

CACJ Annual Training - 2024

# ACCOUNTABILITY COURT TREATMENT FROM A TO Z



WHAT NON-CLINICAL TREATMENT COURT  
TEAM MEMBERS SHOULD KNOW

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# Objectives

01

Become familiar with common terms, evidence-based practices, curriculums, and concepts associated with clinical treatment.

Explore ways to incorporate treatment concepts throughout program design.

02

03

Explore misconceptions surrounding treatment and learn some best practices for various court types.

# Treatment Terms and Abbreviations

## RECOVERY

A PROCESS OF CHANGE THROUGH WHICH INDIVIDUALS IMPROVE THEIR HEALTH AND WELLNESS, LIVE A SELF-DIRECTED LIFE, AND STRIVE TO REACH THEIR FULL POTENTIAL.

SAMHSA, WORKING DEFINITION OF RECOVERY

**Substance Use Disorder (SUD):** A treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.

**Co-occurring Disorder (COCD):** Condition of a person who has been diagnosed with a substance use disorder and a mental/emotional disorder such as depression, anxiety, or bipolar disorder. **Dual-diagnosis**

**Severe and Persistent Mental Illness (SPMI):** A mental, behavioral, or emotional disorder resulting in significant functional impairment.

**Relapse:** Recurrence of symptoms of the disease after a period of sobriety

**Therapeutic Rapport:** Connection between a client and therapist. Considered the foundation for all therapeutic work.

**Addiction:** A state of psychological and/or physical dependence on the use of drugs or other substances, such as alcohol, or on activities or behaviors.

**Substance Dependence**

**Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

**Co-dependency:** A mechanism whereby a person takes responsibility for actions of another and helps the the other avoid facing problems directly in order to preserve stability in a relationship.



# Treatment Terms and Abbreviations

**Medication Assisted Treatment (MAT):** Use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

**Relapse Prevention:** A therapeutic process for interrupting behaviors, beliefs, and self-talk that lead to lifestyle dysfunction.

**Active Listening:** An immersive experience in which you are focused on the individual and are present merely in your responsibility to listen.

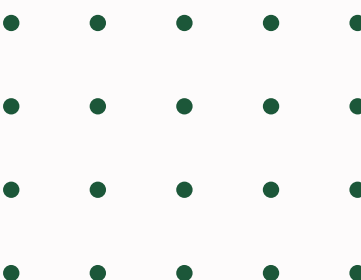
**Cognitive Behavioral Therapy (CBT):** Type of psychotherapy that helps people identify and change unhelpful thinking patterns to improve their mental and emotional health.

**Congruence:** When what we believe internally matches external actions.

**Dissonance:** Discomfort that arises when there is a mismatch between your thoughts, beliefs, or actions.

**Empathy:** Putting yourself in someone's shoes - embodies the position of the other person.

BEHAVIOR MODIFICATION  
TYPE OF BEHAVIOR THERAPY  
FOUNDED BY B.F.SKINNER  
PRIMARILY USED TO  
ELIMINATE OR REDUCE  
MALADAPTIVE BEHAVIORS.  
REINFORCER IS A  
CONSEQUENCE THAT  
INCREASES THE LIKELIHOOD  
OF BEHAVIOR TO RECUR.



# Key Concepts

## Risk-Need-Responsivity

### Risk Principle - WHO to target.

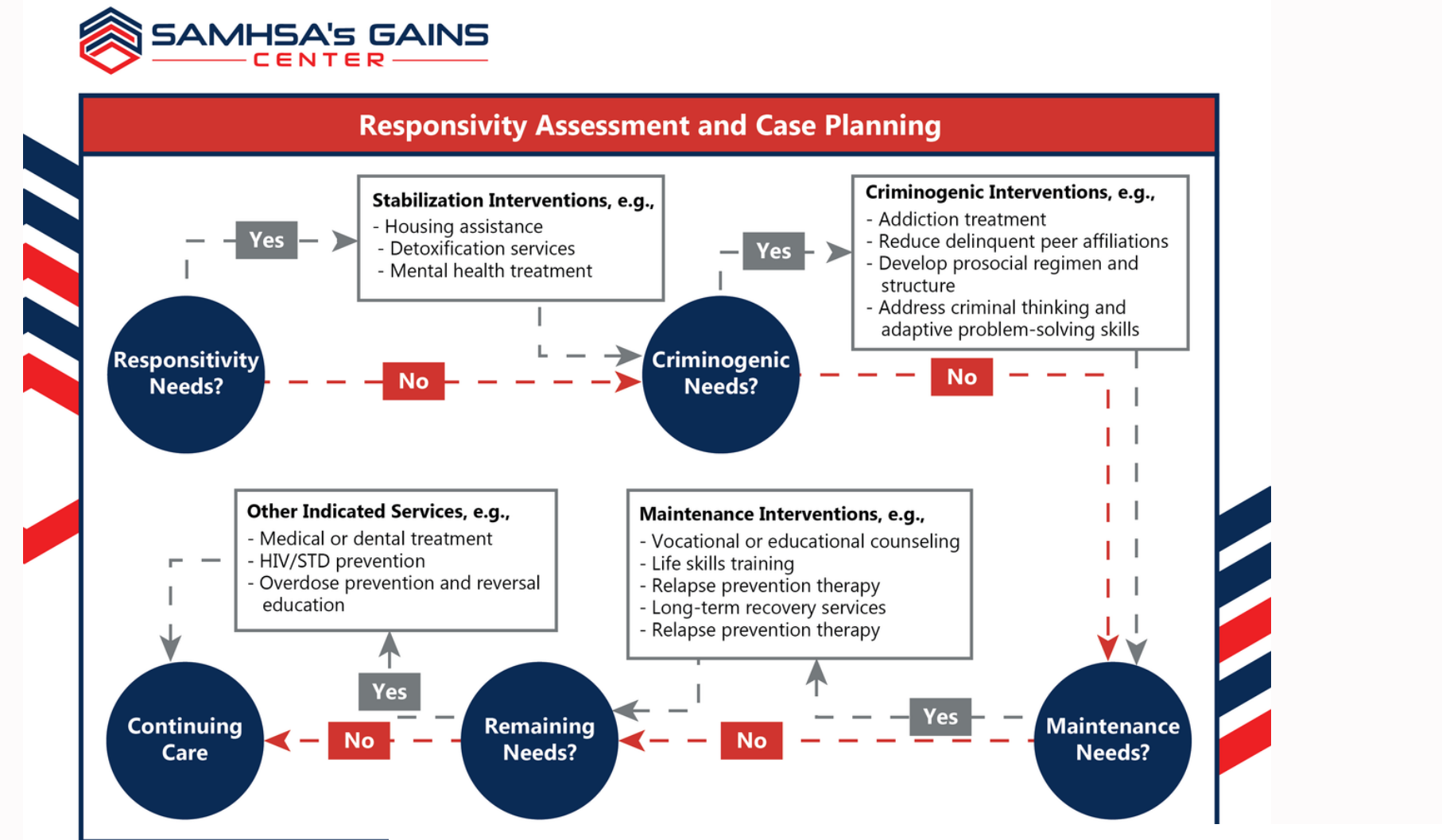
The probability that the offender will commit another offense. This does not refer to risk of danger or harm. Match the level of service to the risk of re-offense based on static factors (i.e. age of first use, criminal history) and dynamic factors (i.e. current substance use).

### Need Principle - WHAT to target.

What should we target to reduce risk of recidivism? This is based on criminogenic and non-criminogenic needs that are related to criminal behavior but can be changed. "Big 8" and "Big 4"

### Responsivity Principle - HOW to target.

Matching an offender's personality and learning style with appropriate programming and responses.



## What are the "Known" Criminogenic Risk factors?

### Criminogenic Risk and Need Factors (the "big 8")

1. Criminal History (*static*)
2. Antisocial Personality Pattern (*dynamic*)
3. Pro-criminal Attitudes (*dynamic*)
4. Social Supports for Crime (*dynamic*)
5. Substance Abuse (*dynamic*)
6. School/Work Failure (*dynamic*)
7. Family or Relationship Problems (*dynamic*)
8. Lack of Pro-social Activities (*dynamic*)

# Key Concepts



Maslow's hierarchy of needs

# Treatment Principles

## Autonomy

Assuming the individual's right to decide

## Beneficence

Assumes the responsibility to improve and enhance the welfare of others

## Nonmaleficence

Do no harm

## Fidelity

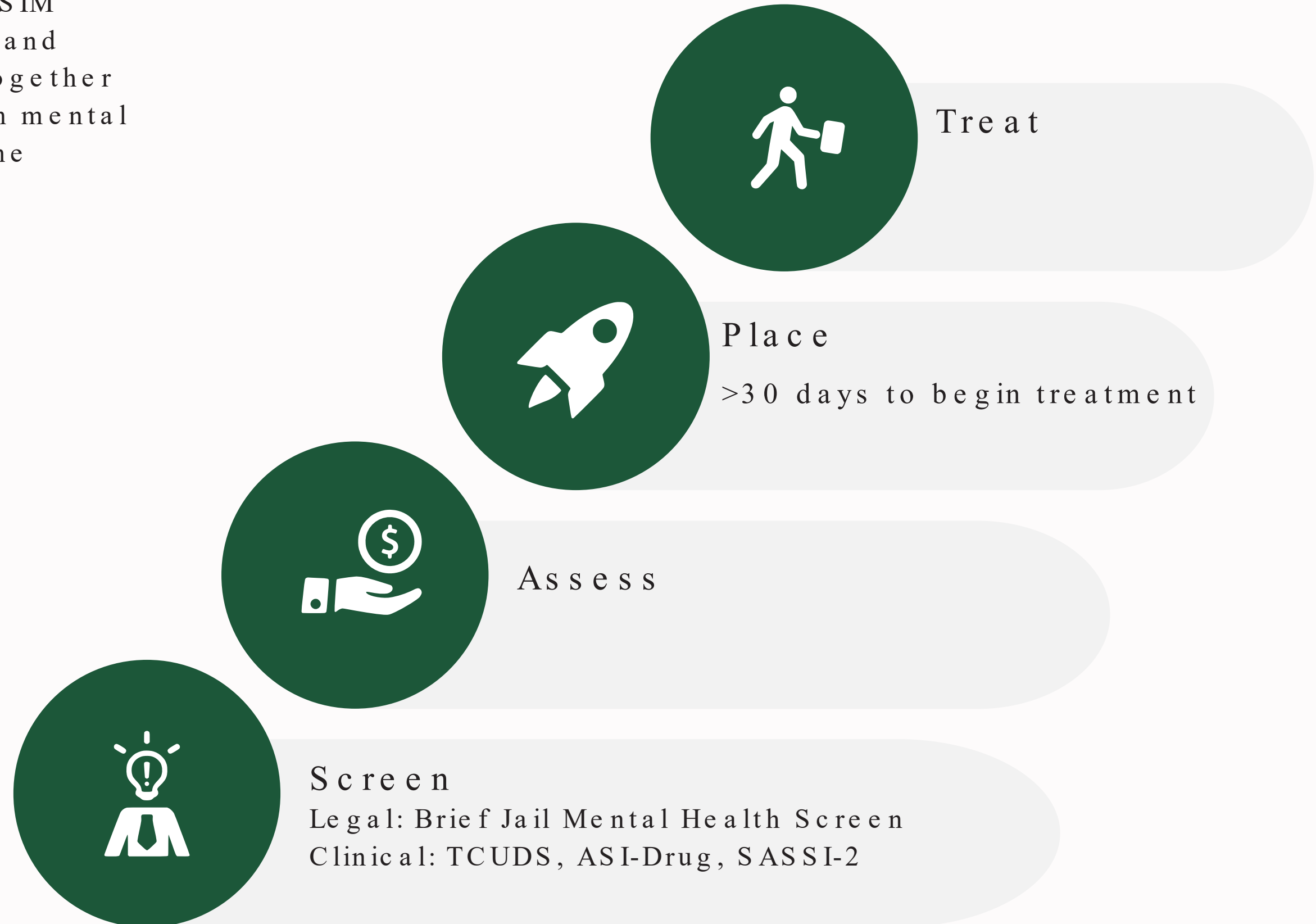
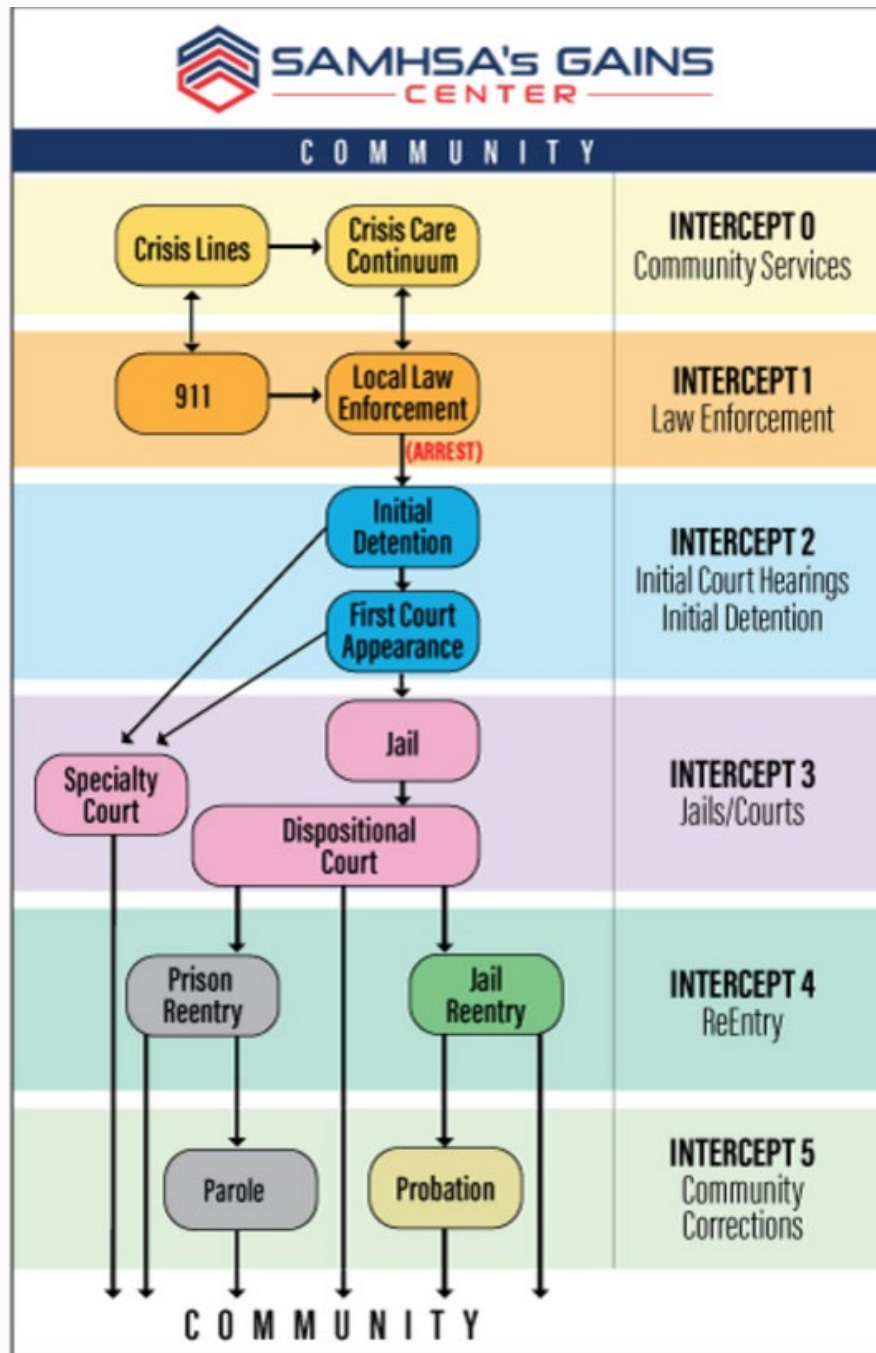
A clinician's primary obligation is to the client



# Sequential Intercept Model

”The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.”

# Process



# Assessment

## Conducting an Effective Assessment

### Therapeutic Alliance



Data consistently shows that a positive therapeutic alliance is a primary predictor for success in treatment.

### Asking Questions



Ask the right questions. Form consensus and collaboration with the client.

### Collateral Research



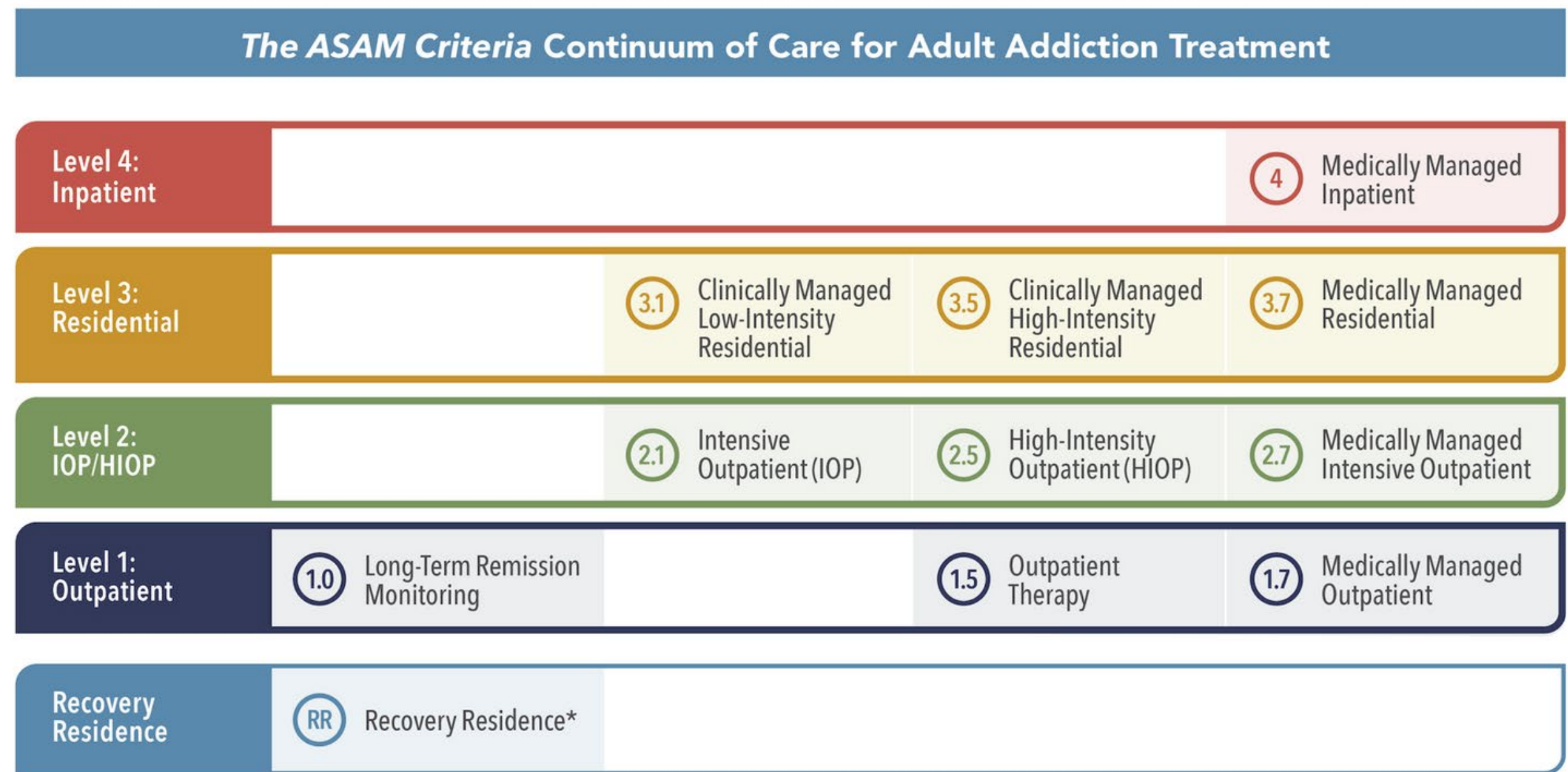
Always gather collateral information - screening tools, drug screens, MH records, family members, previous providers, etc.

# American Society of Addiction Medicine (ASAM) ~ Continuum of Care

## Accountability Court Standards

Treatment providers shall maintain individual treatment plans with appropriate dosage as determined by ASAM.

Everyone may not be placed at the same ASAM level. Are you assessing for appropriate need? Are your responses appropriate to level of need? Does your treatment match the appropriate level?



# Components of Comprehensive Treatment

The best treatment programs provide a combination of therapies and other services to ensure the individual needs of the clients are being met.


Level of Services / Case Management Inventory (LS-CMI)

Short-term Assessment of Risk and Treatability (START)

ASAM Patient Placement Criteria for the Treatment of Dual Diagnosis Participants (PPC-2R)


Assessment tools should be suitable for use as a repeat measure. Re-administer the tool as a measure of program effectiveness and offender progress.





S e r v i c e s s h o u l d m a t c h n e e d  
o f p o p u l a t i o n .

**A S S E S S M E N T**  
I d e n t i f y i n g n e e d s b e g i n s w i t h  
s o l i d a s s e s s m e n t s .



# Evidence-based Models/ Curriculum

## Trauma



Seeking Safety  
Trauma Focused  
Cognitive Behavioral  
Therapy  
Trauma Recovery  
Empowerment Model  
(TREM)

## Dual Diagnosis



Relapse Prevention Therapy  
(RPT)  
Motivational Enhancement  
Therapy (MET)  
Hazelden Co-occurring  
Disorders Program  
Texas Christian University  
Mapping Enhancement  
Counseling  
Integrated Dual Diagnosis  
Disorders Treatment

## SUD and Criminogenic



Cognitive Behavioral  
Interventions - SA (CBI-  
SA)  
MATRIX Model  
Living in Balance  
Prime Solutions  
Moral Reconciliation  
Therapy (MRT)  
Thinking for a Change  
(T4C)

## Parenting/ Relationships



Celebrating Families  
Strengthening  
Families  
Untangling  
Relationships  
Time Out! For Men

# Treatment Fidelity

Are providers proficient in delivering appropriate evidence-based treatment interventions?

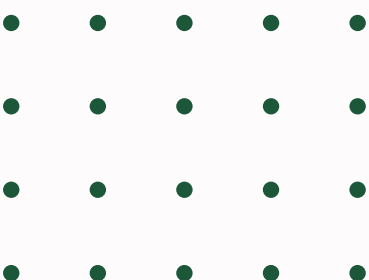


## MHC Standard 3.10

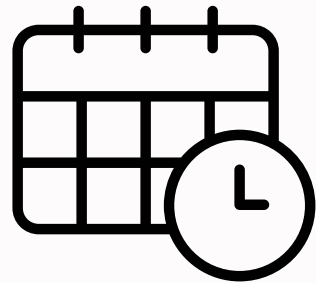
Assessment for mental health treatment and co-occurring substance use treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

## Treatment Standard 5.1

MHC will use manualized curriculum....administered by appropriately certified and licensed treatment providers.



# TREATMENT DOSAGE AND DURATION



## Duration

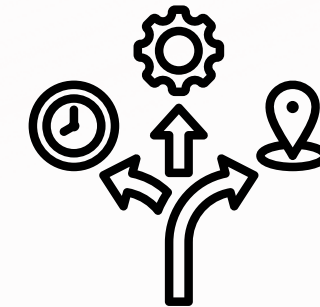
Research indicates that treatment should last at least 9 months for best results.

NADCP Standars Vol. 1  
Treatment Standards



## Dosage

On average participants receive 6-10 hours of counseling weekly in the initial phase and 200 hours of counseling over the course of treatment.



## Flexibility

“When supervision and services are based on participant’s individual risk and need, it results in a significant increase to public safety and cost savings.” (Carey et al 2018) Retain sufficient flexibility to accommodate different needs of participants.



Do participants receive frequent individual counseling sessions and are they assessed to determine suitability for group sessions?

- AT LEAST ONE INDIVIDUAL SESSION IN INITIAL PHASE.
- PARTICIPANTS ARE SCREENED FOR SUITABILITY AND APPROPRIATENESS FOR GROUP.
- EVIDENCE-BASED GROUP ASSIGNMENT CRITERIA ARE BASED ON ASSESSED NEED SUCH AS GENDER ISSUES, TRAUMA HISTORY, OR CO-OCCURRING DISORDERS.

# Principles of Effective Treatment

Remaining in treatment for adequate period is critical to outcomes.



No single treatment is appropriate for everyone



Treatment plans are continually assessed.



Treatment must be readily available.




Effective treatment attends to address multiple needs.



Factors associated with the program/counselor.





Participants should not receive  
punitive sanctions or augmented  
sentences if they do not respond  
when treatment is substantially  
below the level they are  
assessed to need.



# Treatment Misconceptions

If this was important to you, you would be able to quit and follow the rules!

False!

Dependence / Addiction is a disease and embodies both psychological and physical dependence.

Empathy is key!

Distal vs. Proximal Goals



# Treatment Misconceptions

Treatment only wants to hold the participant's hand/treatment is too soft.

False! Accountability and consistency are the KEYS to successful treatment.

Accountability doesn't have to look like authoritarian punishment.

# MISCONCEPTIONS OF TREATMENT



One size fits all!

False! Each participant will have individual needs based on personal experiences and abilities. Treatment should be individualized.



Therapy is all talk!

False! While conversing is a major factor in therapy, treatment is not passive. Treatment should require action from all participants.



Therapy is just giving advice. I can do that!

False! Counselors should refrain from giving advice and assist clients in formulating personalized plans. Therapy is complex and requires formal training and licensure/certification.

# Improving Treatment Court Outcomes

Participants receive behavioral or cognitive behavioral interventions.



Interventions are carefully documented in treatment manuals.



Fidelity to the treatment model is maintained through continual clinical oversight.



Providers are trained to deliver the interventions consistent with manuals.



# Final Treatment Considerations

Be creative!



Look at your definition of “success”.



Refer!



Integrate treatment responses in court review sessions.



Meet the needs of your population.  
Don't mix populations!



Evaluate, Plan, Execute

