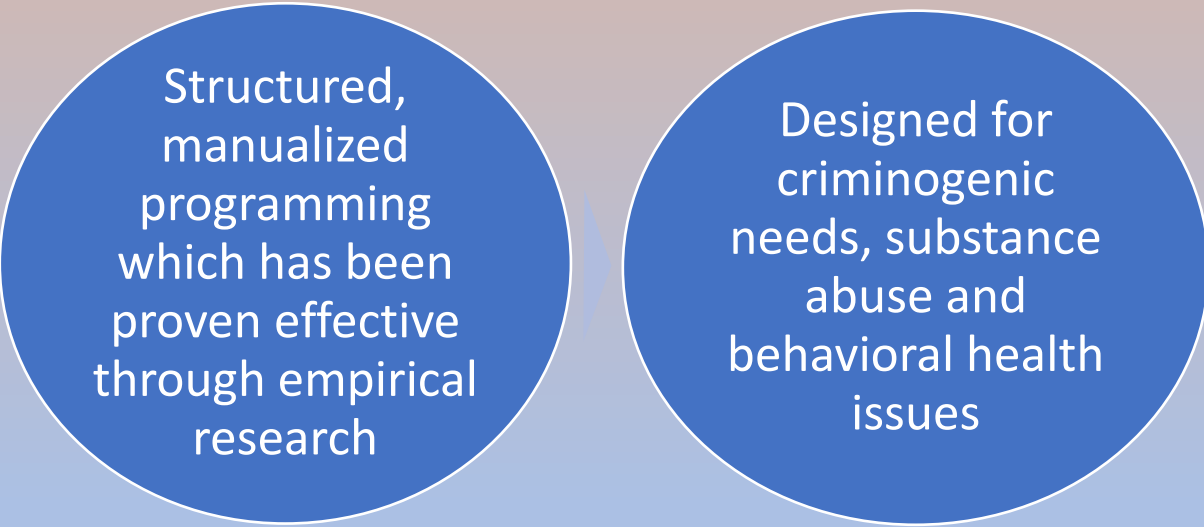
# Executive Function Assessments

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- Casey Life Skills
- Life Skills



# Evidence-based Curriculum



Structured, manualized programming which has been proven effective through empirical research

Designed for criminogenic needs, substance abuse and behavioral health issues

- Cognitive Behavioral Therapy
  - MRT
  - Thinking for a Change
  - CBI-SU
- Motivational Interviewing
- Relapse Prevention
  - Matrix
  - TCU-Mapping
- Trauma-informed Care
  - Seeking Safety
  - EMDR

# Cognitive Behavioral Therapy

Structured, goal-oriented  
type of psychotherapy

Helps identify and change  
negative thought patterns

Thoughts, feelings and  
actions are connected

Changing thoughts and  
feelings directly changes  
behaviors

Recommended treatment for  
substance use disorders,  
anxiety, depression

Evidence-based CBT curricula  
includes Moral Reconciliation  
Therapy (MRT), Thinking for a  
Change (T4C), Cognitive  
Behavioral Intervention for  
Substance Use (CBI-SU)

# Motivational Interviewing

Client-centered, goal-oriented counseling approach

Helps individuals explore and resolve ambivalence about behavior change

Uses empathy, open-ended questions and reflective listening

MI strengthens a person's own motivation and commitment to change

Recommended counseling style for substance abuse and behavioral health issues



# Relapse Prevention

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Helps individuals maintain recovery & reduce relapsing

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Identify high-risk situations: triggers, social situations, emotions

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Develop coping skills – build effective responses, problem solving

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Enhance self-efficacy – build confidence in ability to stay sober, set achievable goals

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Cognitive restructuring – changing unhelpful thoughts

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Urge management – delay, distract, deep breathing, mindfulness

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Create supportive environment – sober activities, peer support, network

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Develop relapse prevention plan – steps to take, people to call

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Address lifestyle imbalances – healthy routines, sleep, exercise, meaningful activities



# Trauma-informed Care

**Recognizes widespread impact of trauma**

**Integrates this understanding into all aspects of service delivery**

**Most of our population in treatment courts have trauma histories**

**Seeking Safety** – present-focused, coping skills, helps people attain safety from trauma. Used with men and women, in gender-specific groups or individual counseling. 25 topics.

**EMDR (Eye Movement Desensitization & Reprocessing)** – used for PTSD, trauma, substance use disorder. Uses bi-lateral stimulation.

# Family Treatment Court

Celebrating Families

Strengthening Families

SafeCare Parenting

Trauma Focused-CBT for Children

# Ethical Challenges in Treatment Reporting

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**Confidentiality**

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**Treatment attendance, progress, engagement,  
behavior**

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**Mitigating information related to problematic  
program behaviors**

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**Recommendations for service adjustments,  
sanctions, termination**

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**Scope of practice**

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**Boundaries**

# Treatment Budgets and Fiscal Challenges

- **Using community service boards – participants as consumers**
- **Grants for treatment services**
- **Participants using insurance benefits**
- **In-house treatment programs – contracts paid by obtained funding**
- **State Operational Grant (CACJ/CJCC) – Contract Services**
- **D.A.T.E. Funding – approved for treatment services in treatment courts**
- **Federal Grants – BJA, SAMHSA**
- **Opioid Abatement Settlement Funding/Grants**

# Recovery Management Services



**Community Recovery Support Groups**

AA, NA, Celebrate Recovery, SMART Recovery, CA



**Peer Support Specialist**



**Recovery Coaching**



**Sober Communities; Sober Living Housing**

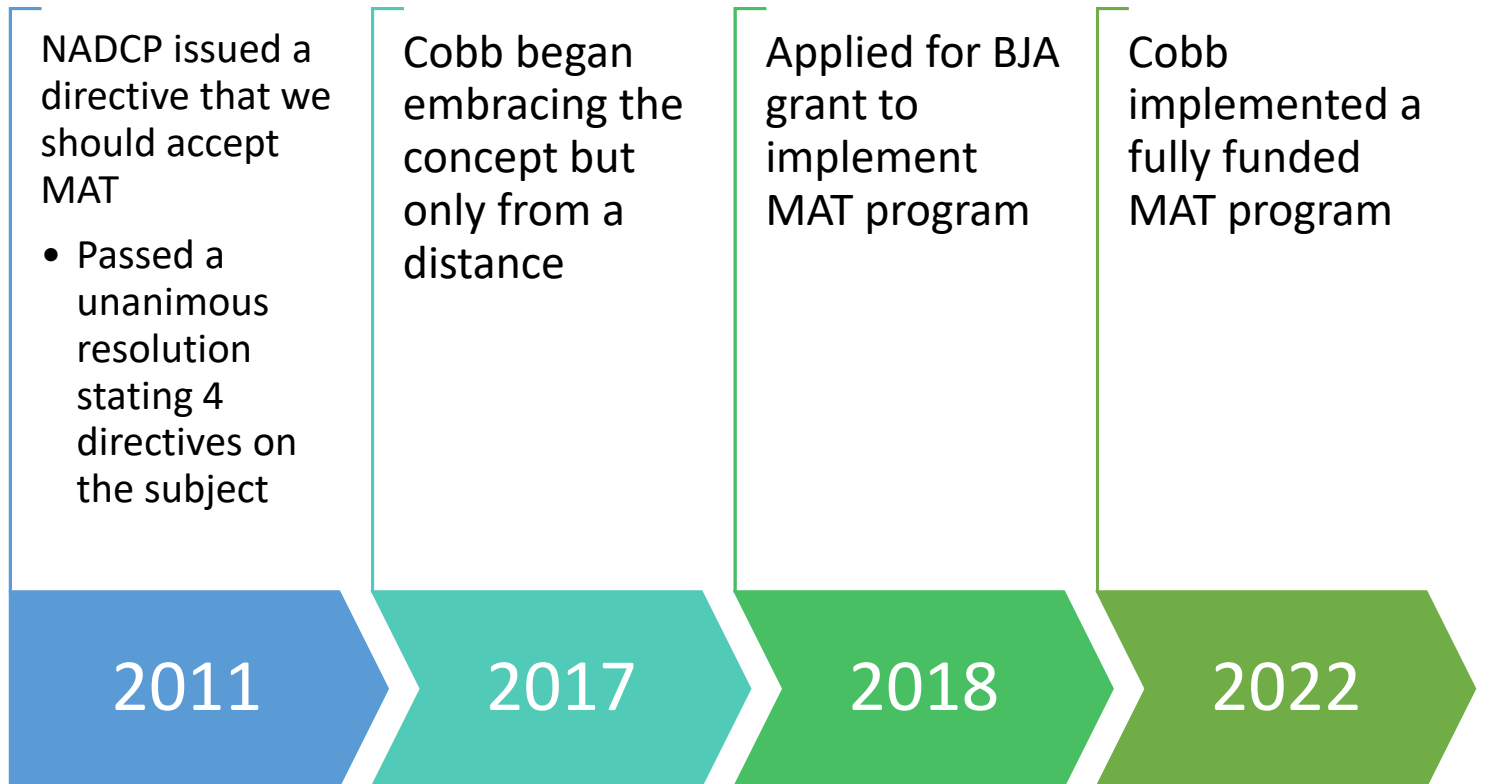


**Ethical dilemma: mandatory or not?**



**How to encourage, manage or monitor participation**

# MEDICATION for ADDICTION TREATMENT



# Medication for Addiction Treatment

Used in combination with COUNSELING to provide a **WHOLE PATIENT APPROACH** to the treatment of substance use disorders. (SAMHSA)



Combination of MAT and therapy can successfully treat certain SUDs



Helps sustain recovery by reducing cravings



Used to prevent or reduce opioid overdose and improves survival



Improves birth outcomes in pregnant women with OUD



Increases ability to gain and maintain employment



Increases retention of individual in treatment



Primarily used for treating OUD and AUD





# MAT for Alcohol Use Disorder

- **Acamprosate** – used for maintenance of alcohol abstinence – it binds to GABA receptors and affects ability to experience intoxication effects.
- **Disulfiram (Antabuse)**- used to prevent use of alcohol by producing very negative physical reactions – blocks metabolism resulting in excess acetaldehyde.
- **Naltrexone (Vivitrol)** – suppresses euphoric sensations – reduces cravings

# MAT for Opioid Use Disorder

- **Buprenorphine/Naloxone (Suboxone®)** – partial agonist binds to opioid receptors – “acts like” opiate but weaker effects– but with naloxone included, overdose is blocked
- **Buprenorphine (Subutex®, Sublocade®)** – partial agonist, oral, sublingual, or injectable ER, partial agonist
- **Methadone** – full agonist, “acts like”, when using it opioid receptors are bound, considered harm reduction, could be abused
- **Naltrexone (Vivitrol®)** – oral or injectable, opioid antagonist – blocks opiates from binding to receptors, blocks effects of use, reduces cravings, non-addictive, no overdose, no abuse

# Effectiveness of MAT on SUD Recovery

*Retention in MAT for opioid dependence: A systematic review*

- Higher retention rates of patients in treatment at 3, 4, 6, 12-month intervals

Mar. 2015

Sep. 2019

*MAT for opioid use disorder within a 12-step based treatment center: Feasibility and initial results*

- Nearly all patients successfully completed residential treatment, and the majority attended additional programming afterward. 71% associated with medication compliance.

# Assessing for MAT – Treatment Providers

## Who are good candidates for MAT?

- History of addiction to opioids: opioid pain pills, heroin, fentanyl
- History of severe alcohol use disorder – dependent or binge

## Questions to ask:

- How long, how much and how often?
- Withdrawal symptoms?
- Tried to stop and want to stop but cannot do so due to withdrawals?

## Educate:

- Explain how MAT can help them get and stay clean
- Prevents urges, cravings, allows focus on treatment, maintain employment

# Integrating MAT - Funding

State Operational Grant (CACJ/CJCC) – Supplemental grants, enhancing services

Federal Grants – BJA, SAMHSA

Opioid Abatement Settlement Grants – ALMOST GUARANTEED

# Integrating MAT – Physicians, Pharmacy



Search community for  
addiction medicine  
physicians



Partner with local  
pharmacy or DPH  
pharmacy




Memorandum of  
Understanding – price  
agreements, referral process,  
reporting, HIPAA compliance,  
confidentiality practices



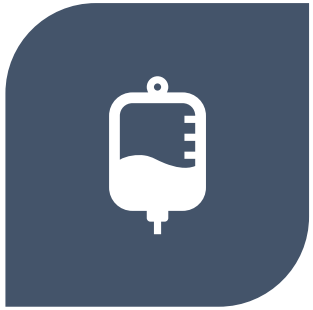
# Recovery Capital

“The process of improved physical, psychological, social well-being and health after having suffered from a substance-related condition.” (Recovery Research Institute)





# Recovery Capital



HEALTH



HOME



PURPOSE



COMMUNITY

# Supporting Recovery Capital Strategies

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Housing

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Transportation

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Workforce development & employment

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Sober outings and network building

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Community Connections

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Financial management classes



# Recovery Capital Worksheets

## Financial Need

Explore what is important for you to work towards financial freedom. Financial freedom is having enough savings and cash on hand to afford the kind of life you deserve for yourself and you family. Reflect on what financial freedom looks like to you and continue the activity on the next page.

### BANK

How would attaining financial freedom be impactful on your life?

Answer Y/N	Why is it so hard to stick to a budget?	Answer Y/N	Write down monthly reoccurring expenses	Scale 1-10 (1 low/ 10 High)
Have a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No		Usually pay for things with cash? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rent: _____ Utilities: _____ Cell: _____ Insurance: _____ Food: _____ Transportation: _____ Loans: _____	How stressed are you with your finances? _____ How often are your finances dictating what you do? _____ How stressed are you doing this activity? _____
Taught how to manage money? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you balance your checkbook? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Burn through money quickly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you trust the banks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<i>Continue on separate paper if needed.</i>	
What are the top 3 things you spend the most money on each month that are not a reoccurring expense?		What is one thing you are willing to do today to start working towards financial freedom?		

## Family Need

Explore what family means to you and how it supports recovery. Remember family can be biological or chosen. Complete each box and continue the activity on the next page.

What does a healthy relationship look like to you?

What does an unhealthy relationship look like to you?

What does support look like for you?

How do you manage frustrations with those close to you?

**What Needs Does Your Family Provide?**

Childcare

Financial support

Emotional support

Housing

Transportation

Spiritual support

Assists with problems

\_\_\_\_\_

\_\_\_\_\_

What are ways you feel valued in a relationship from others?

Who do you feel close to and can depend upon?

## Housing Need

Explore what is important for you to feel safe and secure at where you reside. Write what you want in a place you call home. After completing, continue the activity on the next page.

What is important to me where I live?

Transportation Needs	School Requirements	Dwelling Size/Type
Expenses Rent: _____ Electricity: _____ Gas: _____ Water: _____ Cable: _____ Internet: _____	Neighborhood Features <i>(parks, grocery store, etc.)</i>	Safety Features <i>(low crime, second floor, etc)</i>
Who is Living with Me?	Proximity to Family/Friends	Home Features <i>(dishwasher, AC, laundry, etc)</i>

# Comprehensive Treatment Practices

Evidence-based  
treatment –  
groups, individual

Validated  
assessments

Recovery  
Management

MAT Program

Recovery Capital  
(home, health,  
purpose,  
community)



How do we know if  
what we are doing is  
working?



# Data Collection and Program Outcomes

Demographic Data

Clinical assessment – ASAM Level, MH, Co-occurring, treatment focus

Treatment Dosage – appointments, groups, hours in treatment

Group Type – EB or not

Drugs of abuse – frequency, types

MAT – start date, type

Housing status

Employment status, income

Retention in program – start date, phase-up dates, graduation

# Correlates to Positive Outcomes

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Number of evidence-based treatment hours

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Focused individual therapy services

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MAT use (retention in treatment, abstinence)

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Participation in recovery support groups

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Safe, sober housing

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Stable employment – use of workforce development programs

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Community connections, stability in recovery

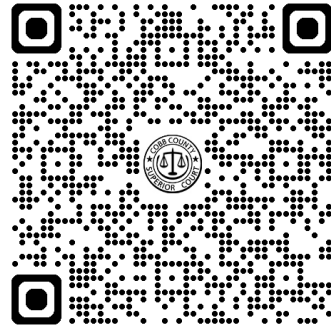


# SUMMARY

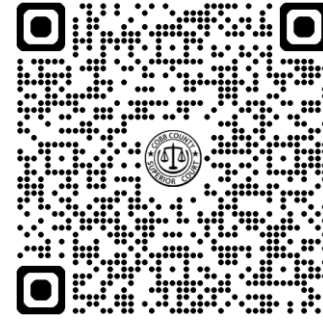
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- Licensed treatment professionals
- Validated assessments to determine need
- Evidence-based curricula for groups
- Person-centered, need-focused individual counseling
- Recovery management support services
- MAT utilization for OUD, AUD
- Supporting Recovery Capital
- Collecting Data to determine program success

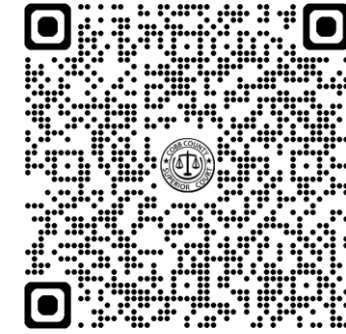
Validated Assessments



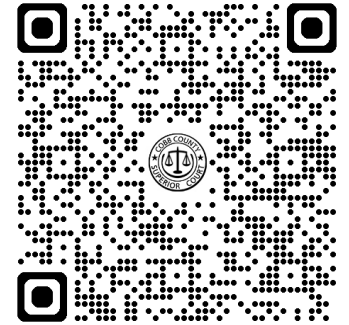
Substance Use



Mental Health



Executive Function



Recovery Capital

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