PROGRESS NOT PERFECTION

WORKING IN PARTNERSHIP WITH PARTICIPANTS TO MOTIVATE LASTING CHANGE

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CHIEF JUSTICE, (RET.) NH SUPERIOR COURT

IN THE BEGINNING

- Treatment court as opportunity

- Participants must follow rules, or else . . .

- Need motivation for change at the beginning

- Every violation of rules requires a sanction

- Incentives delivered only when fully compliant

- Participant does not make decisions about care

- Phase demotion as a sanction for use

NEXT PHASE

- Acceptance of Medication for Addiction Treatment

- Gender specific treatment

- Mental health treatment

- Trauma informed practices (not yet trauma competent)

- Incentives delivered for every success even if no full compliance

- Include recovery/peer support services

WHERE WE NEED TO GO

- Trauma competent practices (including in the courtroom)

- Culturally competent treatment

- Alliance – Participant partnership in treatment plan

- Harm reduction practices consistent with treatment court goals

- Heavily incentivize positive behavior change

- Eliminate charge-specific exclusions

- Engage/Recovery/Change model (vs. compliance focus)

- Transitional services

THE ENEMY IS A DIFFICULT OPPONENT
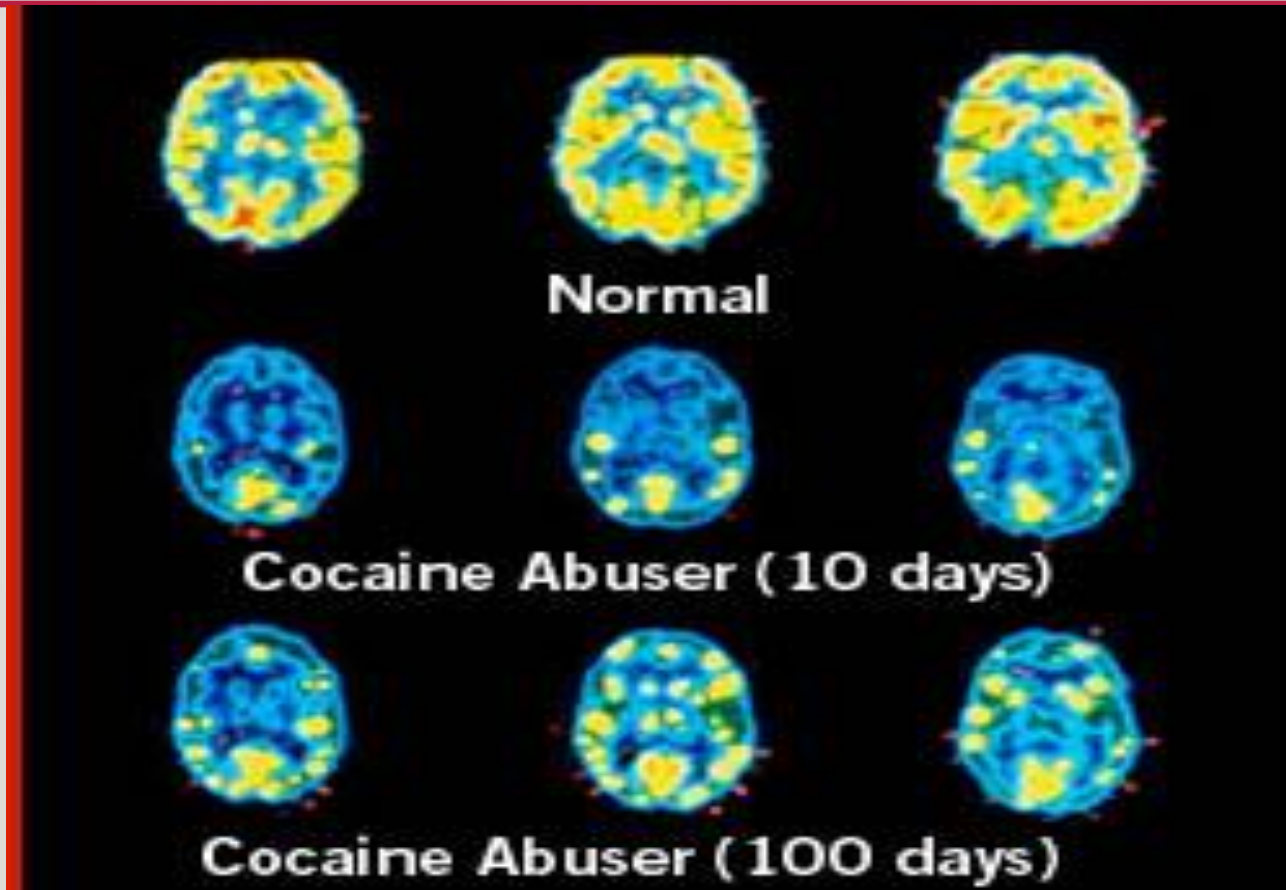
HOW YOUR BRAIN WORKS

Blue	Red	Yellow	Orange
Green	Blue	Purple	Red
Purple	Yellow	Red	Blue
Orange	Blue	Yellow	Red
Red	Green	Orange	Blue
Purple	Yellow	Blue	Orange

UPDATED STANDARDS

- **Overall –** We are on target
- **Target population**
  - Proactive recruitment
- **Equity and Inclusion**
  - Staff diversity
  - Equity monitoring
  - Cultural outreach
  - Fines, fees, costs

UPDATED STANDARDS

- **Incentives, Sanctions and Service Adjustments**
  - Health-risk prevention strategies if legally authorized
  - Do NOT use jail for distal goals before participant clinically stable
  - Proximal, distal, and now, <u>managed goals</u>
  - "Progressive" Sanction section eliminated, BUT . . .
- **Substance Use, Mental Health, and Trauma Treatment and Recovery Management**
  - EB treatment that is <u>acceptable to the participant</u>
  - Collaborative person-centered treatment planning
  - Recovery management services
  - Focus on behavioral accomplishments vs. number of sober days

UPDATED STANDARDS

- **Complimentary Treatment and Social Services (likely changes)**

    - Some sections moved to Standard V

    - New Content: Recovery Capital

UPDATED STANDARDS

- **Multidisciplinary Team**
  - Includes Peer Recovery Specialist (mentors and/or sponsors not attend staffing)
  - Evaluator
  - Nurse or physician (recommendation)

- **NEW EMPHASIS – STAY IN YOUR LANE!**

PRACTICAL APPLICATION

HONESTY

- Proximal yes, but hard

- Dishonesty against better judgement

- Trust is a dimmer switch

- Survival

- How can we help them to see that honesty will serve them well

- Effects of Zero tolerance

ABSCONDING

- What is absconding?

- Why do participants abscond?

- What about multiple incidents?

- Should you terminate for absconding?

- How to respond to absconding.

INCENTIVES

- What I used to do . . .

- ALWAYS incentivize

- Review your available incentives

- Go to the Incentives Camp Training

- MORE incentives than sanctions

- Sanctions stop behavior (short term, not change)

- Incentives repeat behavior, change

SANCTIONS

- Use the Grid

- "Escalating sanctions"

- Jail

- Jail until bed available

- Termination

- After care example

SERVICE ADJUSTMENTS

- Shared decision making

- Facilitators not controllers of recovery

- Alliance – Common goals to foster change

- Impaired ability to learn from previous experience

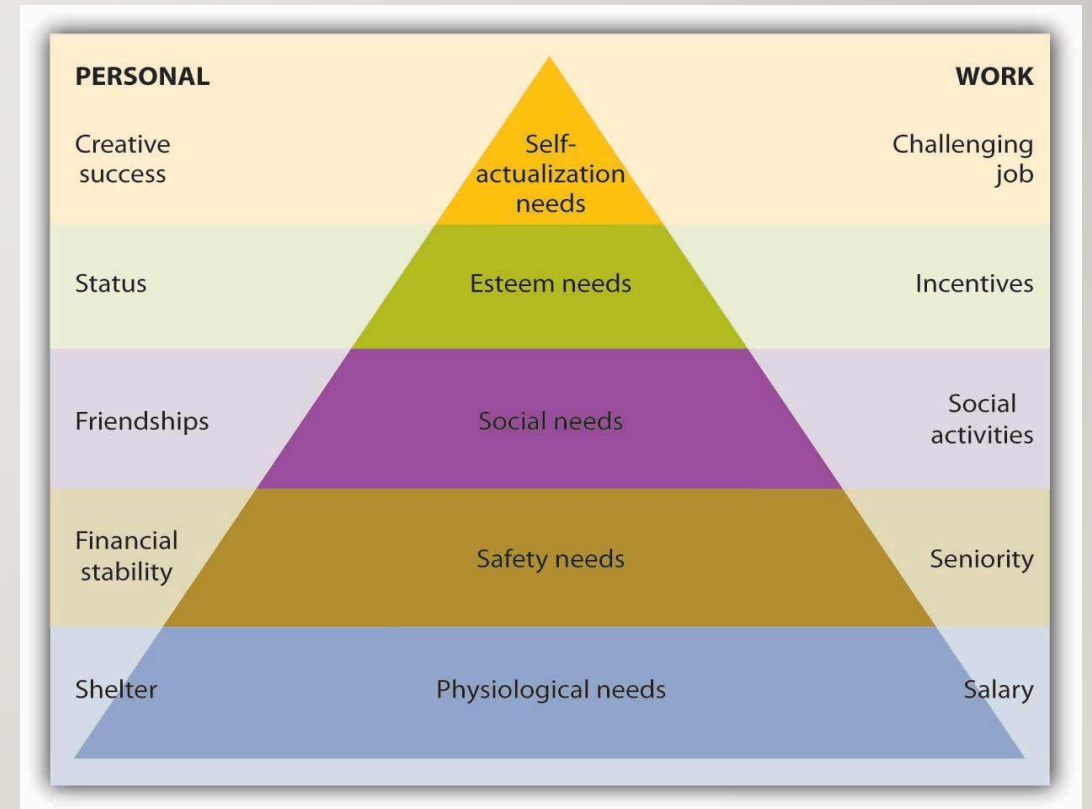- Full return to use vs. continued use

RECOVERY CAPITAL

- Meetings – How to use them

- Connection with Recovery Support Organization

- Community service day

- Building a network of recover supports

MOTIVATIONAL INTERVIEWING

- Everyone can do it

- Use it all the time (no lecturing)

- No reactive responses

- Listening, validating, responding

- Examples

THANK YOU!