



# Evidence Based Treatment Services



© AllRise, January 2023.

The following presentation may not be copied in whole or in part without the written permission of the author of the National Drug Court Institute.

Written permission will generally be given upon request.

# Disclaimer

This training and technical assistance (TTA) initiative is funded through a grant awarded by the Office of National Drug Control Policy, The White House (Award Number JJE9923C0001-00). Neither The White House nor any of its components operate, control, are responsible for, or necessarily endorse the views, opinions, or contents expressed by the training, technical assistance, or TTA documents and materials herein.

# ATIRise

**Treatment  
Court Institute**  
↑

**Impaired  
Driving Solutions**  
↑

**Justice  
for Vets**  
↑

**Center for  
Advancing Justice**  
↑

---

Founded As



---

**About  
Us** ↑

All Rise is the training, membership, and advocacy organization for justice system innovation addressing substance use and mental health at every intercept point.

Through its four divisions—the Treatment Court Institute, Impaired Driving Solutions, Justice for Vets, and the Center for Advancing Justice—All Rise provides training and technical assistance at the local and national level, advocates for federal and state funding, and collaborates with public and private entities.

# Learning Objectives



## **Early Engagement**

Review the key components in early identification and engagement in treatment services.



## **Continuum of Care**

Present strategies to respond to the person's needs in a holistic manner.



## **Evidence-Based Treatment**

Discuss evidence-based treatment services.

# Early Identification and Engagement in Treatment Services



# Things to Remember



- Screening tools identify those who need further assessment. Courts can adopt a policy providing universal screening for all justice-involved individuals.
- Assessments should be provided to individuals when there is an indication for the need.
  - Indication by screening tool
  - Positive drug test results
  - Multiple substance related cases

# Timely Access to Appropriate Treatment

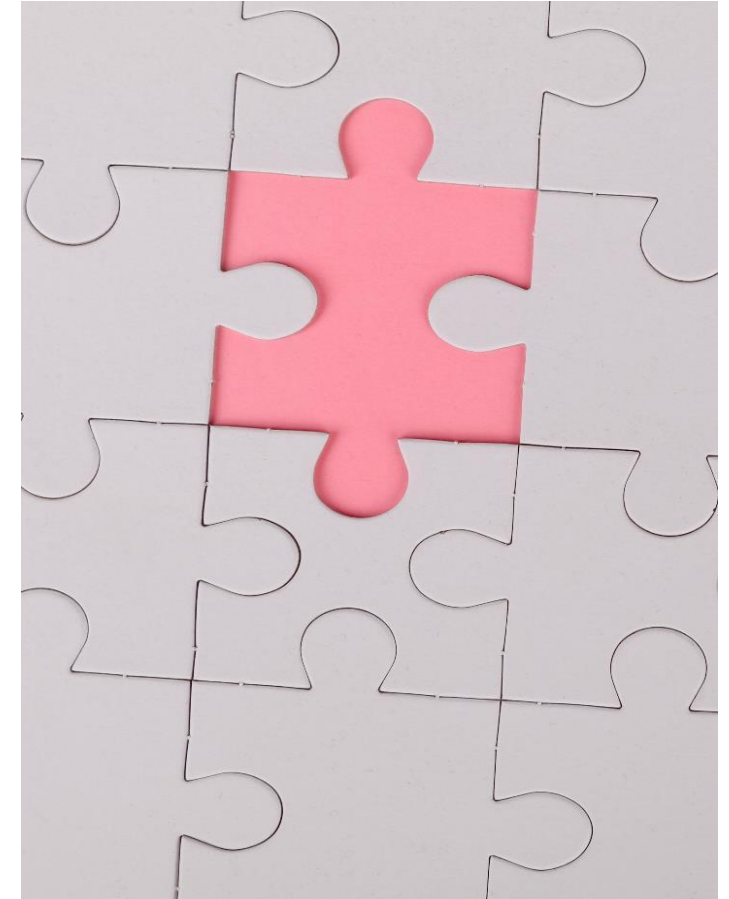


- Effective collaboration and communication across systems
- Timely treatment initiation, track and review data and make adjustments to reduce time to treatment initiation.
- Ideally, participants are referred to treatment within 24 to 72 hours of identification of need and begin treatment within 7 days.
- Strategies to improve timely access to treatment

# Treatment Matches Assessed Needs



- Universal screening policies help improve equitable access to treatment
- Standardized assessment results drive decision-making process
- Justice-involved individual and SUD provider jointly determine the appropriate services and level of care
- Treatment is not provided to reward, punish, or serve other nonclinical goals.
- Ongoing assessment to inform treatment and case planning.





# Continuum of Care



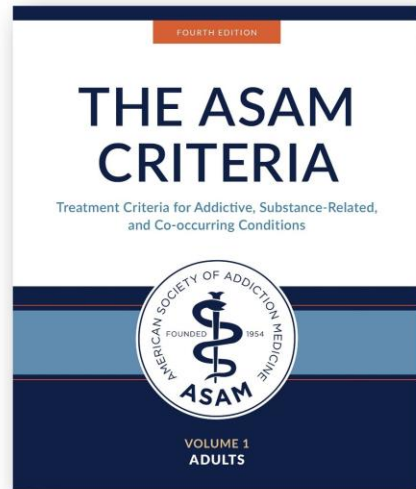


# Comprehensive Continuum of Care

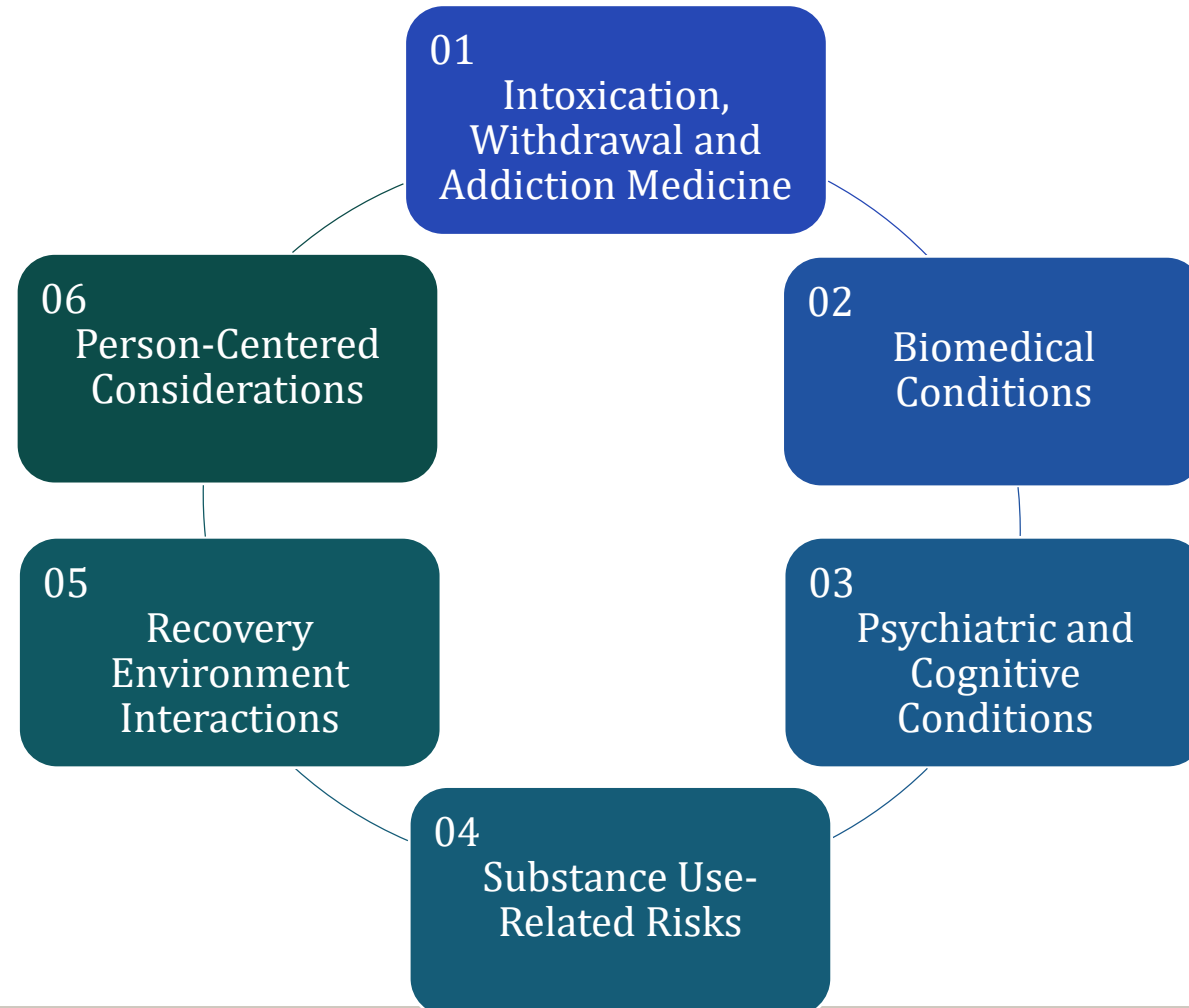
- Level of care is determined by initial and ongoing assessment
- Treatment dosage and duration are sufficient to achieve and sustain recovery
- Engage in continuing care to maintain stable health and recovery
- Clinical and recovery management services



# The ASAM Criteria-Fourth Edition



## Six Dimensions of The ASAM Criteria 4<sup>th</sup> Edition



## The ASAM Criteria Continuum of Care for Adult Addiction Treatment



# ASAM (Third Edition)- Risk Ratings



ASAM Dimension	Levels of Care			
	I. Outpatient	II. Intensive Outpatient	III. Monitored Inpatient	IV. Medically Managed Inpatient
1: Acute Intoxication and /or Withdrawal Potential	no risk	minimal	mild-moderate	severe
2: Biomedical Conditions & Complications	no risk	manageable	monitoring needed	24-hr acute medical needs
3: Emotional, Behavioral, or Cognitive Conditions & Complications	no risk	mild	monitoring needed	24-hr acute psych needs
4: Readiness to Change	Action	Preparation/ Action	Contemplation	
5: Relapse, Continued Use, Continued Problem Potential	Maintains abstinence	More symptoms	Unable to stop using	
6: Recovery/ Living Environment	supportive	can cope with structure	Actively undermining recovery	

# Family-Centered Services: A Continuum

Parent's Treatment  
With Family  
Involvement

Parent's Treatment  
With Children Present

Parent's and  
Children's Services

Family Services

Family-Centered  
Treatment

Services for  
parent(s) with  
substance use  
disorders.  
Treatment plan  
includes family  
issues, family  
involvement

Children  
accompany  
parent(s) to  
treatment. Children  
participate in  
childcare but  
receive no  
therapeutic  
services. Only  
parent(s) have  
treatment plans

Children  
accompany  
parent(s) to  
treatment.  
Parent(s) and  
attending children  
have treatment  
plans and receive  
appropriate  
services.

Children  
accompany  
parent(s) to  
treatment;  
parent(s) and  
children have  
treatment plans.  
Some services  
provided to other  
family members

Each family  
member has a  
treatment plan and  
receives individual  
and family services.

Goal: improved  
outcomes for  
parent(s)

Goal: improved  
outcomes for  
parent(s)

Goals: improved  
outcomes for  
parent(s) and  
children, better  
parenting

Goals: improved  
outcomes for  
parent(s) and  
children, better  
parenting

Goals: improved  
outcomes for  
parent(s), children,  
and other family  
members; better  
parenting and family  
functioning

# Family-Centered Treatment

- Definition of Family
- Provision of treatment, services and supports for participants, children and families
- Address the effects of the parent's SUD on every member of the family
- Be dynamic
- Build on family strengths
- Improve family relationships
- Coordinate across different systems
- Be gender and culturally responsive
- Mutual respect and shared training
- Prioritize the safety of all family members
- Recognize and address experiences intimate partner violence

# Evidence Based Treatment





# Treatment Provider Qualifications



- Licensure, certification, and accreditation
- Caseload sizes
- Child welfare population
- Training in adolescent development
- Appropriate training and supervision

# Evidence-Based Manualized Treatment



SUD treatment that has undergone a rigorous process to establish its effectiveness improves treatment outcomes, facilitates consistency in practice, establishes accountability of treatment providers, increases the cost-effectiveness of treatment, and improves the overall quality of treatment

# Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders

- Courts should refer individuals to service providers who provide comprehensive, integrated substance use and mental health disorder treatment
- Appropriate prescribing and monitoring of psychiatric medications
- Program services designed with expectation that most patients have co-occurring conditions

# Let's Talk about Trauma!



- The data suggests 87-93% of the population who are involved in the justice system, have trauma in their background.
- 9 out of 10 people who are in your court room and work with your team have experiences of trauma in their life.
- SUD is often a method of coping that becomes a monster on its own
- Co-Occurring with SUD and Mental Health
- If often fail to recognize trauma as it is not necessarily a diagnosis of PTSD

# Gender-Responsive Treatment



Ideally, gender-responsive clinical therapeutic approaches, practices, and curricula are provided to all justice-involved individuals.

- Create a safe and supportive environment
- Receive ongoing training and clinical supervision
- Ensure that treatment modalities, staffing, and environments meet the needs of all justice-involved individuals
- We cannot be gender responsive unless we are trauma informed

# Treatment for Pregnant Women



- Barriers preventing pregnant women from seeking and participating in treatment
- Lack of support and advocacy from their care providers
- Intensified stigma and bias
- Shame and fear
- Curriculum that addresses the special population

# Culturally Responsive Treatment



- Providing effective services within the consumer's cultural context.
- Staff assigned to participants based on shared racial, ethnic, or cultural backgrounds.
- Recognize and overcome any implicit biases that might adversely affect decisions about participant treatment.
- Addresses differences among culturally diverse groups in risk factors, patterns, rates, and adverse effects of substance use
- Identify perspectives, expectations, and beliefs affecting treatment engagement and retention.
- Provide training on how to provide culturally responsive services



# CBT: A Problem-Solving Approach

- Correct irrational thoughts related to substance use
- Identify triggers or risk factors for recurrence
- Schedule daily activities to avoid triggers
- Manage cravings and other negative affects without return to substance use
- Teach effective problem-solving techniques and drug-refusal strategies



# Medications for Addiction Treatment

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids
  - Methadone, Buprenorphine, Naltrexone, Naloxone

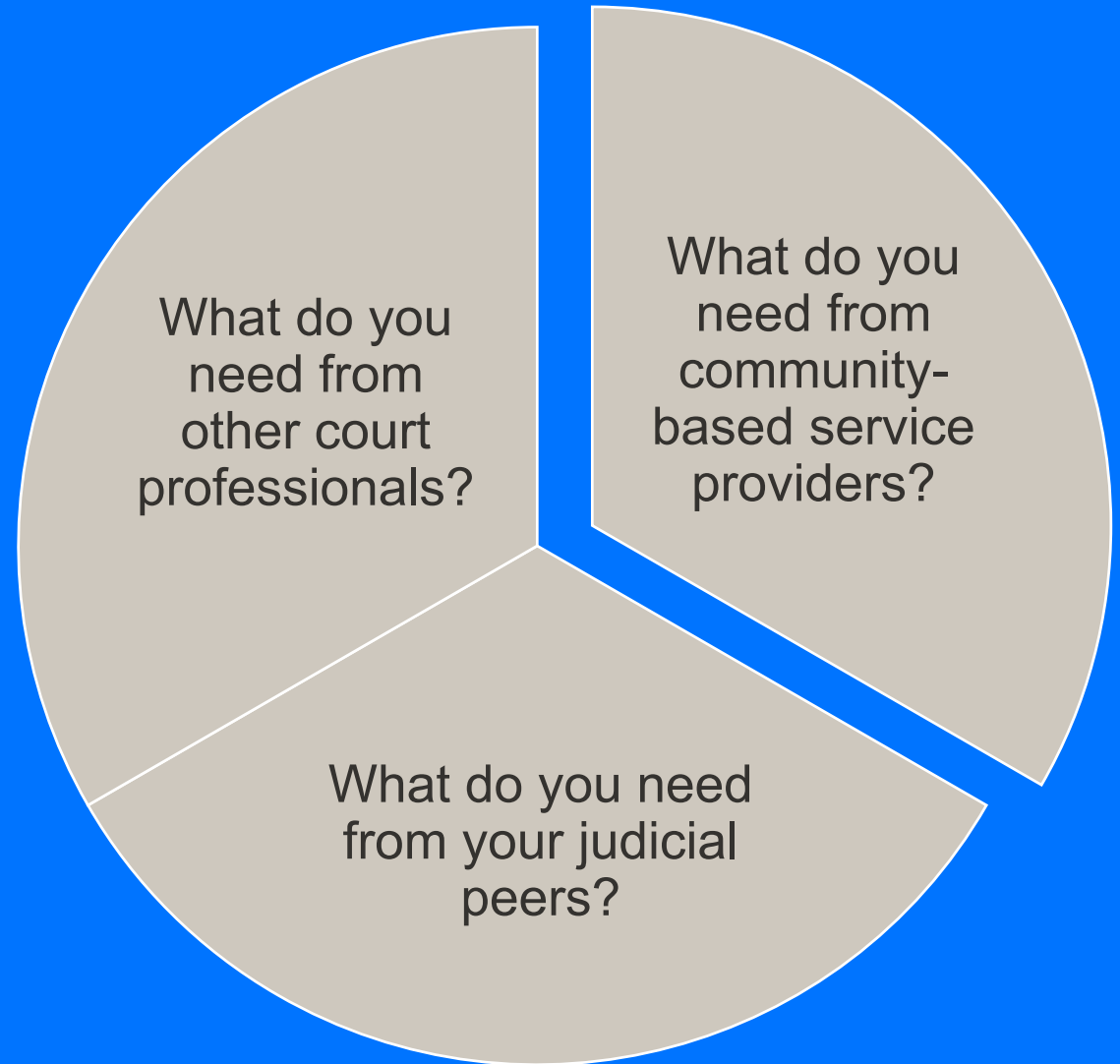
Prescribers of medication determine the appropriate type of medication, dosage and duration based on each person's:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs



## Zone of Control

What actions can you take to improve the use of evidence-based treatment services in the justice system in your community?



# AIIRise

## QUESTIONS?





Training Evaluation

Thank  
You 

Paul Bowen

PROJECT DIRECTOR, ALL RISE

[pbowen@allrise.org](mailto:pbowen@allrise.org)