

**Tribal Healing to Wellness Court Technical Assistance Project
Resource Publication Series**

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**Tribal Healing to Wellness Courts:
Treatment Guidelines for Adults and Juveniles**



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Preface

A Tribal Healing to Wellness Court is not simply a tribal court that handles alcohol or other drug abuse cases. It is, rather, a component of the tribal justice system that incorporates and adapts the *Wellness Court* concept to meet the specific substance abuse needs of each tribal community. It therefore provides an opportunity for each Native community to address the devastation of alcohol or other drug abuse by establishing more structure and a higher level of accountability for these cases and offenders through on-going judicial supervision, a system of comprehensive drug testing, treatment services, immediate sanctions and incentives, team-based case management, and community support.

Tribal Wellness Courts face a number of unique issues and challenges not generally encountered by state drug court systems. Consequently, the development of Tribal Wellness Courts has required special strategies that have emerged during the course of program planning and implementation. Because Tribal Wellness Courts are relatively new and evolving, they are continually adapting to meet the needs of their target populations and their communities. They are therefore not static programs but, rather, continually fine tuning policies, procedures, practices, and services to better achieve their mission.

Healing to Wellness Courts, in effect, contribute to the on-going community and nation building process of Indigenous tribal governments. As each Tribal (Indigenous) Nation can only be as strong and steadfast as its citizens and families, Healing to Wellness Courts help to set misguided individuals back on track, on to a healing to wellness journey. Each tribal community and nation must define and describe the nature of this healing journey. Its direction and pathway must be guided by each Indian Nation's culture, tradition, common practices, and vision.

This publication is a part of the Tribal Healing to Wellness Court Technical Assistance Project Resource Publication Series. The full series is as follows:

- Publication #1 *Healing to Wellness Courts: A Preliminary Overview of Tribal Drug Courts*
- Publication #2 *Tribal Healing to Wellness Courts: The Key Components*
- Publication #3 *Tribal Healing to Wellness Courts: Treatment Guidelines for Adults and Juveniles*
- Publication #4 *Tribal Healing to Wellness Courts: The Judge's Bench Book*
- Publication #5 *Tribal Healing to Wellness Courts: Program Development Guide*
- Publication # 6: *Tribal Healing to Wellness Courts Operational Materials*
(with American University)

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Introduction

Tribal peoples have long considered disputes among people to be a symptom of spiritual as well as physical illness and have well understood the intimate connection between dispute resolution and the need for physical and spiritual healing. Traditional dispute resolution authorities and traditional healers have therefore consistently worked together to seek to address the underlying causes of disputes and develop physical, spiritual and social remedies to heal these hurts and to right the relationships of the individuals involved. Their goal has been to both heal the immediate ailments leading to the disputes as well as the underlying relationships of the disputing parties, so that members of families, clans, bands, and villages could live together in healthy, productive ways.

With the advent of the development of “modern” tribal court systems during the past century, designed primarily along western models, the dispute resolution process in tribal communities, administered primarily by law enforcement and justice system officials, has become separated from the provision of healing services offered by public, mental and behavioral health and social service agencies. On the surface, this separation of function may make it easier to deal with complex modern problems that confront tribal court officials. However, holistically, this separation of function has made it very difficult to deal with the physical and spiritual healing that is fundamental to tribal tradition. For persons committing offenses resulting from their abuse of alcohol and/or other drugs, the capacity of the tribal court system to bring about this physical and spiritual healing is critical. Many tribes have therefore begun the process of annexing to their western model tribal court systems a range of “treatment” services that combines traditional healing with western treatment concepts. These “healing to wellness courts” are an outgrowth of the developing “drug court” programs that have developed in many state courts.

Just as tribal communities have recognized the importance of healing in addressing alcohol and other drug problems of the community, so, too, have state courts incorporated healing practices in the development of drug court programs. During the past two decades, state court judges have developed drug court dockets which integrate substance abuse treatment and other services with the processing of drug-related offenses resulting from defendants’ substance abuse. The drug court program, which generally lasts a year or longer, is characterized by (1) identifying eligible defendants immediately upon arrest; (2) referring them to immediate treatment services; (3) monitoring their use of alcohol and other drugs through frequent (weekly or more often), random drug tests; and (4) supervising their progress in treatment through frequent (often weekly) appearances before the drug court judge. The goal of drug courts is to reduce criminal activity by promoting the recovery of the participants. Therefore, drug court programs develop a range of strategies and services and a system of sanctions and incentives to support the recovery process as well as address relapse situations which may occur.

In addition to substantially reducing recidivism among alcohol and drug abusing defendants, the drug court experience in state courts has yielded many lessons in regard to effective strategies for substance abuse treatment which were not previously recognized. These have included: (1) the potential effectiveness of intensive outpatient services for individuals

suffering from substance abuse – even chronic users; (2) the critical role played by frequent, random drug testing in providing immediate, objective information regarding the degree and extent to which participants use alcohol and other drugs while in the program and are therefore complying with program requirements; (3) the importance of ancillary services to address needs which participants may likely have which are tied into their drug usage (e.g., housing, jobs, education, etc.) and which must be resolved in order to promote their long term recovery; and (4) the significant role which persons in authority (e.g., the drug court judge, elders, community leaders) can play in recognizing and promoting participants’ recovery efforts. The drug court experience has also highlighted the physiological and biological aspects of addiction to alcohol and other drugs and the recognition that substance abuse is a complex, chronic illness which requires treatment; it is not simply a moral failing which the abuser can remedy him/herself.

Healing to Wellness Courts therefore reflect the application of western style drug court approaches to traditional native dispute resolution and healing processes. Since 1995, there have been 49 Healing to Wellness Courts implemented and 49 additional programs which are being planned. While some of these programs focus on adult offenders, many focus on juveniles or families or a combination of adults and juveniles. The development of these tribal justice/healing programs is a complex undertaking, requiring the efforts of tribal leaders, justice, substance abuse treatment, public health and social services professionals, and many others, working together.

This guideline has been developed to provide tribal communities with an overview of western substance abuse treatment strategies that have been developed by state drug court programs over the past several years and which tribal programs might consider adapting, along with traditional healing practices. The guideline draws upon the experiences of hundreds of state adult and juvenile drug court programs, operating in various environments and serving a wide range of individuals addicted to alcohol and/or other drugs.

Further information on the treatment issues and approaches presented in the Guideline can be obtained from the websites of the Tribal Law and Policy Institute (www.tribal-institute.org) and the OJP Drug Court Clearinghouse at American University (www.american.edu/justice) as well as the resource listed in Appendices C, D and F.

I. Introduction

A. Healing to Wellness Courts: An Overview

Healing to Wellness Courts are special dockets that are established within the general tribal court criminal process to handle cases involving individuals who have committed offenses resulting from their abuse of alcohol or other substances. These offenses may include possession or consumption of alcohol or other prohibited substances as well as other non-violent offenses in the tribal criminal code that have historically tended to be associated with the use of alcohol or other drugs.¹ Generally, individuals participating in Healing to Wellness court programs have long histories of substance abuse and resulting offenses. Even those Healing to Wellness court programs which focus on juveniles find that the adolescent participants have been using alcohol or other chemical substances for a substantial period prior to entering the program.

Healing to Wellness Court dockets differ from the tribal court process for disposing of criminal cases involving adults and/or juveniles in the following ways:

- participants are required to participate in a multi-phased and individually tailored substance abuse treatment program, often requiring a year or more to complete, rather than simply have their cases disposed of with a sentence of incarceration or referral to probation;
- the judge, elders, or other community leaders provide ongoing supervision of the participant while he/she is involved in the Healing to Wellness Court and treatment program, openly praising the participant for progressing as well as promptly imposing sanctions (e.g., several days in jail; a curfew requirement, etc.) in instances of noncompliance;
- additional ancillary services are provided to the participant to address other needs (e.g., housing, education, job, etc.) he/she may have in order to fully recover and rejoin the community;
- successful completion of the program generally results in some benefit to the participant in terms of the disposition of his/her charge (e.g., dismissal of the charge, reduction in probation period, etc.).

B. The Healing to Wellness Court: Principal Program Elements

Since Healing to Wellness courts are special dockets within the overall tribal court criminal case process, special procedures need to be instituted to identify eligible defendants as soon as possible after their arrest and develop an appropriate plan for their treatment and other services. The following is a brief overview of the program elements which need to be incorporated in a Healing to Wellness court program. These elements and their application to treatment services are discussed in greater detail in Section IV below.

¹ For example, alcohol abusing juveniles may frequently be charged with disorderly conduct but, because the charge is related to their alcohol use, would be considered an eligible charge to be targeted by the Healing to Wellness Court.

Eligibility Criteria

Prior to instituting a Wellness court program, leaders of the local justice system, social services, treatment services, and the community need to work together to define the eligibility criteria for the program. Eligibility criteria generally relate to (a) criminal justice system eligibility (e.g., nature of the current charge, prior criminal history of the defendant, etc.); and (2) clinical eligibility (e.g. nature of alcohol and substance abuse treatment needed.) For an individual to be eligible for Wellness court, he or she must fit both the legal and clinical criteria for admission which local justice system officials have developed. There are a number of reasons why tribes have chosen not to admit to the Wellness court every person in need of alcohol or other drug treatment. For example, the individual may require longer term residential treatment not available through the Wellness Court, which is primarily out-patient based. There may also be public safety considerations if the individual has been violent or is deemed to be a danger in the community. The individual may also have an outstanding warrant from a state court which may make it unlikely that he/she is currently “available” to participate in the Wellness Court program.

Screening for Potentially Eligible Program Participants

Tribal courts use a variety of procedures to identify potentially eligible Healing to Wellness Court participants. The following are three common approaches:

- 1) development of a referral process wherein a justice or treatment professional is designated to identify an alcohol or substance abusing individual with pending criminal charges; a petition is then filled out requesting the judge to admit the individual to the Wellness court before charges are formally filed;
- 2) filing of charges by the prosecutor in criminal court with prosecution then deferred if the individual agrees to enter and complete the Wellness court program; and/or
- 3) formal filing of charges by the prosecutor, with the defendant entering a plea agreement in which he or she admits the offense; the prosecutor then requests the court to defer, or, in the alternative, stay entry of the plea to permit the individual an opportunity to complete the wellness court; if he/she successfully completes the program the charges may be dismissed.

Under the first approaches, if the individual enters the Wellness court program and successfully completes treatment, charges are not filed. If the individual fails to complete treatment, charges are filed. Under the second and third approaches, the criminal court retains jurisdiction over the individual while he or she moves through the Wellness court process but defers sentencing. If the individual does not comply with program requirements, the Wellness court judge orders the individual out of the program and imposes the original sentence – often a lengthy period in jail.

Individualized Assessment of Treatment Needs

Once an individual is deemed eligible for the Wellness court from a criminal justice system perspective, the individual will be clinically assessed to determine the nature of his/her treatment needs – what substances he/she is using; the severity of his/her substance abuse problems; whether the individual also has mental health needs, and whether the individual requires immediate medical, dental or other attention. Once each individual's treatment needs are determined, treatment professionals then design an individualized treatment plan for the individual to follow for the duration of the Wellness court program – usually one or more years in length. The plan also identifies the nature and extent of treatment and other services which need to be provided.

Provision of Substance Abuse Treatment Services

A basic element of Wellness court programs is to begin provision of treatment services as soon as possible following the individual's arrest – within a few days, if possible. Treatment services in Wellness courts are primarily out-patient but short-term residential detox or other services may be needed from time to time to stabilize an individual or to deal with relapse. Many Wellness courts and state drug court programs use a multi-phased treatment approach, beginning with very frequent contacts (4-5 or more weekly) and gradually decreasing as the individual progresses through the treatment program. Each of the treatment phases has clearly defined requirements and milestones which the individual must meet before progressing to a subsequent phase. Further discussion of the range of treatment services offered by drug court programs in state courts is provided in Section IV D.

Provision of Other Ancillary and Support Services

The drug court experience has highlighted the importance of augmenting substance abuse treatment services with a range of ancillary support services to address other needs the participant may present. These services include: public health services to address medical needs; housing; education; vocational training; parenting; anger management; and other services that will promote the individual's recovery and rehabilitation over the long term.

Involvement of Other Family Members

Family involvement in the Wellness Court program of services is deemed critical since the substance abuse of one family member invariably affects all of the family members. Education and support groups for family members of participants as well as specific counseling assistance to aid them in constructively supporting the family member's participation in the Wellness Court program are important components of most Wellness Court programs.

Case Management

Case management services program (e.g., oversight of the treatment and other services provided to each Wellness court participant, with referrals to service providers, as necessary throughout the period of program participation) are also a critical component of the Wellness

court. The case manager maintains ongoing contact with the participant to identify the participant's current needs as well as needs that may arise during the course of program participation. The case manager also monitors the participant's progress in treatment, arranges for ancillary support services, as needed, and serves as a central point of contact for coordinating and monitoring the services provided to each participant and his/her progress in the Wellness court.

Drug Testing

Frequent and random testing of each participant for alcohol and other drug use is a cornerstone of the Wellness court program. Testing is generally at least weekly and generally more frequent during the initial phases of participation. Testing is generally done through analyses of breath and urine.

Status Hearings Before the Tribal Wellness Court Judge

One of the critical elements of drug courts and Wellness courts is the frequent court status hearing to review each participant's progress -- or lack thereof -- in the treatment program. The status hearing provides an opportunity for the judge to monitor the participant's compliance with program conditions, give recognition to his/her efforts to recover and impose immediate sanctions for noncompliance. The status hearings are not designed to be adversarial, fact-finding proceedings but, rather, a mechanism by which the court can hold participants, as well as service providers, accountable during the participant's healing process. At the status hearing, participants talk directly with the judge, addressing problems that they may be addressing, progress they are making, as well as situations which may have triggered relapse. The judge talks directly with each participant about his/her concerns and current situation and makes a special effort to reward positive steps the individual has taken as well as punish non-compliance. Generally, program officials enter into an agreement when the Wellness court program begins, that admissions made by the participant during the status hearing will not be used for subsequent prosecution in order to encourage candor in the judge-participant exchange that occurs during the hearing.

Sanctions and Incentives

Immediacy and consistency of response to a participant's progress (e.g., "incentives") as well as relapse (e.g., "sanctions") is a key component of the Wellness Court program. Thoughtful and consistent application of sanctions and incentive is critical to a successful Wellness court. Both the sanctions and the incentives must be primarily geared to promoting behavioral change. While in the traditional adjudication process response to a defendant's relapse, evidenced by resumption of drug use, might be cause for imposition of a suspended period of incarceration, a typical response to relapse in the Wellness Court might be detention for several days and then resumption of program participation. More frequent drug testing and court appearances might also be required. Typical incentives for progress -- for example, 30 consecutive negative drug tests --in the drug court might be praise from the judge and less frequent required court appearances, in the traditional adjudication system such a period of abstinence would not be recognized.

Pre-Hearing Staffings

To ensure that the judge has current, accurate information about each participant who appear at the status hearing, the judge meets with the Wellness court team prior to each hearing. At that time, updated information on the progress of each participant is provided and any special issues that need to be addressed at the hearing are discussed. If an individual has not been complying with the Wellness court program requirements, the team will frequently make a recommendation to the judge regarding a proposed sanction or other response. The judge, however, makes the ultimate decision regarding the action to be taken.

Written Policies and Procedures (consistently applied)

Most Wellness Courts document their policies and procedures in Manuals that staff from the various participating agencies use. Among the issues covered in these Manuals include: program eligibility criteria; referral process; program procedures; participation, termination, and graduation requirements. The manuals also include program forms.

Confidentiality

Section 42 C.F.R of the U.S. Code requires that substance abuse treatment providers maintain the confidentiality of all participants in substance abuse treatment programs. Participants in state drug courts and tribal Wellness Courts are required to execute limited waivers of these confidentiality requirements to permit specifically designated individuals – e.g., those on the Wellness Court “Team” - to receive information about their progress in treatment.²

Reporting

An important function of the Wellness Court is the maintenance of current and comprehensive information on each participant, including his/her treatment history; alcohol and drug test results; special services provided; demographic information; education; job history, etc., and to provide this information to the Court on a continuing basis. This information is also the foundation for evaluating the program and determining what types of services are effective as well as what aspects of program operations need to be improved.

C. The Wellness Court “Team”

Unlike the traditional adversarial process in which the prosecutor, defense counsel, probation officer, treatment provider, etc., work independently from their own agency perspective, the Wellness court process relies on these professionals working together as a “team”. Their shared, ultimate goal is the recovery of each program participant and the wellness of the participants, their families, the community and the tribe over the long term. Wellness court

² See Rebecca Holland. *Practical Guide for Applying Federal Confidentiality Laws to Drug Court Operations*. Prepared by the Drug Court Clearinghouse and Technical Assistance Project American University. 2000.

team members meet on a regular basis to review program operations, develop and/or fine tune policies and procedures, as appropriate, as well as review special problems that individual participants may have.

At a minimum, the Wellness court team **should** include:

- Tribal Judge (or panel of judges)
- Prosecutor (Presenting Officer)
- Public defender (Advocate)
- Program Coordinator
- Law Enforcement representative
- Alcohol/Substance Abuse Counselor
- Probation Officer
- Case Manager

In addition, the team may also include:

- Tribal Elders
- Medicine men/women
- Traditional Healers
- Teachers
- Tribal Youth Workers
- Other community leaders

The following is a brief description of the role which the core team members play in the Wellness court program:

Tribal Judge (or panel of judges)

The tribal judge is the central figure of the team. The judge is concerned with upholding the law and promoting public safety and community protection as well as sobriety. The judge may impose sentences of incarceration, probation, and/or community service. The judge may also order the participant to receive treatment; impose sanctions and/or incentives; and provide overall direction to the participants in their recovery process. The judge makes the final decision regarding participants' entry, progression, graduation and/or termination from the program.

Prosecutor (Presenting Officer)

Prosecutors are charged with representing the interests of public safety for the tribe and community. The prosecutor decides what charges will be filed with the tribal court in each case as well as whether to bring charges in the first place. The prosecutor may also make referrals of potential program participants to the Wellness court.

Public Defender (Defense Attorney/Advocate)

The public defender advises his/her client of their legal rights and the relative merits of entering the Wellness court program versus disposing of the case through the traditional adversarial process. The public defender ensures that participants understand the program's requirements and legal consequences for noncompliance. The public defender also ensures that participants' due process rights are maintained throughout the period of program participation.

Treatment Provider

Treatment providers are the therapeutic experts on the team. Because they have close, ongoing contact with the participants, they are an integral part of the team functioning. They generally have a number of roles, including providing:

- a range of substance abuse treatment services (counseling, educational classes, group therapy, support groups, etc.) for participants and their facilities;
- ongoing reports of progress and/or problems that participants and their families may be experiencing;
- insight into the recovery process and suggested strategies for the Wellness court team to use to help participants progress in the program.

The treatment provider team member can also educate the other team members regarding substance abuse/addiction, relapse and family dynamics affected by alcohol and other drug abuse.

The treatment provider's role changes significantly in a Wellness Court program in terms of providing ongoing information -- some of which may be considered confidential³ --to the other team members regarding the participant's progress deemed necessary for the team to constructively assist the participant. As noted earlier, participants therefore need to execute special limited waivers of confidentiality to permit the treatment provider to disclose this information.

Program Coordinator

The wellness court coordinator coordinates the efforts of the court, the treatment provider(s) and other members of the team, and also serves as a liaison with other agencies and community organizations. Frequently, the coordinator is also responsible for documenting program activities and accomplishments, supervising data collection for program evaluation, and submitting grant applications for program funding.

³ See 42 United States Code (USC) Section 290dd-2, and the regulations implementing these laws at 42 Code of Federal Regulations (CFR), Part 2.

Probation Officer

The probation officer ensures that participants comply with program requirements, including attending treatment sessions, appearing for drug tests, and carrying out other program requirements. The probation officer frequently provides reports to the judge and other team members on participants' activities while in the program.

Case Manager

The case manager ensures that all of the services participants need for their recovery are provided. In addition to substance abuse treatment services, these may include: educational, vocational, housing, parenting, medical, and other services. The case manager also monitors the participant's progress in treatment and brings to the team's attention any problems which may warrant a change in the treatment plan and which the treatment provider may not already have noted. Not all programs have the resources to fund this position. When there is no funding available, the functions of the case manager are shared among team members.

NOTE:

For further information, see *Healing to Wellness Courts: The Key Components* and *Tribal Judge's Bench Book*, both of which documents are available on the website of the Tribal Law and Policy Institute at www.tribal-institute.org.

II. Key Issues in Developing Treatment

A. Understanding Why People Use Alcohol and Other Drugs

- **Common Factors Relating to Use**

Most people begin to use alcohol and other drugs simply to feel better. It may be to avoid having to deal with a difficult problem or situation or simply to experience a sense of excitement that they feel they desire. Some individuals may also use alcohol or other drugs as a form of recreation, to rebel, and/or as medication to avoid dealing with painful feelings.

Substance users may exhibit poor behavior, moodiness and impulsiveness, and frequently take potentially harmful risks. They can like themselves one day and hate themselves the next. They generally are giving no thought to the fact that their use of alcohol and/or other chemical substances may lead to anything other than feeling better at the time.

A significant body of research has now been developed illustrating the physiological and other biological affects long-term substance use can have on an individual’s cognitive functioning and his/her ability to address events that regularly occur in his/her life on a daily basis. (See Section C: How Alcohol and other Drugs Affect the Brain: The Pharmacology of Addiction).

Chart 1: Reasons Why People Use Alcohol and Other Drugs

<u>AS RECREATION</u>		
<p>Mind Loosen one up Have Fun Increase awareness</p>	<p>Body Speed one up Slow one down Heighten Senses</p>	<p>Spirit Experiment Find a place Try to transcend one’s Self</p>
<u>AS REBELLION</u>		
<p>Mind Seek false sense of superiority Denial Seek sense of entitlement</p>	<p>Body Feel invincible Take aggressive actions Take physical risks</p>	<p>Spirit stop feeling misunderstood Respond to feeling “me against the world” Respond to sense no one can be rusted</p>
<u>AS MEDICATION</u>		
<p>Mind Anxiety Fear of failure Shame</p>	<p>Body Relieve Tension Relieve Stress Relieve sense of Awkwardness</p>	<p>Spirit Reduce sense of isolation Deal with sense of lack of meaning in life Avoid Sadness</p>

- **Special Issues Relating to Use of Alcohol and Other Drugs by Youth and Adolescents:**

One of the most alarming factors relating to alcohol and other drug use is both the early age at which this use frequently begins and the current prevalence of use among youth and adolescents. Regardless of whether such use begins as youthful experimentation, rebellion or other reason, the extent and persistence of adolescent alcohol and other drug use today is a cause of major concern generally and in regard to female use in particular.⁴

What factors need to be taken into account in addressing the use of alcohol and other drugs by youth? Although there are no easy answers, it is important to approach the issue from the perspective of adolescent development processes.

Youth experience the storm of adolescence at a time in their life in which they are caught between dreaming of childhood and awakening into adulthood. Youth caught in this in-between stage often feel out of balance with themselves, their families, their community, the world, and the universe. It is a time in which great changes are also occurring in their bodies, their minds, and their spirits; they are experiencing physical growth, increased sexual feelings, as well as spiritual energies. They may display poor behavior and disrespect. They may appear to be bold, impulsive, and often take harmful risks. They may feel very powerful and, at the same time, weak, powerless, and useless. As noted earlier, they can like themselves one day and hate themselves the next. This is a time when they are attempting to understand who they are, their strengths and weaknesses, and how they fit into the world around them. This is a time in which, while they may appear to reject structure, they need close supervision and direction more than ever. This is the time when they need to learn to master the skills they will need as adults and be able to contribute to their family, community and tribe. This is a time when, although they are thinking only from minute to minute, their actions can positively or negatively have a long-term affect on their lives.

Although traditional Native American cultures prepare youth for their place as adults, western culture has developed no special ceremony or other preparation for the transition of youth to adulthood. Adults in western culture, rather, often envy their youth. Many native youth are caught between these cultures.

In today's society, as adolescents move away from their childhood, they sometimes feel separated from their families. Physiologically, they mourn these losses. Alcohol and other drugs can provide relief from the pain of adolescent growth and development, and the mourning they experience of the loss of childhood. Adolescents also frequently feel out of balance with themselves and others. Consequently, they may invent their own "rites of passage" to feel secure on their journey, sometimes turning to alcohol or other drugs in the process. Adolescents may also rebel by trying alcohol or other drugs in order to begin to create their own identities. For example, they may try cigarettes, alcohol, marijuana, inhalants, or other drugs in an attempt to

⁴ See Physician Leadership on National Drug Policy. *Adolescent Substance Abuse: A Public Health Priority*. Brown University. 2002; and *The Formative Year: Pathways to Substance Abuse Among Girls and Young Women Ages 8 to 22*. National Center on Addiction and Substance Abuse. Columbia University. 2003.

find themselves. This experimentation, of course, does not help them find their identify but only further adds to the confusion while they are growing up. Without adult caring and direction, they may take a dangerous path.

- **Diagnosing Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE)**

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) are developmental conditions affecting the brain of a child whose mother used alcohol or other drugs during her pregnancy which crossed with the placenta. FAS and FAE are particularly prevalent among native populations. Professionals working with Wellness Court programs should be alert to the possibility of FAS and FAE in both participants, whose mothers may have used alcohol or other drugs during their pregnancy, as well as in their children. Prompt accurate diagnosis of FAS or FAE conditions is therefore extremely important so that (1) treatment and other services can be structured to meet the needs of FAS/FAE participants; and (2) appropriate services, including medications, can be provided to their children and/or other family members, as necessary. In addition, educational segments on FAS and FAE should be incorporated in all adult and juvenile treatment programs.

B. The Stages of Use, Abuse and Dependency

- **Overview**

The following is a brief, generic, overview of the stages which most individuals who become dependent upon alcohol and/or other drugs pass through.

- **Initial Stage: Experimental Use**
 - usually begins with casual use of readily available substances, such as cigarettes, beer, etc.; may also include casual use of marijuana and/or inhalants;
 - individual enjoys the escape and mood swings resulting;
 - substances are used in a controlled manner (e.g., individual has control over when substances are being used and the quantity of substances used);
 - life activities of individual are not affected by the use;
 - the individual can/may decide to stop using altogether or become a regular user.
- **Regular Use**
 - individual uses more frequently, though still appears to have control over when he/she is using alcohol and/or other drugs and how much is being used;
 - some changes are occurring in the individual's attitude toward the role which alcohol and/or other drugs plays in his/her life;
 - increasing changes are occurring in individual's relationship with his/her family; tensions are increasing;
 - changes in individual's day to day behavior become noticeable;
 - other areas of individual's life activity begin to be effected, including work; legal or family responsibilities; changes in friends; etc.

- **Abuse**
 - use of increased amounts of alcohol and/or other drugs;
 - experiment with new types of alcohol and/or other drugs;
 - individual's thoughts turn to being high/drunk when sober;
 - individual spends more and more time thinking about, obtaining, and using alcohol and /or other drugs;
 - individual experiences increasing problems with his/her family; police and other community entities may become involved;
 - individual may think about quitting the use of alcohol and/or other drugs but doesn't;
 - individual experiences increased sense of guilt and shame about using alcohol and/or other drugs.

- **Dependency**
 - individual has uncontrollable thoughts about using alcohol and/or other drugs;
 - individual feels that being high or intoxicated is his/her normal state, e.g., feels need for alcohol and/or other drugs to function "normally";
 - being sober no longer feels normal to the individual;
 - individual denies that he/she is out of control in terms of alcohol and/or other drug use;
 - individual experiences trouble in all or most life areas: family, employment; education; legal system; spiritual state.

Chart 2: Common Signs of Alcohol or Other Drug Abuse

- changes attitude toward family; can be hostile or angry towards partner and children; sometimes can be physically abusive;
- becomes isolated from family; individual is not emotionally present in the home and/or spends more time out of the home;
- withdraws from family responsibilities, becomes irritable; lies; sneaks around; doesn't talk about activities; may steal from family members;
- hides alcohol/drugs or related items and denies that they belong to him/her when confronted;
- changes eating or sleeping habits; eats more or eats less; stays up late; wants to sleep all day;
- changes moods quickly;
- lacks energy;
- has red eyes or large pupils;
- looks in poor health; seems to be sick more often;
- refuses to be part of the religious or spiritual activities of the family/tribe; appears hostile or doesn't want to talk about spiritual beliefs;
- changes friends; does not introduce new friends to family members;
- demonstrates lack of interest in common/traditional activities such as work, sports, or involvement in traditional life activities

- **Special Issues Relating to Adolescent Alcohol or other Drug Use**

Increasing attention is being given to the prevalence and serious long term consequences of adolescent alcohol and other substance use. A recent report issued by the Physician Leadership on National Drug Policy (PLNDP)⁵ and endorsed by many medical professional organizations describes substance abuse among teens as a “national problem in need of national attention” and points to the serious physical and mental health conditions common among adolescents who use chemical substances.

Adolescents use tobacco, alcohol and other drugs for many reasons – to feel good, to combat a sense of low self-esteem, to respond to perceived peer pressure, or to escape from a difficult home/living situation, to name a few. Recent research has also pointed to common reasons girls and young women use substances -- which are often different from those of young boys – and the more serious consequences which often result for them.⁶

Careful screening and assessment of each youth is critical to identifying the underlying issues in the youth’s life which need to be addressed in order to effectively treat his/her substance usage and provide constructive redirection for their lives. While many adolescents will not be at the “dependency” level of use when first screened, they will likely present a range of needs -- mental health, educational, emotional, and other -- which must be addressed to both prevent them from reaching a state of dependency later on as well as provide them with meaningful tools for sobriety and recovery over the long term.

The following are the six principal areas of an adolescent’s life that are affected by alcohol and/or other drug use:

- **Behavior**
Changes in a youth’s behavior will likely occur when the youth is using a substance for the first time as well as subsequently. These changes may be noted by a parent, teacher, or others in the community.
- **Physical Well-Being**
Any substance that is introduced into the body will have an effect on the body; alcohol, for example, systematically begins to destroy the body’s organs over time. As noted above, when the body gets to the stage of needing alcohol to function “normally”, the individual has reached a dependency stage. This progression can occur rapidly in adolescents – sometime as quickly as within five months.
- **Feelings/”Affect”**
Adolescents’ feelings are moody at best, even without taking drugs. Drug use, however, results in even greater intensity of feelings: they laugh more, cry more, are sadder, feel more hopeless, or more angry than normal.

⁵ Physician Leadership on National Drug Policy. *Adolescent Substance Abuse: A Public Health Priority*. Brown University. 2002;

⁶ See in particular *The Formative Year: Pathways to Substance Abuse Among Girls and Young Women Ages 8 to 22*. National Center on Addiction and Substance Abuse. Columbia University. 2003.

- **Thinking**
Substance use by an adolescent affects their cognitive processes, frequently resulting in more bad decisions about right and wrong, and increasing efforts – conscious or unconscious – by the youth to test the rules of the family and the tribe.
- **Social Environment**
The adolescent’s social environment is necessarily affected by his/her substance use since adolescents using substances almost invariably choose to be with people who are using the substances they use. Consequently, they then come to think that all people are using alcohol and/or other drugs because substance users are the people with whom they are associating.
- **Spiritual Sense**
People who abuse alcohol, tobacco, and/or other drugs think only of themselves and their own feelings. They become very self-centered and uncaring about others. The individual’s spirituality is the first area he/she relinquishes when he/she begins to abuse alcohol or use other drugs, and the last that returns when he/she recovers.

Special issues relating to the treatment and recovery of adolescent alcohol or other drug users are further discussed in Chapter IIIC.

C. How Alcohol and Other Drugs Affect the Brain: The Pharmacology of Addiction

During the past several decades, a growing body of research has demonstrated that the use of alcohol and other drugs has an affect on the brain long after the physical effects of the drug wear off. The cognitive effects of alcohol and use of other chemicals (e.g., marijuana, cocaine, methamphetamine, opiates, inhalants, “designer drugs”, etc.) result in fundamental changes in the way an individual responds to common situations, and may also contribute to his/her propensity to relapse long after drug use has been discontinued. Although many individuals can voluntarily stop using alcohol and other drugs in the early stages of use, the chemical changes that take place in the brain and neuro-chemical system of an individual who has become dependent on alcohol or other drugs make it very difficult for the individual to voluntarily stop using these substances without carefully designed treatment services.

The neuro-chemical changes in the brain which result from alcohol and other drug abuse are most immediately manifested in the individual’s capability to process information and to make decisions (e.g., their cognitive capacity). They cannot simply “just say no,” even when faced with immediate and very negative consequences of their continued use. In addition to the standard array of substance abuse counseling, educational classes, and support groups, such as Alcoholics Anonymous, effective substance abuse treatment should therefore also include cognitive behavioral treatment modalities that focus on improving the individual’s decision making skills.

Recent research has also found tobacco use to influence alcohol consumption. The two drugs – tobacco and alcohol – used together appear to interact in a way that may intensify the effect of each these drugs if used alone. This finding is particularly important for Native American individuals in light of the prevalence of use of non-ceremonial tobacco.⁷

In addition to pharmacological issues relating to alcohol and other drug use, an individual's genetic make-up may also play a role in his/her propensity to alcohol and other substance abuse. Recent research has shown that individuals may be more or less likely to experience alcohol and other drug abuse problems based on their genetic history. Some researchers have estimated an individual's genetic history to account for up to sixty percent of an individual's risk category for developing abuse of various categories of drugs.⁸

⁷ Gulliver. 1995. "Interrelationship of Smoking and Alcohol Dependence." *Journal of Studies on Alcohol*.

⁸ *Journal of Alcoholism: Clinical and Experimental Research*. November 1999 and February 2000.

III. Developing a Wellness Court Treatment Program

A. Importance of a Holistic Approach

The wellness court program is holistic in focus, providing a wide range of treatment and other services necessary to support the individual's recovery and over the long term. The Wellness Court program of services must go beyond achieving the individual's sobriety; it must provide him/her with the tools to be able to function and contribute meaningfully within the community. The goal of the wellness court must therefore be to: (1) address an individual's immediate substance abuse treatment needs; as well as (2) provide the opportunity for holistic physical and spiritual healing and recovery of both the individual and his/her family.

The wellness court must therefore provide a range of alcohol and other substance abuse treatment services, individualized to meet the situation of each participant, and, in addition, a broad array of other support services to address participant needs. These services should include: education; vocational training; housing assistance; job placement; parenting, anger management, and other assistance, as needed

The underlying philosophy of the wellness court treatment and other ancillary services should also be to:

- treat the participant and his/her family with respect;
- help the participant learn to trust;
- help the participant take responsibility;
- create culturally appropriate experiences for the participant that will help him/her draw meaning from them which he/she can apply to life situations; and
- assist participants in discovering and assuming meaningful roles in their tribes and community.

B. Using Tribal Healing Practices as the Foundation for the Wellness Court

Traditional healing practices provide the foundation for wellness court programs. Although these can be augmented, as appropriate, with western drug court treatment approaches, as will be discussed further in the following sections of this Guideline, any adaptation of western drug court treatment approaches should be specifically tailored to the native communities and participants involved. The resulting wellness court program will then combine current, science-based approaches to treatment developed in the western-style drug court programs with accepted, established traditional practices.

The philosophy that underlies native healing practices is rooted in a number of native concepts, including the following:

- recognition that healing is an on-going process that occurs within the individual; experts may test, ask questions, and perform other diagnostic functions but the healing process must occur within the individual;

- we can heal ourselves;
- prayer plays a critical role – as a source of strength and support – in the healing process
- it is important to be able to tell one’s story, to overcome denial;
- it is important for one to take responsibility for one’s actions;
- one’s sense of communal solidarity plays a significant role in healing – it is therefore very important for the individual to reconnect with the community;
- respect for each other is crucial; individuals must both listen to others and be listened to;
- one’s sense of feeling connected with the community is very important; the individual needs to connect with his/her traditions;
- one needs to be able to have a sense that he/she is able to control their situation; and
- healing is an ongoing process that occurs one day at a time.

Adapting western drug court treatment approaches to the wellness court therefore requires considering how these approaches might best function in a wellness court setting. Individual counseling, for example, might be most appropriately provided in certain situations by an elder. Group counseling might best occur in a talking circle; support groups might take place in the sweat lodge. Participants and their families should also be encouraged to participate in ongoing traditional activities – ceremonies, initiations, and other tribal practices. Among the native healing practices that might be integrated with western drug court treatment approaches could include:

- using ceremony to promote spiritual healing;
- including clan relatives, elders, medicine men, and others as healers, mentors and advisors to participants;
- adapting the “Red Road” or similar healing approaches that focus on the historical use and impact of alcohol on native communities;
- including participation in sweat lodges, kivas, and other tribal membership activities as part of the wellness court program of activities;
- use of meaningful symbols of healing, such as the medicine wheel, an eagle feather, and/or other sacred objects, as part of wellness court ceremonies and activities;
- inclusion of prayer, dance, and song in wellness court programs;
- providing opportunities for participants to reconnect with the natural world through hunting, gathering, ranching, farming, and other activities and ceremonies related to subsistence.

The following sections provide an overview of state drug court treatment approaches. In reviewing them, it is hoped that the reader will consider how best to adapt them to the native traditions of his/her particular tribe and community so as to develop a wellness program that reflects a balance of traditional and western practices.

C. Special Issues Relating to Adult vs. Juvenile Wellness Court Programs

As noted earlier, treating juveniles who are using alcohol or other drugs requires a significantly different approach than treating adults. In addition to the numerous developmental changes that are occurring weekly in an adolescent's life --, if not more often -- juvenile substance users present special challenges to the treatment provider, particularly in the following areas:

- **Dealing with Abuse rather than Addiction**

For most juveniles, their level of alcohol or other substance use has not reached the stage of dependency/addiction that it has for many adults. For most juveniles, the use of alcohol or other drugs has not become the prime focus of their daily life for a sustained period of time, although it may, nevertheless, still be playing a significant role at the time of the wellness court program's intervention. The treatment approach for juveniles will therefore need to differ from that used for adults by providing:

- more focus on developing alternative activities and interests that enhance the youth's self concept and capacity to live drug free; and
- less focus on treatment issues per se relating to addictive behavior.

- **Much less sense of the losses that can result from alcohol and other drug use**

Most adults who have been abusing alcohol or other drugs, have already been led down a path that has resulted in substantial losses resulting from their addictive behavior – losses relating to their jobs, family relationships, physical health, spiritual well-being, and status in the community. They may likely have moved away from their traditions, values and spirituality and, out of necessity, made alcohol or other drugs a priority in their lives. For the most part, they have already “hit bottom.”

Youth, on the other hand, are generally not yet affected by loss resulting from their alcohol or other drug use; nor are they intimidated by the threat of such losses. They are, rather, at a stage in their lives when they are beginning to think about separating from their families to begin their own lives. They are just beginning to embark on this journey so they do not yet know what they stand to lose. Not only have they not “hit bottom” but they also have no sense of what “hitting bottom” would mean. The treatment approach for juveniles will therefore need to

- focus more on helping them develop positive identities; and
- focus less on a fear of “hitting bottom”

- **Less Orientation to the Long Term**

Adults can generally look to the long term, developing goals which they want to govern their lives. Youth, however, have a more minute to minute orientation. Two months, for example, in the life of an adolescent may seem like an eternity to the youth involved. The orientation of program services and any system of sanctions and rewards developed for youth in the Wellness Court must therefore take into account the much more immediate nature of their focus.

- **Impact of adolescent “rebellion” on sense of Traditions, Values, and Spirituality**

Adults who have become dependent on alcohol or other drugs are generally in the position of having moved away from their traditions, values, and spirituality and in need of working to develop ways to return to them. Youth, on the other hand, may not have already developed that frame of reference. Adolescence is a period in which youth may be questioning their traditions, values, and spirituality generally. While many adolescents may have begun to develop an appreciation of the tribal ceremonies and traditions, which form the basis of their culture, they frequently are still developing their values and sense of spirituality. Some may have already taken part in ceremonies; others may not yet have participated in these traditions.

. However, as their alcohol or other drug use increases, they may be making unconscious decisions about what traditions they want to maintain and what traditions they want to leave. Their natural rebellion can therefore be fueled by the added effects of alcohol or other drugs at a pivotal point in their development, resulting in irreversible losses if not constructively addressed.

- **Physical Health and Well-Being Generally Not Irreversibly Effected**

Adults who have long histories of alcohol and other drug abuse are likely to suffer permanent physical affects from their addiction. They may have developed diabetes, stomach ulcers, liver problems, or other physical conditions. It is likely also that changes in their brain chemistry have occurred affecting their cognitive capacities and decision-making which will require long-term treatment. In addition to treatment for alcohol or other drug addiction, adults will likely require treatment for physical maladies as well.

Most youth, however, have not yet begun to experience physical effects of alcohol or other drug use. If they have, in most instances these can be reversed.

- **Greater Need for Peer Acceptance**

Adults, as they mature, can function independently and can learn to value their own judgment and resist the pressure of the crowd. Youth, on the other hand, do not want to be alone. They thrive on being accepted by their peers and desperately need to be part of a group. With the breakdown of family relationships, adolescents may be open to gang affiliation or other negative influences.

- **Mental Health**

Adults who have used alcohol or other drugs for several years may suffer from depression or other mental health conditions. They may also be using alcohol or other drugs as a medication for other mental health conditions. In these situations, the adult’s mental health condition must be treated along with the substance addiction.⁹

⁹ Individuals suffering from both mental health conditions and substance addiction are considered to be “dually diagnosed”, and having a co-occurring mental health condition along with their substance addiction.

Youth, on the other hand, may not as frequently *appear to present* a mental health condition in addition to their alcohol or other drug use -- particularly if they have not been using drugs for a significant period. However, careful and on-going screening for co-occurring mental health conditions is critical, particularly as the youth begins his/her recovery process and the presence of a mental health condition may be more apparent.¹⁰

- **Dealing with Sexual Abuse**

While many individuals -- adults and juveniles --involved in drug treatment have been sexually abused, adolescents who have been sexually abused present special needs that must be addressed within the wellness court treatment program. The abuse they have suffered necessarily effects the way he/she thinks, feels and acts. There is much confusion about what is considered a “normal” response from the victim of sexual abuse, and how a victim feels about him/herself. Some victims may be depressed and experience thoughts of suicide. Many also feel degraded and of minimal worth. Many young people who have been abused use alcohol or other drugs for “self medication” to avoid having to deal with the trauma they have experienced. Services for youth who have been sexually abused should include helping the youth to:

- understand that the abuse is not his/her fault;
- work through feelings of anger, sadness, hopelessness and shame;
- deal with issues of healthy sexuality, morality and interpersonal relationships;
- develop self esteem through healthy and sober activities; and
- report the abuse in accordance with the laws of the locale.

If the sexual abuse has occurred with a parent or family member(s), additional effort should focus on establishing boundaries and support for the victim within the family.

- **Fewer Prior Contacts with the Justice System/greater opportunity for “one more chance”**

By the time adults have become dependent on alcohol or other drugs, it is likely they have had a number of contacts with the justice system, and their opportunities for “more chances” are significantly lessened. Youth, however, have generally had fewer contacts with the justice system and the tribe may be substantially more willing to provide opportunities to shield them from the consequences of their poor decision making that might otherwise impact them in their adult life.

¹⁰ See, for example, “Prevalence of Serious Emotional Disturbance in Children and Adolescents” *Mental Health, United States, 1996*. Center for Mental Health Services. Substance Abuse and Mental Health Services administration, U.S. Department of Health and Human Services, 1996; Physician Leadership on National Drug Policy. *Adolescent Substance Abuse: A Public Health Priority*. Brown University. 2002; *The Formative Year: Pathways to Substance Abuse Among Girls and Young Women Ages 8 to 22*. National Center on Addiction and Substance Abuse. Columbia University. 2003.

IV. Adapting State Drug Court Treatment Program Components

The following are common components of treatment programs developed by state drug court programs.

A. Screening for Eligibility

As noted in Section I. *Eligibility Criteria*, there are two levels of screening necessary to determine whether an individual is eligible for an adult or juvenile Wellness Court program: (1) Legal Screening; and (2) Clinical Screening.

- **Legal Screening**

In developing a wellness court program, each tribe must define the types of offenses and background of offenders whom the program should serve. There are many factors that should be considered in determining the criteria for *legal* eligibility for the program – nature of offenses involving alcohol or other drugs which the tribe is confronting, gaps in services which the wellness court program can fill, etc. Whatever eligibility criteria are agreed upon, it is important that they be clearly identified in writing and publicized and objectively applied. More detailed discussion of the targeting process – e.g., the process for determining who the wellness court should service – is provided in *Taking Aim: Guideline for Drug Court Targeting*, published by the OJP Drug Court Clearinghouse and Technical Assistance Project at American University, 2002.

- **Clinical Screening**

The primary purpose of clinical screening is to determine whether a participant who is *legally* eligible for the wellness court program is also clinically suitable – e.g., has an alcohol or other drug-related problem. Clinical screening, which should occur as soon as possible after a determination of legal eligibility, is usually conducted by a licensed substance abuse counselor and involves obtaining basic background information from the participant and his/her family regarding alcohol and other drug use; family situation; education; and employment. Preliminary information regarding any special physical or mental needs should also be sought. Many standard instruments have been developed for substance abuse screening which have been tested, including those particularly validated for Native populations. See Appendix D for relevant resources in this regard.

NOTE:

Screening provides an initial opportunity to engage the individual in the wellness treatment program. While, frequently, individuals may appear disinterested, or not “motivated” in participating, the screener, if skilled, will recognize the need to make the individual feel comfortable in the situation despite the trauma of arrest and resulting court processes which he/she may be experiencing, and begin development of a relationship of trust and respect with the individual which motivates him/her to participate in the Wellness Court program.

B. Clinical Assessment

- **Purpose**

The purpose of the *clinical assessment* is to compile information which the treatment team needs to determine the appropriate treatment plan for each individual. The treatment plan should include whatever combination and frequency of counseling, educational classes, group therapy, support groups, and other activities and services which the treatment team deems necessary to promote the individual's recovery. The assessment interview – generally substantially longer than the screening interview – provides an opportunity to compile information relating to the individual's family history; substance abuse history; “readiness” for treatment (and special strategies that may be needed to promote his/her “readiness”); and other aspects of his/her physical, mental, and personal situation. The assessment also provides an opportunity to identify the individual's strengths that can be drawn upon during his/her recovery process. These may include: special talents and/or aspirations or goals; and individuals to whom he/she turns for guidance and support.

Special care must be taken when the assessor is not from the participant's tribal community. Honoring and respecting the value of story-telling and/or gauging the tempo of silence that may occur, may require allowing the individual and his/her family members to describe how they fit or do not fit into the community and talking about other related issues which they deem important.

A number of standard assessment instruments have been developed which should be reviewed in terms of applicability to Native populations. A few of the most commonly used assessments are listed on page 28. The resources listed in Appendix D can provide additional guidance in locating appropriate instruments.

- **Compiling Bio-Psycho Social History**

Compilation of bio-psycho social history information regarding the individual should be a part of the general clinical assessment. The range of bio-psycho social history information compiled should be geared to determining the individual's physical, mental, and psychological situation, social status, and functioning within his or her family and environment. The bio-psycho social interview should answer the following questions:

- what is the nature and extent of the participant's alcohol and/or other drug problem?
- what is the participant's family situation and his/her relationship with his/her family?
- What are the individual's short-term goals? Long-term goals? In other words, what does the participant want for himself/herself?
- What are the participant's strengths? Weaknesses?
- What recommendations regarding treatment needs should be made to the wellness court team?

The following chart provides a guideline regarding the information elements that should be collected during the bio-psycho social history interview.

Chart 3: Information Elements To Compile During Bio-Psycho Social History Interview

<p>1. Presenting Problem</p> <ul style="list-style-type: none">a. General information on circumstances surrounding arrestb. Town/County of Residencec. Tribal Enrollmentd. current status in court systeme. current charges/offense	<p>2. Physical Health</p> <ul style="list-style-type: none">a. Pre-natal and birth informationb. Past medical problems/treatmentc. Current medical problems/healthd. medications currently taking (and whether they are addictive)
<p>3. Family Information</p> <ul style="list-style-type: none">a. Individuals living in the same house with the individualb. description of home and family lifec. family problems, abuse, etc., if anyd. family substance abuse, if anye. factors relating to stressful living situation, if anyf. spiritual beliefsg. family strengths	<p>4. Substance Use/Abuse</p> <ul style="list-style-type: none">a. substance use historyb. specific substances usedc. level of tolerance for alcohol/other drugsd. awareness/denial of probleme. other treatment that has been tried and why not successful
<p>5. Psychological Situation</p> <ul style="list-style-type: none">a. Mental Health Historyb. Inpatient treatment, if anyc. Outpatient treatment, if any	<p>6. Legal History</p> <ul style="list-style-type: none">a. current and past legal problemsb. seriousness of chargesc. Problems encountered with legal system arising out of alcohol or drug used. understanding of legal processe. Family's involvement in legal system
<p>7. Education/Work</p> <ul style="list-style-type: none">a. Current grades, school, and attendanceb. school strengths/problemsc. school interestd. Current employment situatione. future interest in employment	<p>8. Social Relationships</p> <ul style="list-style-type: none">a. Friendships/peer pressuresb. Attitudes towards peoplec. Risky Behaviord. Gang Affiliation, if relevante. individual's view of himself/herself

- **Screening for Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE)**

Persons with well developed FAS generally exhibit pronounced physical symptoms, including: small birth weight; small head circumference; epicanthal folds; small, widely spaced eyes; flat midface; short, upturned nose; smooth, wide philtrum; thin upper lip; and underdeveloped jaw. There are many individuals, however, with less severe manifestations of FAS or FAE and whose condition is therefore not immediately apparent from their physical features. Nevertheless, they still manifest the developmental deficiencies characteristic of FAS and FAE and require special programming in order to succeed in the treatment program.

Among the special needs which persons who are diagnosed with FAS or FAE will frequently present include the need:

- For more structured support and closer supervision during treatment.

Persons with FAS or FAE should have a daily routine with simple, step by step instructions. They should also have clear rules regarding required activities and conduct, and have schedules which do not change.

- To have realistic program expectations which are within their ability to achieve.

Although appearing intellectually normal, persons with FAS or FAE may also have cognitive impairments that interfere with their ability to be self-sufficient. For example, they are likely to exercise poor judgment; lack impulse control; have memory deficits, and be immature in social skills.

- To provide services, as needed, to other family members who may likely have similar conditions – particularly the individual's birth mother.

Awareness of the existence of FAS or FAE among family members can also minimize the likelihood of setting unrealistic expectations for family members as well as the participant.

- To modify the approach to counseling services, with greater opportunities for individual counseling.

One-on-one work activities are generally more effective than group sessions with persons diagnosed with FAS or FAE. Although 12-Step programs can be potentially beneficial for individuals with FAS or FAE, they may need sponsors who can provide special assistance to them, particularly in translating abstract concepts into simple, concrete steps, and providing daily contact for support, feedback, and monitoring of progress.

It is important for team members to be educated about FAS and FAE disorders that the treatment program developed is appropriate for each individual. Individuals with FAS or FAE will need constant reminders about rules, appointment, program requirements, and medications. Visual cues are very helpful. Lights and noise, however, can be very distracting.

The goal of independence for a person with FAS or FAE frequently will not mean independent living but, rather, a situation in which he/she has the continual support, intense supervision, and an acceptable living arrangement in a highly structured environment.

- **Standardized Assessment Tools**

A variety of specially designed assessment tools have been developed to provide an indicator of the nature and extent of a participant's need for treatment services. Standardized assessment instruments, used by skilled and experienced professionals, can provide credibility and a sound basis for developing appropriate treatment plans. Standardized assessment instruments can also provide an objective point of reference for the wellness court team to measure information relating to the participant's attitude, level of resistance, level of honesty, and other factors deemed relevant for assessing participant progress in treatment.

NOTE:

Since a number of assessment instruments are scientifically validated tools, any alternation in the questions included may jeopardize the validity of the instrument. The assessor should therefore take great care to administer the instrument in its totality and to not modify it by adding or eliminating questions.

The following are some of the most frequently used assessment instruments that have been used effectively with *adult* drug court participants:

ASI (Addiction Severity Index): Contact Number: 1/800/553-6874

SASSI II (Substance Abuse Subtle Screening Inventory): Contact Number: 1/800/726-0526

SUDDS-IV (Substance Abuse Disorder Diagnostic Schedule): Contact Number: 1/800/755-6299

MAST (Michigan Alcohol screening test): Contact Number: 1/800/272-8464

Examples of assessment instruments that have been used effectively with *juveniles* are:

T-ASI (Teen addictions Severity Index): Contact Number: 1/800/553-6847

SASSI II for Adolescents (Substance Abuse Subtle Screening Inventory): Contact Number: 1/800/726-0526

PEI (Personal Experience Inventory): Contact Number: 1/800/222-2670

CFARS (Children's Functional Assessment Rating Scale): Contact: email: jonasnyder@cyfd.state.nm

Assessments of youth generally also entail the application of tools to assess “resiliency” or “protective” factors, the presence or absence of which may provide an indication of the degree of a youth’s risk in engaging in delinquent behavior and drug use. Examples of protective factors noted include:

- *Family Factors* (parental supervision; child’s attachment to their parent; parent’s attachment to their child; parent’s involvement in the child’s activities;
- *Educational Factors* (reading percentile; mathematics percentile; commitment to school; attachment to teachers; aspirations to go to college; expectations of going to college; parent’s expectation of the child going to college; parent’s values about college);
- *Peer factors* (peers having conventional values; parent’s positive evaluation of child’s peers);
- *Other resources* (child’s self esteem; child’s involvement in religious activities; child’s involvement in pro-social activities; child’s closeness to an adult outside of the Family¹¹

In addition to the instruments listed above, there are many others to choose from and care should be made to assure that the instrument(s) used are the most appropriate for the individuals involved.

Each treatment provider should also be trained in the administration of whatever instruments are used, and be sure they are the most appropriate instruments for their participants they are treating, taking into account cultural bias that may exist in some of these instruments. When administering these assessments, it will also be extremely important for the administrator to be certain that the participant understands the intent of the questions and the purpose of the assessment in order to elicit responses which are as truthful and complete as possible.

C. Intake and Treatment Planning

As noted above, the information obtained through the clinical screening and assessment provides the foundation for development of the treatment plan. The treatment plan should be individualized, tailored to meet the needs of each individual. It should also be updated regularly, as the individual progresses through the wellness court program. The follow elements underlie treatment plan development:

- **Intake**

Intake is the process for accepting an individual into the treatment program and completing requisite administrative tasks relevant to their participation. At intake, the treatment and monitoring/check in schedule is arranged with the participant and initial goals for treatment are established. Among the issues to address at intake include:

- explaining to the participant the roles of the various wellness court team members;

¹¹ Robert Mathias, National Institute on Drug Abuse Notes. Research Advances. Volume 11, No. 3. May/June 1996. Treatment Guidelines (2002 Draft)

- clarifying with the participant schedule requirements and program rules/sanctions/incentives;
- providing the participant with contact information regarding team members and clarifying questions he/she may have;
- offering examples of other participants who are further along in the treatment program or who have successfully completed it.

- **Treatment Planning**

Following intake, the process of developing a meaningful plan for treatment begins. The goal of this process is to create a written treatment plan, based on the assessment of the participant's needs, strengths and weaknesses. Some plans may require a focus on specific needs exhibited by the participant, such as depression, anxiety, or anger management. Each special focus area – in addition to the basic focus on substance abuse/dependency treatment – is incorporated into the treatment plan, developed jointly by the substance abuse treatment professional and the individual.

Issues addressed in a typical individualized treatment plan might include the following:

- Frequency of services to be provided (e.g., number of counseling sessions/activities per week);
- Modalities of Services to be provided (e.g., type of therapy/activities, such as individual, group, family, sweat lodge, etc.);
- Duration of services (e.g., length of sessions/activities);
- Objectives of services (e.g., tasks and/or assignments to be completed each week);
- Timeframes for services and assignments;
- Content of the sessions planned.

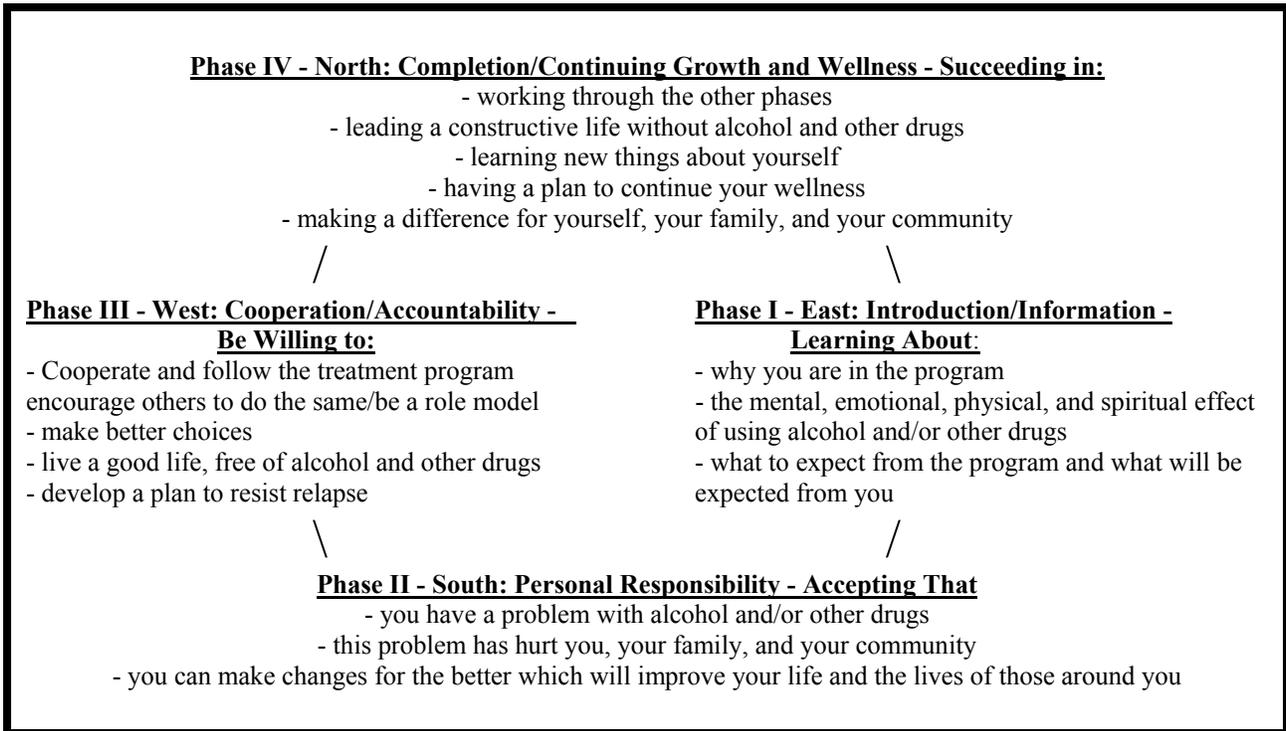
- **Phased Treatment Plan Framework**

Treatment plans in most drug courts follow a multi-phased approach (generally three – five phases), with each phase having specifically articulated goals, requirements, and milestones for the individual to achieve in order to progress to the next phase. Most programs also match their treatment services and schedule to the goals, requirements and milestones of each phase.

This phased approach allows each participant to proceed systematically through the program with clinical support and guidance. In the beginning phase, participants will generally experience biological, emotional, and spiritual difficulties as their mind and bodies withdraw from the chemicals on which they have depended. As each phase is completed, participants become more responsible and are better able to take responsibility for their recovery. Therefore, the frequency of court appearances, treatment contacts, drug testing, and other program requirements generally decreases as the individual progresses in the program.

The phased treatment plan might be visualized as a circle--a wellness wheel,--within which the treatment phases operate. Each phase of treatment can be considered to correspond to one of four directions, with each direction representing a step toward healing and wellness, as depicted in Chart 4: Four Phases/Directions of Treatment Wellness Wheel.

Chart 4: Four Phases/Directions of Treatment Wellness Wheel



During each phase, participants are required to be tested for alcohol and other drug use frequently and randomly, appear at regular court status hearings (usually weekly or biweekly at first), and engage in other court-ordered activities to support their successful completion of each phase of the treatment circle.

A program's "**Initial Phase**" of treatment, for example, may focus on participants' gathering information regarding their use of alcohol and/or other drugs, developing understanding as to why they are in the drug court program, and obtaining a basic education on the effect of alcohol and other drugs.

The corresponding treatment services might therefore focus on activities that help the participant achieve the following:

- Developing a thorough and accurate history of his/her use of alcohol and/or other substances;
- Developing a visual representation of his/her role in the family;
- Developing an understanding of his/her available choices and decisions, which led to involvement in the Wellness court.

Requirements to progress to Phase Two might include a specific period of abstinence (e.g., negative drug tests) and compliance with all program requirements.

The goals of **Phase Two** might focus on participants' demonstrating acceptance of their problems and their taking responsibility for the harm their alcohol or other drug use has caused for themselves and others.

In support of these goals, the treatment plan could include tasks such as:

- Setting one year goals;
- Developing a support network, including attending 12-step meetings and/or other support groups;
- Practicing role playing situations in which the individual practices resistance to the use alcohol or other drugs or effectively dealing with other at-risk situations (e.g., refusal skills).

Treatment in **Phase Three** might focus on participants' developing more long terms strategies for abstinence and recovery. Activities might include:

- Developing a relapse prevention plan;
- Developing five-ten year life goals;
- Addressing educational and/or vocational gaps.

A **Final Phase** of the program might focus on preparing participants for completing the program, reconnecting with the community; developing external support systems; and putting into practice what they have learned in the treatment program. Supporting activities might include:

- Attending support groups/activities weekly;
- Serving as guest speakers at Phase I groups to share their knowledge and insights;
- Developing and presenting aftercare (long term relapse prevention) plans to the group and their family.

Progression from each phase should also require a specified period of abstinence (e.g., negative alcohol and other drug tests) and compliance with relevant program requirements and assignments.

Charts 6 and **Chart 7** below provide examples of phased treatment programs in a state adult and juvenile drug court.

Chart 6: Example - Adult Drug Court Phases of Treatment

PHASE I	PHASE II	PHASE III	PHASE IV
Learning Level (Detoxification & Beginning Treatment)	Accepting Level (Stabilization & Treatment)	Willing Level (Maintenance & Treatment)	Succeeding Level (Aftercare)
Phase Graduation Requires: •Clean Tests •Meeting Attendance Requirements Payment of All Court Costs & Fines Team Recommendation	Phase Graduation Requires: •Clean Tests •Meeting Attendance Requirements Payment of All Court Costs & Fines Team Recommendation	Phase Graduation Requires: •Clean Tests •Meeting Attendance Requirements Payment of All Court Costs & Fines Team Recommendation	Program Graduation: Completion of Treatment Plan •Clean Tests Development of a Relapse Plan Payment of All Court Costs & Fines
8 weeks	16 weeks	16 weeks	10-14 weeks
Screening Assessment Intake/Orientation			
Individual Counseling (as needed)	Individual Counseling (as needed)	Individual Counseling (as needed)	Individual Counseling (as needed)
Group Counseling (3-4 Xs/week) • Educational • Cognitive Behavioral • Other Methodologies	Group Counseling (1X/week) • Educational • Other Methodologies	Group Counseling (1X/week) Educational Other Methodologies	Group Counseling (1X/week) Maintenance Other Methodologies
Alcohol/Drug Testing (3X/week)-minimum	Alcohol/Drug Testing (2X/week)-minimum	Alcohol/Drug Testing (2Xs/month)-minimum	Alcohol/Drug Testing (2Xs/month)-minimum
Case Management & Supervision Status Hearings (4Xs/month)	Case Management & Supervision Self Help Meetings (2Xs/week) Status Hearings (2Xs/month)	Case Management & Supervision Self Help Meetings (1X/week) Status Hearings (1X/month)	Case Management & Supervision Self Help Meetings (2Xs/month) Status Hearings (1X/month)
			Develop & Implement Aftercare Plan
			GRADUATION

Chart 7: Example - Juvenile Drug Court Phases of Treatment

PHASE I	PHASE II	PHASE III	PHASE IV
Introduction Information	Personal Responsibility	Cooperating & Accountability	Completion – Continuing Growth & Wellness
Learning About: - Why you are in the program. - Mental, emotional, physical & spiritual effects of using drugs and alcohol - What to expect and what you will be working on - The choices you make and the consequences of those choices	Accepting That: - You have a problem with alcohol and/or drugs - This problem has hurt you, your family, and your community - You can make changes for the better, which will improve your life and the lives of those around you - This wellness program will be healing	Being Willing To: - Cooperate and follow the treatment program, attaining goals, and achieving success - Encourage others to do the same, be a role model - Make better choices - Live in balance, a good life, free of alcohol and drugs - Develop a plan to confront relapse	Succeeding In: - Working through the other phases - Having a positive life without drugs and alcohol - Learning new things about yourself
8 weeks	8 weeks	8 weeks	8 – 12 weeks
Screening Assessment Intake/Orientation			
Individual Counseling/ Family Counseling (alternate every 2 weeks)	Individual Counseling/ Family Counseling (alternate every 2 weeks)	Individual Counseling/ Family Counseling (alternate every 2 weeks)	Individual Counseling/ Family Counseling (alternate every 2 weeks)
Group Counseling (weekly) <ul style="list-style-type: none"> • Process • Recovery • Cognitive Behavioral 	Group Counseling (weekly) <ul style="list-style-type: none"> • Process • Recovery • Cognitive Behavioral 	Group Counseling (weekly) <ul style="list-style-type: none"> • Process • Recovery • Cognitive Behavioral 	Group Counseling (weekly) <ul style="list-style-type: none"> • Process • Recovery • Cognitive Behavioral
Multi-Family Group (every 2 weeks)	Multi-Family Group (every 2 weeks)	Multi-Family Group (every 2 weeks)	Multi-Family Group (every 2 weeks)
Relapse Prevention	Relapse Prevention	Initial Relapse Prevention Plan	Relapse Prevention Plan
Adventure Program	Adventure Program	Adventure Program	Adventure Program
		AA, NA, A1-Anoon	AA, NA, A1-Anon
			Develop & Implement Aftercare Plan
			GRADUATION

Chart 8 below provides a summary of the range of treatment and other services offered by state drug courts to participants at various phases of participation.

Chart 8: Summary of Treatment and Other Support Services Provided During Each Program Phase of State Drug Court Programs¹²

<u>Service</u>	<u>Phase I</u>	<u>Phase II</u>	<u>Phase III</u>
Counseling	88%	86%	78%
Drug Education	85%	73%	57%
Stabilization	79%	25%	15%
Medical Screening/Services	71%	36%	31%
Therapy	70%	79%	69%
Detox	60%	10%	8%
Family Services	53%	62%	60%
Housing Services	51%	45%	44%
Other Life Skills	46%	72%	69%
Educational Development	31%	60%	59%
Acupuncture Services	24%	18%	15%
Job Training	21%	51%	51%
Employment Services/Placement	20%	50%	53%

D. The Treatment Plan: Basic Components

The treatment plan is designed to provide the individual with insight, understanding and empowerment so that he/she can begin to make choices that are beneficial to him/her and his/her community. Treatment should provide the individual with an opportunity to:

- Succeed in changing his/her perception of his/her place and goals in the world;
- Practice healthy, life-affirming choices
- Evaluate his/her role as trouble-maker vs. peace-maker; and
- Build a bridge back into the community

The following are basic components of the Treatment Plan.

INDIVIDUALIZED SERVICES

- **Counseling**

Counseling entails providing constructive guidance to the individual regarding how he/she deals with common life situations, deals with problems in his/her past that have never fully been resolved, as well as comes to deal with his/her self concept -- all of which are relevant to the role which alcohol or other drugs play in the individual's life. Counseling entails an on-going process which requires trust, patience, and respect.

¹² 2000 Drug Court Survey Report: Program Operations, Services and Participant Perspectives. Executive Summary. Final Draft. p. 93.

- **Individual Therapy**

Individual therapy provides an opportunity for an individual to reflect, without distraction, on their progress, setbacks, attitude, and behaviors. Participants can explore openly and honestly their motivations and their plans for moving from reflection to action. In an individual therapy session, the treatment provider acts as an objective “voice of reason” to guide – and challenge -- the individual in his/her thought process. Essential elements of individual therapy include:

- providing a safe place for the individual to tell his/her story;
- assisting the individual in translating ideas and goals into action in a variety of areas;
- helping the individual candidly assess his/her progress or lack of progress in the program.

GROUP PROCESSES

Becoming a contributor to the group helps the participant to heal. The group is the place where the individual is asked to practice peace, tolerance, and to “feel” other persons’ feelings. The group provides an opportunity for the participants to develop a community for themselves. By helping each other regain balance and create positive roles, the participants can establish a sense of value for themselves.

Care must be taken to guide participants in establishing group norms and standards of behavior. Members need to be able to share in the group and voice their opinions freely while, at the same time, know what limits apply. Group therapy serves an important function in treatment, particularly in the following areas:

- providing a place of trust and connection for program participants;
- providing participants with a place where they can learn new social skills;
- helping individuals identify addictive patterns in themselves and others;
- providing a place for “reality” testing;
- fostering positive decision making;
- providing the individual with a setting to support the development of his/her self-confidence and decrease his/her sense of guilt and shame;
- an opportunity to promote acceptance of the individual by peers which is far more powerful than acceptance by the therapist alone.
-

Examples of common types of group processes used in substance abuse treatment programs include:

- **Process Groups**

Process groups focus on providing participants an opportunity to learn to talk, trust and respect one another. Participants are frequently challenged to “be real” in their sharing of feelings and feedback to others. In process groups, they can practice and strengthen their emotional and interpersonal skills which they will need to use outside of the group in their day to day activities. Important themes that are stressed in process groups include:

- learning about recovery
- practicing honesty and accountability
- understanding the individual's relationship with alcohol and other drugs
- talking about feelings of anger, shame, and cravings
- listening to others
- working together with others to heal
- completing assignments and program requirements

- **Cognitive Behavioral Groups**

Cognitive behavior groups provide participants with an opportunity to focus on their decision-making processes, their choices, and the consequences of these choices. The content of the groups' discussions follows lesson plans developed for group sessions, homework assignments and counselor and peer feedback. Among the topics addressed in cognitive behavior groups are:

- examination of one's beliefs and attitudes;
- examination of how one relates to others;
- developing ways of approaching decisions so as to result in making choices that reflect responsibility, positive goals, and take into account the needs of others.

- **Educational Groups**

Educational groups focus on teaching participants and their families about the pharmacological aspects of addiction, including biological risk factors which individuals may present and harmful effects which substance abuse can have on the physical and mental health of individuals. Taught generally from the perspective of the "disease" model¹³ of addiction, the content of educational groups may include:

- the biological effects of using chemical substances;
- the impact of substance use on an individual's emotions, self concept, and relationships with others; and
- basic concepts that can provide the groundwork for individuals to be accountable and responsible in future choices.

SUPPORT GROUPS/SUPPORT NETWORKS

Because participants will not always be involved in the wellness court program, their participation in support groups which can assist them in continuing to use the tools and resources they have developed in the wellness court is vital. Examples of valuable networks that many individuals in recovery utilize on an on-going basis include:

- 12-step meetings (AA, AL-ANON, NA)
- Religious support groups
- talking circles and/or sweat lodges
- involvement in traditional activities of the tribe

¹³ The premise of the *disease model* of addiction is that substance abuse is a chronic, relapsing condition which can be treated effectively but requires continuous care throughout an individual's life in order to prevent relapse.

Ideally, participants should become involved in these support groups while still involved with the wellness court program so that they have established a sound foundation for continuing with the support group by the time they graduate from the wellness court.

SERVICES FOR FAMILIES OF INDIVIDUALS IN TREATMENT

- **Family Therapy; General**

Since an individual's addiction will invariably affect his/her family relationships and the individual members of his/her family in different ways, family therapy is an important component of treatment. Family therapy sessions provide families and family members with the opportunity to reflect, re-connect, and reconfirm their respect for one another. The treatment provider can act as a guide in these sessions to help each member re-build relationships with the others. Among the issues commonly addressed in family therapy sessions include:

- the nature of the family's history of alcohol or other drug use;
- the nature of any violence that has occurred in the family in conjunction with alcohol or other drug use;
- the nature of any contacts with the criminal justice system that have resulted from alcohol or other drug use;
- a wide range of emotions and behavior that may result from or unwittingly promote alcohol or other drug use, including: denial, enabling, ways of communicating, etc.

NOTE:

Great care should be exercised in considering family therapy sessions in situations involving domestic violence. In such situations, it is strongly suggested that the program establish a partnership with a domestic violence agency to develop policies and services for these cases.

- **Dealing with Chemically Dependent Families**

Alcohol or other drug abuse by an individual is frequently symptomatic of similar use by other family members and, in many cases, is often intergenerational. When other family members are also using alcohol and/or other drugs, the individual not only lacks the family support system important to provide basic life needs but is also likely dealing with many complex issues of long standing duration and difficult to fully resolve in the limited period of a drug court program. Efforts need to focus, therefore, on assisting family members to address the most immediate manifestations of family substance dependency, including:

- tendencies to deny or minimize the problem;
- chaotic or unpredictable relationships that have resulted;
- tendencies to place blame on one another for family problems;
- inconsistent rules and roles within the family;
- "fight" or "flight" response to conflict; and
- the tendency to hide true feelings in order to survive.

Education on the effects of alcohol and other drug use on families can provide a major first step in the healing process.

- **Adult Children of Alcoholics (ACOA)**

Alcoholism is a chronic, progressive disease. There are many involved with drug court programs -- either as parents or participants -- who have been raised in a home with at least one alcoholic parent. To live in a home in which there are one or both parents who are alcoholics requires the child to learn very early on how to survive, how to deny feelings, and how not to communicate. Many adult children of alcoholics minimize the effects of their upbringing. They are also more likely to have problems with substance abuse due to genetic and environmental factors. Some of the characteristics of adult children of alcoholics that should be addressed in treatment are:

- feelings of shame and fearfulness;
- feelings of not being in control;
- difficulty trusting others;
- being either overly responsible or not being responsible at all;
- having difficulty expressing sadness and/or anger;
- having difficulty in relating with others;
- denying the difficulty of growing up in an alcoholic home;
- using alcohol and other drugs to deal with the ups and downs of life.

- **Strategies for Dealing with Family Violence**

Family violence is a frequent factor in families in which one of the members is using alcohol or other drugs. Thresholds of anger and impulse control are lowered during intoxication. Family violence is frequently practiced by both adolescents and adults against other family members and has serious effects for all involved. As a result of family violence, individuals may present certain behavior and emotions, including:

- feelings of fear and anger;
- depression and sense of being “unlovable”;
- feelings of shame and incompetence;
- suicidal or homicidal thoughts;
- lack of patience and quickness to anger.

Treatment services for participants exposed to family violence, whether they are adults or juveniles, should include:

- referring individuals to domestic violence advocates for support;
- developing a safety plan for the individual and the family;
- helping them recognize that they are not the cause of the violence problem;
- providing them opportunities to discuss fears and feelings they may have resulting from the violence;
- strengthening their self esteem and sense of being valued.

It is also important that individuals who have been in situations of family violence not be mandated to go to counseling with their abuser.

- **Multi-Family Groups**

Multi-family groups, particularly important in close communities, provide families of alcohol and other drug users with an opportunity to explore together common solutions to issues they are confronting relating to the family member's alcohol or other drug use. Specially designed assignments and role plays are common techniques used to address issues of frequent concern to families of alcohol and/or other drug users. The goal of multi-family groups is to provide members the opportunity to discover, through their sharing of experiences and emotions, that they can serve their families as teachers as well as learners in creating health and balance in their lives. Among the issues which multi-family groups commonly address are:

- learning about addiction;
- leaning what to expect from recovery and the recovery process;
- understanding common problems that can result from alcohol and/or other drug use.

- **Special Family Services for Juvenile Drug Courts**

Unlike adult drug court participants, juvenile drug court participants are usually still living at home and need the support of their family – regardless of its situation – to succeed in the program. Youth cannot easily leave an environment that presents difficulties and “start over”, as adult participants may be able to do. In addition, it should be stressed that “family” to a child may not always be the biological parents. It could include older siblings, aunts and uncles, grandparents, teachers or even close family friends. Whoever is recognized as being the “family” for a juvenile with an alcohol and/or drug problem should be involved in the youth's treatment program. Identifying who constitutes the youth's family should be a principal task during the screening and assessment process.

Often, when a child begins to get into trouble as a result of his/her alcohol or other drug use, the parents may be in a state of denial about the problem or believe that it won't recur. One or both parents may be enabling the child to continue his/her alcohol or other drug use by not being truthful about the child's negative behavior, often because they are afraid to confront him/her. Sometimes, parents may also not want to address the alcohol or drug use problems of their child because of their own addictions.

OTHER SUPPORT SERVICES

- **General**

As noted earlier, a wide range of other support services will frequently need to be provided to individuals in alcohol and/or other substance abuse treatment programs to address basic life needs and skills that they have either lost or never acquired. Many will have medical and/or dental problems; be in need of vocational training or job placement assistance, and many will need to learn basic life skills – such as time and money management, parenting, anger management, etc. Identifying the range of other support services drug court participants need

will be an ongoing process, with some needs emerging only after the individual has become sober and has begun their recovery process.

Among the most common support services which almost all drug court participants need are: anger management and parenting skills.

- **Anger Management**

Many adults and juveniles who have alcohol or other drug use problems also have problems controlling their anger. These problems are generally displayed by aggressive action, verbal outbursts, violence, and/or destruction of property. The individuals frequently overreact to real or perceived criticism. Rather than exploring their feelings, they hold them in and react with various manifestations of rage. Many individuals use substances initially to medicate their anger but, once intoxicated, act with increased aggression. Frequently, the aggressor actually sees himself/herself as the victim.

Treatment programming should aim to assist individuals with controlling their anger and, through understanding it, develop constructive ways to deal with it. Among treatment goals that address the area of anger management are those which assist the individual:

- developing a lifestyle free of alcohol and other drug use;
- understanding the relationship between angry feelings and their underlying causes;
- accepting responsibility for his/her actions and behavior;
- learning stress management, and skills relating to constructive communication and problem solving.

- **Parenting Skills**

Parenting skills are an important component of both adult and juvenile drug court programs. Whether the adult participant has children in the home, or the juvenile participant is struggling to develop a positive relationship with his/her parent, the development of effective parenting skills plays a major role in helping individuals assume their appropriate role within the family and acquire the behavioral tools necessary for family healing and wellness. Mandatory parenting classes, when possible, are essential to the effectiveness of both adult and juvenile wellness court programs. The goal of these classes should be to better equip parents with the tools and support necessary to be positive role models and parents for their children.

Parenting classes should focus on helping parents:

- understand what is happening with their child developmentally;
- understand underlying needs of their child which may be manifesting themselves in negative behavior, including alcohol or other drug use;
- encourage shared discussion and support from other parents experiencing similar problems;
- learn what they can do to help change their own behaviors and that of their child.

Parenting classes should have a special curriculum designed that addresses:

- recognizing physical symptoms of alcohol or other drug use;
- mental health issues related to alcohol or other drug use;
- counteracting potential negative responses to alcohol and other drug use by children (e.g., enabling; denial, etc.);
- strategies for constructively addressing children's alcohol or other drug use;
- techniques for building trust and candor between parent and child;
- making the drug court experience productive for siblings who are not using alcohol or other drugs;
- tapping into community resources that can be of assistance.

- **Case Management**

As noted earlier, case management services provide the referral, monitoring, and coordination function for the treatment program. Since treatment in the drug court context is considered to be holistic in focus, drawing on a range of disciplines and service providers, the case manager is critical to assuring that the participant is progressing in the program and that the range of individual needs he/she may have -- both those identified at time of program entry and which arise during the course of program participation -- are met. Some drug courts hire a specifically designated case manager; others -- particularly programs with fewer numbers of participants -- assign the case management function to team members.

Regardless of the program's structure for providing case management, the services required should include referral and oversight of:

- treatment services
- educational services
- vocational training and/or job placement
- medical or dental services
- transportation needs
- services to address basic life -- housing (and sober living); utilities; money management, etc.

Case management services should also provide guidance to participants in developing skills to address these needs themselves.

- **Experiential, Wilderness and Adventure-Based Programming**

Program components that focus on experiential, wilderness or adventure-based activities, as either an individual or group experience in the natural world, play an important role in promoting the healing of the mind, body, emotions and spirit. Adventure-based activities which

are part of the treatment process are designed to teach problem solving through self reliance, working together with others to solve problems, and, especially, drawing on one's inner strengths which the individual might not have heretofore recognized he/she had. An important component

of adventure-based activities is the “processing” of the experience through discussions among instructors and participants. The processing focuses upon discussing what happened, important lessons learned, and how these lessons can be applied in common life situations.

Among the goals of adventure-based programming are:

- Developing self confidence
(“I can do it; I count and can make a difference; I can make choices that help me, my family, my community”)
- Developing skills that promote responsibility and social functioning
(Respect for others; trust; appreciation of natural consequences; exercising judgment)
- Participating in activities that serve the group/community
(Helping participants get beyond sense of self; developing concern and empathy for others; putting into action positive attitudes and skills developed in group and individual counseling).

Adventure-based activities can address numerous aspects of recovery. Physical health, for example, can be addressed through nutrition and physical conditioning. Respect for the earth and environment can be addressed through teaching and practicing skills for living outdoors. Traditional healing practices can be incorporated in many adventure-based activities through the use of elders, sweat lodges, medicine men, and other traditional native practices to promote wellness.

While adventure-based programming is an important component of any alcohol or other drug treatment program, it plays a particularly significant role in juvenile treatment programming. Increasing the ratio of experiential activities to other treatment services is an issue many juvenile drug court programs in state courts are now addressing.

- **Ancillary Services**

State drug courts recognized early on that, regardless of the quality of treatment services provided, without the concomitant provision of ancillary services to assist participants with day to day living needs, the likelihood for treatment success was significantly diminished. Among the most pressing ancillary service needs which most participants present are:

- housing -- clean, sober, and safe environments for the participant and his/her children;
- transportation -- particularly to and from treatment and related service providers; and
- job placement -- often requiring training in regard to both job skills specifically and work force participation generally.

E. Testing for Alcohol and Other Drugs

One of the cornerstones of drug court programs and one of the innovations they have introduced in the substance abuse treatment field is the use of frequent, random testing for

alcohol and other drug use by participants. The sole reason for testing drug court participants is to provide an objective and on-going gauge of the degree to which the participant is --or is not -- abstaining from the use of alcohol and other drugs. The tests can also reinforce participants in their efforts to stay clean and succeed in treatment, as well as provide both program officials and participants with an immediate, objective, indication of whether the individual is continuing to use alcohol or other drugs. Participants need to know from the start that alcohol and other drug testing is a key component of the drug court program and that their test results will be shared with the team and form the foundation for determining their progression through the treatment program.

Alcohol and other drug testing for drug court participants plays a different role than testing for the purpose of prosecution. Drug testing in a drug court environment is conducted for the purpose of monitoring an individual's progress (or lack thereof) in treatment; it is not designed to convict him/her of drug use or to be used for other evidentiary purposes. Consequently, the drug testing process in a drug court program does not require the level of scientific sophistication that would be required if the test results were to be used for prosecution purposes. In many programs, drug testing is conducted by probation staff or other lay persons working with the program, using "point of contact" supplies (e.g., test strips or similar materials) that provide a fairly reliable reading as to whether the individual has or has not used alcohol or other drugs. In the event the individual wishes to challenge the result, the substance can be retested using specially calibrated instruments which conform with scientific standards.

Among the issues drug courts need to address in developing their testing policies and procedures, include:

- what drugs will be tested for?
- who will conduct the testing?
- what testing materials will be used and what is their accuracy?
- how will contested test results be addressed?
- how frequently will testing be done?
- how will a random approach to testing be implemented?
- what procedures will be developed to assure chain of custody of all drug testing samples?
- what procedures will be instituted to reduce the likelihood of tampering with samples?
- what type of training will the team and others involved with the drug court need regarding drug testing policies and practices

In developing drug testing procedures, special attention needs to be given to assuring that specimens for each gender are collected by persons of the same gender and for juveniles, that procedures are instituted that respect their sense of privacy.

For further information regarding drug testing for drug court participants, see "Drug Testing in a Drug Court Environment: Common Issues to Address".¹⁴

¹⁴ *Drug Testing in a Drug Court Environment: Common Issues to Address*. Jerome Robinson and Dr. James Jones. OJP Drug Court Clearinghouse and Technical Assistance Project. American University. 2000.

F. Sanctions and Incentives/Rewards

In addition to drug testing, another cornerstone of drug court programs is the prompt application of graduated sanctions for noncompliance and incentives to recognize progress. Drug Court sanctions and incentives must be designed to promote behavioral change in the participant, reinforcing positive conduct and discouraging – rather than punishing – negative and noncompliant behavior. Since an essential element of the disease concept of addiction is the recognition that relapse, while not condoned, may frequently occur during the recovery process, sanctions should be short-term, increasing in severity in proportion to the frequency of noncompliant behavior, with the overall goal of helping the individual to sustain his/her abstinence and recovery. The goal of the sanctions and incentives used by the drug court is to have participants to re-connect with themselves and their families and communities.

The basic framework for sanctions and incentives to be used by the drug court need to be clear to all participants from the start. The sanctions and incentives must also have meaning to the participants as well as the team and the community. Care must also be given to distinguish situations in which an individual is making an effort in treatment but still using alcohol or other drugs vs. situations in which the individual is making no effort at all. The former situation may warrant a reassessment of the participant's treatment plan rather than simply imposing a sanction.

Both sanctions and incentives should be applied as soon as possible after the behavior at issue in order to be relevant to the participants and to have maximum effect on behavioral change. The principal characteristics of an effective program of sanctions and incentives/rewards in a Drug Court Program are that they:

- must be swift;
- must support positive behavioral change (e.g., not be punitive);
- must fit the behavior;
- must be focused on respect for the individual;
- must be used prudently; overuse can result in losing their effect.

Each drug court and wellness court must develop a range of sanctions and rewards that can be tailored to the individual situations of the participants. Many programs develop *graduated sanctions*, usually consisting of a range of sanctions that can be applied to varying levels of noncompliance, with the ultimate determination made by the judge. Whatever system of sanctions and incentives is developed, it should be clearly understood -- and applied -- by all team members and participants, from the start.

Chart 9 presents examples of the most common sanctions and incentives state drug courts are using.

Chart 9: Examples of Sanctions and Incentives Used in Drug Court Programs

Sanctions	Incentives/Rewards
Increased frequency of alcohol/drug testing	positive acknowledgment of progress in court
house arrest for a short time period (e.g., one week) until the next hearing	decrease in frequency of drug/alcohol testing
writing assignment on topic that will educate the participant (e.g., physical effects of alcohol)	progression to more advanced treatment phase
Detention for a short time period (e.g., 2-3 days) to get the individual's attention	positive consideration for special events (ceremonial performances; family vacation, etc.)
Community service (e.g., painting buildings in the community)	special tokens (gift certificates, etc.) contributed by other community members
return to earlier phase of treatment	

V. Special Considerations Regarding Treatment Services

A. Engaging the Family

Because the alcohol and/or other drug use of an individual invariably has a multitude of affects on his/her family members, it is important to engage the family in the treatment process. Families may come to the court fearful of the participant as well as the court process and they may also come ashamed. Special effort should therefore be made to:

- Involve family members in the treatment and support process
- Address issues and problems they are dealing with relating to the individual's substance use
- Assist them with identifying actions they may be taking which, unintentionally, may support the individual's alcohol or substance use (e.g., "enabling behaviors"); and
- Assist them in developing skills to support the treatment effort and the individual's recovery in the long term. (See also Section IV above: "Multi-Family Groups").

B. Gender Specific Services

Individuals dealing with alcohol and/or other drug use problems very frequently are addressing special issues relating to their gender which need to be addressed in the course of their treatment. Females, for example, often have special issues which they are dealing with -- in both adult and juvenile treatment programs -- which can include:

- physical and/or sexual abuse;
- pregnancy and/or sexual relationships;
- domestic violence.

Dealing with similar issues, males frequently benefit significantly from special male-only programming segments in which they can address special issues of concern to them, as males.

Gender-specific programming can play a significant role in assisting participants in developing positive role concepts in various life situations; parenting; and constructively displaying emotion (including shame, anger, embarrassment, etc.), self confidence, and exercising authority. Experience has shown that these issues are best addressed in gender-specific program components.

C. Culturally Proficient Services

The need for culturally proficient services spans all areas of drug court program activities. The Association for Multi-Cultural Counseling and Development has developed and adopted standards of cultural proficiency applicable to treatment services¹⁵, focusing on the following competencies:

- Awareness of counselors of their own assumptions, values and biases and their ability not to impose these on their clients;
- Understanding the worldview of the client whose cultural background may be different from the counselor's and
- Developing appropriate strategies and techniques for dealing with clients from a wide range of cultural backgrounds

Although specifically designed for treatment professionals, these competencies need to be shared by the entire drug court team and incorporated in all elements of the drug court program -- initial screening and assessment; sanctions and incentives; program support services, etc. Drug courts also need to make available a wide range of culturally specific services that are age, gender, and language-appropriate; incorporate appropriate cultural content in curriculum and training materials that is meaningful to the participants, and enhance their cultural pride.

D. Dealing with Persons Who Have Co-Occurring Mental Health Needs

The vast majority of individuals using alcohol and/or other drugs have co-occurring mental health disorders (e.g. are “dually diagnosed”) as well as substance addiction. Substance abuse treatment providers should not put one issue ahead of the other; both of these problems need to be assessed and treated. If the mental health problem – which generally underlies the alcohol or other drug use problem – is not treated, it is very likely that the participant will relapse. If the drug and/or alcohol problem is not treated, the situation can prevent the underlying mental health problem from being addressed.

Although participants with serious psychiatric problems may not be appropriate for the wellness court program and its orientation to outpatient services, individuals with co-occurring mental health problems who can function in the outpatient setting of the drug court program framework can successfully participate in a drug court treatment program. It may be necessary, however, to develop special programming for persons who are dually diagnosed which might

¹⁵ Sue, D., Arredondo, R. and McDavis, J.R. “Multicultural Counseling: A call to the Profession.” *Journal of Counseling and Development*, 70, 477-486. 1992.

address special issues they present and be geared -- in terms of both session length and content -- to their capacity to focus and process the information of each session. Particular attention should also be given in these sessions to assisting the individual to stop “self medicating” with alcohol and/or other drugs; changing family patterns that may cause pain – particularly to young persons – and identifying community resources that can assist dually diagnosed participants and their families.

VI. Strategies for Maintaining Sobriety: Relapse Prevention

A. Dealing with Relapse

Lapses and relapses may happen.¹⁶ Humans are prone to mistakes, and even with the strongest of efforts, persons trying to become sober can fail. When relapse occurs, the participant must learn to take full responsibility for its occurrence. To view oneself as responsible for one's destiny rather than someone to whom "things happen" represents a major step toward healing. The goal of relapse prevention should therefore focus on helping the individual identify situations which have the potential for triggering relapse and developing strategies to prevent relapse from occurring.

B. Short-term Strategies for Maintaining Sobriety

Short-term strategies for maintaining sobriety focus on getting through the day-to-day temptations and obstacles to maintaining sober. These strategies may be necessary through the recovery process and can include:

- talking with others;
- redirecting one's activities;
- consciously changing one's attitude;
- avoiding threatening situations;
- resolving situations that generate anger, fear or other emotions that are difficult for the individual to handle;
- attending support groups or spiritual activities

C. Aftercare strategies for the long term

Long term recovery requires abstinence and making changes in many aspects of one's life. A long term relapse prevention plan should include many life areas. Continued treatment should include: continued alcohol and drug counseling; community support groups, such as AA, NA, or ACOA; and involvement of the participant's family. Aftercare plans should also provide for:

- activities contributing to the participant's physical health
(*Adopting proper eating and nutritional habits; physical exercise; scheduling physical and dental examinations, as needed, etc.*);

¹⁶ The distinction between a lapse and a relapse is often on of degree. A lapse is generally considered to be a single slip from sobriety; a relapse, on the other hand, is generally indicative of a significant deviation from a treatment/recovery program.

- developing recreation/leisure activities that do not involve alcohol or other drug use.
(Engaging in recreational and social activities that do not involve substance use; and learning to have fun in a sober way);
- building positive relationships
(Developing positive relations with one's family; forming new relationships with sober people; making amends to those who have been hurt by one's actions; and building positive relationships with one's community and tribe);
- performing activities related to work/education
(Planning and achieving work or school related goals; looking at ways to contribute to community needs through community service, mentoring, etc.);
- developing strategies to promote psychological health
Learning to cope with stress in a positive way; learning to know one's strengths and accepting one's weaknesses);
- developing one's spirituality
(Maintaining a relationship with one's spiritual self; maintaining connection to the physical world and universe; maintaining a relationship with one's higher power; practicing spiritual, religious, or traditional beliefs).

D. Alumni Groups

Alumni groups have developed in many state drug court programs and , to some extent, in tribal wellness programs as well. In some instances alumni programs were developed at the initiation of the court; in other situations alumni activities developed at the initiation of the alumni themselves. Many programs involve participants in alumni functions as soon as they enter the program. Among the various roles which alumni groups are playing in state drug court programs include:

- conducting community service activities (e.g., providing meals at holiday times for persons in need);
- conducting fund raisers for the drug court program or other charitable activities;
- serving as mentors to drug court participants;
- providing aftercare and emergency self-help resources to program participants and alumni; and
- advocating drug court program needs with local community officials.

E. Dealing with Relapse

Recognizing that substance addiction is a chronic, relapsing condition, an essential element of each individual's drug court treatment plan must be the development – early on -- of a relapse prevention plan. As noted earlier, through the treatment process, the individual must come to:

- recognize the issues, situations, and circumstances which make him/her vulnerable to drug and/or alcohol use; and
- develop a range of “tools” and other resources with which to deal with these situations effectively.
- Recognizing Signs of Relapse

Signs of relapse are most evident in one's behavior, attitude, feelings and thoughts, as illustrated in **Chart 10**.

Chart 10: Signs of Relapse

Behavior: Increased episodes of arguing for no reason; Forgetting to follow rules, appointments; Increased symptoms of stress (e.g., loss of work productivity; overeating; anxiety; nervousness; irritability; sleeplessness).	Attitude: not caring about sobriety; not caring what happens; becoming negative about life.
Feelings: Increased moodiness or depression; strong feelings of anger; Increased feelings of boredom.	Thoughts: thinking that alcohol and other drugs are a reward for not using; thinking that one can use and control one's use; thinking that one is cured from alcohol or other drug abuse; urges, cravings, and temptations.

High Risk Situations

The following situations are commonly considered to be high risk for persons in recovery in terms of potential relapse:

- situations of social pressure to use alcohol or other drugs;
- problems with in relationships with other people;
- getting promoted, achieving success, family events or other situations warranting celebrations;
- difficulty solving problems;
- lack of hobby or leisure time interests;
- physical pain or health problems.

VII. Looking Ahead

An effective wellness court program will be continually evolving. Each day will bring new lessons and new insights regarding program policies, procedures and services. In addition, new research will emerge regarding special strategies that prove effective and services that may be useful. Ongoing program evaluation will also yield important findings as to what works and what does not and the degree to which program goals are being achieved. Program staff should keep abreast of developments in both the wellness and drug court fields as well as alcohol and substance abuse treatment general. In this regard, on-going training of team members and others involved with the wellness court is critical, particularly as staff turnover occurs. Training should focus on both substantive issues relating to wellness court services (e.g., pharmacology, adolescent development, etc.), team functioning, and cross-training of team members and others involved in the program.

Change is healthy -- and inevitable. The wellness court, while functioning within an established framework, can never remain static. It must continually evolve to reflect lessons learned and insights gained. This Guideline has been designed to provide a foundation for this process.

Appendix A: Key Components of Tribal Healing to Wellness Courts

Key Component #1: Tribal Healing to Wellness Courts bring together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well being of the community.

Key Component #2: Participants enter the wellness court program through various referral points and legal procedures while protecting their due process rights.

Key Component #3: Eligible substance abuse offenders are identified early through legal and clinical screening and are promptly placed in the Tribal Healing to Wellness Program.

Key Component #4: Tribal Healing to Wellness Programs provide access to holistic, structured and phased, substance abuse treatment and rehabilitation services that incorporate culture and tradition.

Key Component #5: Participants are monitored through intensive supervision that includes frequent and random testing for alcohol and other substance use.

Key Component #6: Progressive consequences (or sanctions) and rewards (or incentives) are used to encourage participant compliance with program requirements.

Key Component #7: Ongoing judicial interaction with each participant and judicial involvement in team staffing is essential.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness to meet three purposes: providing information to improve the Healing to Wellness process; overseeing participant progress; and preparing evaluative information for interested community groups and funding sources.

Key Component #9: Continuing interdisciplinary education promotes effective wellness court planning, implementation, and operation.

Key Component #10: The development of ongoing communication, coordination, and cooperation among team members, the community and relevant organizations are critical for program success.

Appendix B: Glossary

abuse: Substance abuse should be distinguished from “experimental use,” “regular use,” and “dependency.” Substance abuse is observed as the use of increased amounts of the substance, the trying of other types of drugs or alcohol, thoughts of being drunk or high when sober, more and more time spent thinking about, obtaining, and using the substance, problems with family and police, thoughts about quitting which are not followed up, and increased guilt or shame about using the substance.

affidavit: Written statement signed under oath.

aftercare: Classes, counseling, groups and/or activities which focus on assisting participants after they complete the Healing to Wellness Court Program, including facing challenges of re-connecting to the community, and the development of external support systems.

assessment (or clinical assessment): A process completed by treatment staff to determine the participant’s level of chemical dependence and need for treatment services, including the identification of the specific types, the sequence, and intensity of treatment services needed (note that this process is generally completed after legal and clinical screenings).

case management: Services which focus on securing, coordinating, and monitoring the appropriate treatment interventions and related services (medical and dental services, job search and training skills, housing, heating, electricity, transportation, etc.) needed to treat each participant successfully.

case staffings: Meetings of wellness court team members, usually held just prior to wellness court appearances by participants, in which information about the participant’s drug testing results, attendance and participation in required treatment and other required activities, and other information relevant to the individual’s progress in treatment is shared with the wellness court team. Recommendations regarding services which the participant needs are also made to the judge during this time.

charging document: The legal form used by the prosecution to begin the criminal process against an offender.

clinical screening: Determination of whether the prospective participant has a substance abuse problem that can be addressed by available treatment services and if there are other problems, such as a mental health disorders, that should also be addressed.

co-occurring disorders: Other difficulties both medical (such as fetal alcohol or mental illness problems) and non-medical (such as educational or family problems), that need to be addressed by the wellness program.

confidentiality: privacy of information; in the substance abuse treatment context, confidentiality relates to federal and frequently state provisions regarding requirements prohibiting or limiting disclosure of information regarding an individual's enrollment in a substance abuse treatment program.

detoxification: A process of discontinuing drug and alcohol use that leads to reduction and elimination of drugs and alcohol from the participant's body. Detoxification may or may not need to be medically supervised depending upon the type of drug being discontinued and the physiological effects of the detoxification process.

dual diagnosis: a clinical assessment that the participant suffers from both substance addiction and a mental condition.

due process: the required process of law as set forth in the federal Bill of Rights, the Indian Civil Rights Act and/or applicable tribal or state law – generally providing that an individual is entitled to have notice and an opportunity to be heard (e.g., an opportunity to present his or her case in a legal dispute) and that no law or government procedure should be arbitrary or unfair.

incentives: Rewards used within the Healing to Wellness Court program to promote and recognize compliance and healing.

information system: The mechanisms by which a program gathers, uses and reports information about its participants and activities. The system may be computerized (automated) or manual.

interagency agreements: Written documents that document the agreements and relationships developed by the organizations or agencies involved in the Wellness Court and their commitments to the program.

legal screening: Determination of whether the prospective participant meets the eligibility criteria for the wellness court related to criminal history, type and severity of offense and other criteria as defined by the team during initial planning.

memorandum of agreement: Written document between units of government that reflect the interests of the organizations and their commitments to the program.

outcome evaluation: Gathering information to determine a program's success in meeting its goals. An outcome evaluation may look at a program's impact on the individual and on the community.

outpatient treatment: A program or set of services for assisting a participant with his or her healing from drug or alcohol abuse which does not make use of hospitalization or confinement to a facility.

participant: This is the term used for adults or juveniles who are referred to and are accepted into a Healing to Wellness Court Program.

phased treatment plan: The plan developed for each Wellness Court participant which entails completing specified tasks and achieving specified milestones at various levels of program activity. Most adult Wellness court programs, for example, are designed in three to five phases, requiring 12 or more months to complete.

process evaluation: The development of information that describes and analyzes how a program is operating, whether it is operating as envisioned, and whether any operational problems have developed.

program monitoring: providing oversight and periodic measurements of a program's performance against its stated goals and objectives.

protocols: The rules and procedures used for program operations.

relapse: A resumption of alcohol or other drug use after of period of not using the substance(s).

releases of information: Written consent forms permitting information to be transferred from one place to another concerning the person signing the release form. A release may be used to provide permission to gather information about health, treatment participation, criminal history and other aspects of the participant's history or situation which may be of use by the wellness court.

sanctions: responses to an individuals' noncompliance with program conditions to promote the individual's behavioral change and eventual compliance and healing.

status/review hearing: Review hearings conducted by the wellness court to assess the progress (or lack thereof) of each wellness court participant.

violent offender: In the context of drug courts, the term refers to the definition of "violent offender" as set forth in the statutes that authorize federal funding for drug court programs and prohibit the use of these funds for a "violent offender." The statutes defines "violent offender" as a person who either (1) is charged with or convicted of an offense, during the course of which offense or conduct the person carried, possessed, or used a firearm or dangerous weapon; there occurred the death of, or serious bodily injury to any person; or there occurred the use of force against the person of another, without regard to whether any of the circumstances previously described is an element of the offense or conduct of which or for which the person is charged or convicted; or (2) has one or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm, 42 U.S.C. S 3796ii *et seq.*

Appendix C: Resource Materials Relating to Native American Treatment

- Beck, Peggy V., Walters, Anna L.; The Sacred Ways of Knowledge Sources of Life. Navajo Community College Press (1977)
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- Wegscheider-Cruse, Sharon. Another Chance: Hope and Health for the Alcoholic Family. Palo Alto, CA: Science and Behavior Books, Inc. (1983).
- Woititz, Geringer, Janet, EdD., Adult Children of Alcoholics. Health Communications, Inc. (1983).

Appendix D: Resource Materials Relating to Drug Courts

The following publications may be ordered from:

The National Criminal Justice Reference Service

P.O. Box 6000 Rockville, MD 20849-6000

Phone (800) 851-3420

Fax (410) 792-4358

puborder@ncjrs.org

Title:

NCJRS Number:

Healing to Wellness Courts: A Preliminary Overview	NCJ 178907
Promising Practices and Strategies to Reduce Alcohol and Substance Abuse Among American Indians and Alaska Natives	NCJ 183930
Looking at a Decade of Drug Courts	NCJ 171140
Defining Drug Courts: The Key Components	DD 165478
1997 Drug Court Survey Report Executive Summary	NCJ 168280
Drug Court Resources Series Practical Guide for Applying Federal Confidentiality Laws to Drug Court Operations	NCJ 176977
Juvenile and Family Drug Courts: An Overview	NCJ 171139
Guideline for Drug Courts on Screening and Assessment	NCJ 171143
Drug Court Monitoring, Evaluation, and Management Information Systems	NCJ 171138
Drug Court Identification and Testing in the Juvenile Justice System	NCJ 167889

National Association of Drug Court Professionals

901 North Pitt Street, Suite 370 Alexandria, VA 22314

Phone (703) 706-0576

Fax (703) 706-0577

Title:

NADCP Tribal Mentor Courts: A Regional Approach to Provide Training and Technical Assistance to Native American Healing to Wellness Courts by Native American Healing to Wellness Courts

OJP Drug Court Clearinghouse and Technical Assistance Project

4400 Massachusetts Ave, N.W., Washington, D.C. 20016-8159

Phone (202) 885-2875

Fax (202) 885-2885

Resource Publications:

Drug Court Practitioner's Guide to Confidentiality Regulations. Consultant: Rebecca Holland. June 1999.

Good Beginnings: Developing and Sustaining a Drug Court Alumni Association. March 2002.

Taking Aim: How to Develop and/or Refine Your Target Drug Court Population. August 2002.

The Interrelationship Between the Use of Alcohol and Other Substances by Addicted Persons.

Consultant: John Marr. August 2000.

Drug Testing in a Drug Court Environment. Consultants: Jerome Robinson and Dr. James Jones. August 2000.

The Interrelationship Between the Use of Alcohol and Other Substances by Addicted Persons.

Consultant: John Marr. August 2000.

Statistical Updates of Drug Court Program Activity:

Drug Court Activity Update: Summary Information on All Drug Courts with Detailed Information Regarding Participants and Impacts for Adult Programs: June 2001

Juvenile Drug Court Activity Update: Summary Information on Participants and Impacts: June 2001

Family Drug Court Activity Update: Summary Information on Participants and Impacts: June 2001

Tribal Drug Court Activity Update: Summary Information on Participants and Impacts: June 2001

Drug Court Activity Update: Composite Summary Information Regarding Participants and Impacts for All Programs: June 2001

Resource Memorandum, Reports and Other Publications

Applying Drug Court Concepts in the Juvenile and Family Environment: A Primer for Judges. June 2000 revised

Background Information on State Court Administrative Office Activities in Support of Local Drug Court Programs: May 2001

Background Information on State Court Administrative Office Activities in Support of Local Drug Court Programs: Summary Analysis of Survey Responses. February 2001.

Compilation Summary Analysis of Sixty Drug Court Evaluation Reports Published During the Period: 1995 - June 2000.

Part I: Overview

Part II: Adult Programs

Part III: Juvenile Programs.

Compilation of Tribal Drug Court Operational Materials; June 2001

Cost Benefits Reported By Drug Court Programs. Memorandum Report. August 2001 (updated)
Estimated Costs for Post Natal Care of Drug Exposed Babies. March 2002.
Handling of Tobacco Use by Juvenile Drug Court Participants: Program Policies and Experience. December 1999
Juvenile Drug Courts: Where Have We Been? Where Should We Be Going? Caroline S. Cooper, Michael Nerney, Judge John Parnham, and Betsy Smith. February 2000 (Final Draft)
Juvenile and Family Drug Courts: An Overview. 2000 (rev.)
Looking at a Decade of Drug Courts. 2000 (rev.)
Meeting of State Drug Court Coordinators: February 22-23, 2001. American University. Summary of Meeting Discussions. March 2001.
Memo to DCPO Re Drug Court Services Being Provided to Women. January 1999
Strategies for Institutionalizing Drug Court Programs. Summary of Focus Group Discussions and Recommendations. February 13-14, 1998. January 1999 (final)

Annual Compilations of Legal Resources

Selected Federal, State and Tribal Court Decisions Relating to Drug Court Programs:
Part I: Memorandum: Decision Summaries: June 2002
Part II: Court Decisions: June 2002
State and Tribal Statutes Relating to Drug Court Programs (Rev.): June 2002
Pending Bills in State Legislatures Relating to Drug Court Programs. June 2002
Rules of Court Enacted by State and Local Courts Relating to Drug Court Program :June 2002

Survey Reports

2000 Drug Court Survey Report:
Executive Summary
Volume I: Judicial System Perspectives (Part I)
Volume II: DUI Drug Courts
Volume II: Criminal Justice Agency Perspectives (Part III: Defense; Part IV: Prosecution; Part V: Law Enforcement; and Part VI: Corrections)
Volume III: Treatment Provider Perspectives (Part VII)
Volume IV: Participant Perspectives (Part VIII)

Curriculum

Cultural Proficiency Curriculum for the Drug Court Practitioner. (eight modules). Encounter Medical Group (foundation materials); National Development Research Institutes (final curriculum). August 2002.
Cultural Proficiency in Drug Court With African American Men. National Development Research Institutes. August 2002.
Team Building for Drug Courts. Frank Gavin. July 2002.

The National Clearinghouse for Alcohol and Drug Information

Phone (800) 729-6686

Fax (301) 468-6433

<u>TIP # :</u>	<u>Title/Reference #:</u>
TIP 3	Screening and Assessment of Alcohol-and Other Drug-Abusing Adolescents BKD108
TIP 4	Guidelines for the Treatment of Alcohol-and Other Drug-Abusing Adolescents BKD109
TIP 7	Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System BKD138
TIP 8	Intensive Outpatient Treatment for Alcohol and Other Drug Abuse BKD139
TIP 9	Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse BKD134
TIP 12	Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System BKD144
TIP 17	Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System BKD165
TIP 19	Detoxification from Alcohol and Other Drugs BKD172
TIP 21	Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juvenciles in the Justice System BKD169
TIP 23	Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing BKD 205
TAP 1	Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems PHD580
TAP 2	Medicaid Financing for Mental Health and Substance Abuse Services for Children and Adolescents PHD581
TAP 3	Need, Demand, and Problem Assessment for Substance Abuse Services HD582
TAP 4	Coordination of Alcohol, Drug Abuse, and Mental Health Services PHD583
TAP 6	Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems BKD81

- TAP 8 Relapse Prevention and the Substance-Abusing Criminal Offender
BKD121
- TAP 9 Funding Resource Guide for Substance Abuse Programs
BKD152
- TAP 10 Rural Issues in Alcohol and Other Drug Abuse Treatment
PHD662
- TAP 11 Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination
PHD663
- TAP 13 Confidentiality of Patient Records for Alcohol and Other Drug Treatment
BKD156
- TAP 17 Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas
BKD174
- TAP 18 Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance
PHD722
- TAP 19 Counselor's Manual for Relapse Prevention With Chemically Dependent
Criminal Offenders
PHD723
- TAP 20 Bringing Excellence to Substance Abuse Services in Rural and Frontier America
BKD220
- TAP 23 Substance Abuse Treatment for Women Offenders: Guide to Promising Practices
BKD310

National Drug Court Institute

901 North Pitt Street, Suite 370 Alexandria, VA 22314
Phone (703) 706-0576
Fax (703) 706-0577

Title:

Research on Drug Courts: A Critical Review, CASA, 1998
NDCI Fact Sheet, No. 1: Family Drug Courts; An Alternative Approach
to Processing Child Abuse and Neglect Cases
Federal Confidentiality Laws and How They Effect Drug Court Practitioners, 1999
Drug Courts: A Research Agenda, 1999
Drug Court Publications: Resource Guide, 1999
DUI/Drug Courts: Defining a National Strategy, Monograph #1, 1999
Development and Implementation of Drug Court Systems, Monograph #2, 1999
Drug Courts: A Revolution in Criminal Justice

Other:

Notre Dame Law Review, "Therapeutic Jurisprudence and the Drug Treatment Court
Movement," Vol. 74, 2, January 1999

Appendix E: Tribal Advisory Committee (TAC) to Tribal Healing to Wellness Courts

Adrienne Active, Wellness Coordinator, Alaska Federation of Natives (Alaska)
Max Aguiar, Prosecutor, Gila River Indian Community
Donna Arch, Court Counselor, Eastern Band of Cherokee Indians (North Carolina)
Caroline S. Cooper, Director, Drug Court Clearinghouse, American University
(Washington, D.C.)
Hon. Brenda C. Desmond, Special Master, Missoula County Judicial District (Montana)
James Edwards, Caseworker/Consultant, Cook County Social Casework Department (Illinois)
Reba Elders, Treatment Specialist, Eastern Band of Cherokee Indians (North Carolina)
Hon. Mark Filosa, Special Master, 3rd Judicial District Juvenile Drug Court (New Mexico)
Lisa Jaeger, Tribal Government Specialist, Tanana Chiefs Conference, Inc. (Alaska)
Hon. Joseph Flies-Away, Associate Judge, Hualapai Tribal Court (Arizona)
Richard Franits, Director, Youth and Family Counseling (New Mexico)
H. Chico Gallegos, Staff Counsel & Chief Financial Officer, Native American Alliance
Foundation (Oklahoma)
Jerry Gardner, Executive Director, Tribal Law and Policy Institute (California)
Cindy Haro, Attorney, Legal Services of the Virgin Islands (United States Virgin Islands)
Brian Hendrix, Executive Director, Payne County Drug Court, Inc. (Oklahoma)
Susan James-Andrews, President, James-Andrews and Associates (Virginia)
Hon. Ronald E. Johnny, Chief Judge, Duckwater Shoshone Tribal Court (Nevada)
Hon. B.J. Jones, Chief Judge, Sisseton-Wahpeton Tribal Court (North Dakota)
Hon. Richard Martin, Judge, Native Village of Chickaloon (Alaska)
Kimberly Martus, Tribal Justice Consultant, Alaska Tribal Justice Resource Center (Alaska)
Hon. Jeff Maupin, Judge, Native Village of Barrow (Alaska)
Dave McCullough, Attorney, Michael Minnis and Associates (Oklahoma)
Ada Pecos Melton, President, American Indian Development Associates (New Mexico)
Doug Modig, Consultant, Gathering of Eagles (Alaska)
Elton Naswood, Program Manager, Tribal Law and Policy Institute (California)
Hon. Jay Pedro, Judge, Gila River Indian Community (Arizona)
Ray Perales, Consultant, Native American Alliance Foundation (Wisconsin)
Edward Reina, Chief of Police, Yavapai-Prescott Indian Tribe (Arizona)
Hon. Pat Riggs, Judge, Ysleta Del Sur Pueblo (Texas)
Ann Wallace-Filosa, Program Director, Las Cruces Juvenile Drug Court (New Mexico)
Clarissa Rodrigues-Coelho, Program Manager, Drug Courts Program Office (Washington,
D.C.)
Donna White, Court Administrator, Poarch Band of Creek Tribal Court (Alabama)
Dr. Kenneth Robinson, President, Correctional Counseling, Inc. (Tennessee)
Edward Vance, Tribal Court Prosecutor, Yavapai-Apache Nation (Arizona)
Hon. Don Sollars, Tribal Judge Emeritus, Blackfeet Tribal Alternative Court (Montana)
Hon. Ernest White, Judge, Poarch Band of Creek Tribal Court (Alabama)
Hon. Irene Toledo, District Judge, Navajo District Court (New Mexico)
Hon. Jill E. Tompkins Shibles, Executive Director, National Tribal Justice Resource
Center (Colorado)
Janna Walker, Executive Director, Native American Alliance Foundation (Oklahoma)
Jonathan Whitefoot, Public Safety Commissioner, Yakama Nation (Washington)
L Winnemucca, Contract Facilitator, Native American Alliance Foundation (Florida)

Pat Sekaquaptewa, Associate Director, Tribal Law and Policy Institute (California)
Randrick (Kimo) Souza, Project Coordinator, Mesa Gang Intervention Project (Arizona)
Rita Weeks, Court Administrator, Fort Peck Tribal Court (Montana)
Sarah Stuckey, Counselor, Youth and Family Counseling (New Mexico)
Susan Spotted Bear, Program Director, Blackfeet Tribal Alternative Court (Montana)
Wayne Weston, Program Development Specialist, Cangleska, Inc. (South Dakota)
Wilbur Woodis, Data Manager/Counselor, Indian Health Service (Maryland)

Appendix F: Sources of Additional Information on Healing to Wellness Courts

Tribal Law and Policy Institute (TLPI)

Jerry Gardner, Executive Director
Pat Sekaquaptewa, Associate Director
Elton Naswood, Program Manager
8235 Santa Monica Blvd., Suite 211
West Hollywood, California 90046
Telephone: 323/650-5467 Fax: 323/650-8149
Website - <http://www.tribal-institute.org>

Native American Alliance Foundation (NAAF)

Janna Walker, Executive Director
Chico Gallegos, Staff Counsel and Chief Financial Officer
7844 95th East Avenue
Tulsa, OK 74133
Telephone: 918/461-2190 Fax: 918/461-2290
Website: www.native-alliance.org

OJP Drug Court Clearinghouse & Technical Assistance Project

Caroline S. Cooper, Director
School of Public Affairs
American University
4400 Massachusetts Avenue, N.W., Brandywine 100
Washington, D.C. 20016-8159
Telephone: 202/885-2875 Fax: 202/885-2885
Website - <http://www.american.edu/justice>

Bureau of Justice Assistance

Office of Justice Programs
U. S. Department of Justice
810 Seventh Street N.W.
Washington D. C. 20531
Tel: 202-616-6500 Fax: 202-305-1367
Website - <http://www.ojp.usdoj.gov/BJA>

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Agency
Rockwall II Building, Suite 740
5600 Fishers Lane
Rockville, MD 20857
Phone 301-468-2600 or 1/800/729-6686 - National Clearinghouse for Alcohol and Drug Information
website: www.samhsa.gov/csat/csat.htm