



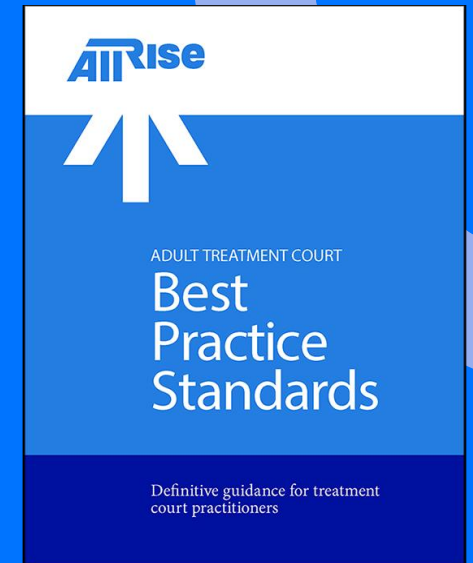
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Adult Treatment Court Best Practice Standards

Highlights from the second edition, 2024

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High-Need Participants



- Chronic or compulsive substance use disorder with “core” or causal symptoms (at least one):
 - Withdrawal
 - Persistent or prolonged cravings
 - Persistent desire or inability to stop or reduce use
 - Loss of control over use (“binge” use pattern)
- Serious and persistent mental health or trauma disorder
- Other chronic and severe treatment needs (e.g., cognitive impairment, traumatic brain injury, compulsive gambling)
- Requires a clinical diagnostic tool

Proximal, Distal, & Managed Goals

- ***Proximal goals*** — can achieve and sustain for a reasonable time, although they may not want to or be accustomed to doing so
- ***Distal goals*** — not yet capable of achieving or can do so only intermittently or for a limited time
- ***Managed goals*** — have reasonably initiated and sustained
- Incentives and sanctions enhance achievement of proximal goals and maintenance of managed goals
- Service adjustments transition distal goals into proximal goals

Early Remission

When distal goals become proximal



- Compulsive substance use disorder:
 - ❑ ≥ 90 days without clinical symptoms (e.g., withdrawal, cravings, anhedonia)
 - ❑ Up to 180 days for young onset, prolonged use, or highly neurotoxic substances
- Affective disorder (e.g., bipolar disorder)
 - ❑ ≥ 60 days without affective symptoms
- Clinical judgment required for other participants
- Service adjustments, not sanctions, until early remission is achieved
- Do not reduce drug testing until early remission is achieved

Sustained Remission

When proximal goals are managed



- Compulsive substance use disorder:
 - ☐ ≥ 12 months without symptoms + sustained abstinence
- Continue intermittent incentives for maintenance until sustained remission has at least been achieved
- Not the same as *Recovery* — indefinite alteration of a person's self-identity, values, and lifestyle

Psychosocial Stability

When supervision may be reduced



- Psychosocial stability should be achieved by the end of Phase 2:
 - Safe and stable housing for the reasonable future
 - Capable of reliable attendance
 - Working alliance with at least one team or staff member
 - Clinical stability (no debilitating symptoms)
- Remember: ≥ 90 days of clinical stability is required for *early remission*
- May reduce court hearings, probation sessions, field visits, curfews
- Abstinence is still distal and drug testing should continue unabated

Phase Advancement



- 1. Acute Stabilization** — crisis management, orientation, assessment, and case planning (~ 30-60 days)
- 2. Psychosocial Stabilization** — psychosocial and initial clinical stability (can reduce some supervision requirements) (~ 90 days)
- 3. Prosocial Habilitation** — prosocial routine (“people, places and things”) and problem-solving skills, including abstinence *efforts* (~ 90-120 days)
- 4. Life Skills** — adaptive skills (e.g., job readiness, time management) and early remission (abstinence now proximal; can reduce drug testing) (~ 90-180 days)
- 5. Recovery Management** — support community & restorative justice (~ 90 days)

***Time intervals are averages. Phase advancement is based on managing proximal goals, not time.**

Sharing Information



- “*Minimum necessary rule*” for health information
 - proximal infractions (e.g., missed appointments), clinical progress (e.g., psychosocial stability, early remission), and recommendations for appropriate responses (especially service adjustments)
 - distal infractions (e.g., drug use prior to early remission) ideally reported by non-treatment team members (e.g., supervision officer)
- Defense attorneys or peer specialists with informed consent or when required to avert an imminent and serious safety risk — no substantial sanctions or discharge
- Peer specialists report to a treatment professional for next steps

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