

Treatment Phase Advance NOMINATION: Phase 1 to Phase 2

THIS IS AN OFFICIAL COURT DOCUMENT, subjecting you to an oath of full truth. This is a NOMINATION form.

No dates/expectations are ever guaranteed to any client. All phase ups are a request for the team to consider at the closest court date to phase up completion.

NAME: _____

It is my testimony that I have been 100% compliant with all rules and regulations, including:

(Place a checkmark by all you have shown 100% compliance. If not, noncompliance in the line below).

- ☐ Attending my THREE 12-step support groups on time and participating in those meetings actively
 - ☐ Keeping my curfew of _____ and my ONE phone with me at all times with location on
 - ☐ Not fraternizing with anyone in our program, another program or legally disqualified
 - ☐ Respecting ALL staff and peers and being honest
 - ☐ Paying my fines and working full time (or school or CS as approved)
 - ☐ Complying with ALL medications that have been suggested/prescribed
 - ☐ Keeping confidentiality for all group members, staff members and individuals
 - ☐ Following ALL rules of the lab
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TREATMENT REQUIREMENTS:

- ☐ Read your court handbook at least 2 times
 - ☐ Arrived on time and participated in all required groups and 1:1 sessions
 - ☐ Completed all intake assessments
 - ☐ **Created an Individual Recovery Plan**
 - ☐ Learned and can share about the **12 steps of recovery**
 - ☐ Created a Crisis **Safety Plan**
 - ☐ **Created an Individual Coping Skills Card**
 - ☐ Established SAFE housing, suitable employment, and RELIABLE transportation or working on a plan?
 - ☐ Had a medical checkup and made a health plan?
 - ☐ **Family/Support Network Session?** Who participated: _____
 - ☐ Identified at least **3 seeds** of your addictive behavior: (how we got here)
 - ☐ Completed **First Step Inventory Project with your mentor and presented to Community Group?**
 - ☐ **Passed steps 1-3 of MRT Group**
 - ☐ **Confirmed you have a sponsor, sponsor is appropriate, and you have a weekly appointment**
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WRITING ASSIGNMENT: Attach to this document and hand in to your therapist. It must be an essay.

Question: Share your reasons for joining drug court, how you got sober, what has helped you the most with sobriety, what has been hardest about the program, and 5 goals of any kind that you achieved this phase.

Finish your essay with evidence (reasons/facts) that show you are ready to phase up.

Client Signature: _____ Date: _____

With my signature above, I confirm that I have met the requirements of phase 1 and would like to request advancement to Phase 2.

Therapist Signature: _____ Date: _____

With my signature above, I nominate this client to be considered for advancement to Phase 2.

Treatment Phase Nomination Form: Phase 2 to Phase 3

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NAME:

It is my testimony that I have been 100% compliant with all rules and regulations, including:

(Place a checkmark by all you have shown 100% compliance. If not, write noncompliance in the line below).

- ☐ Attending my TWO 12-step support groups on time and participating in those meetings actively
 - ☐ Keeping my curfew of _____ and my ONE phone with me at all times with location on
 - ☐ Not fraternizing with anyone in our program, another program or legally disqualified
 - ☐ Respecting ALL staff and peers and being honest
 - ☐ Paying my fines and working full time at a stable, consistent job
 - ☐ Complying with ALL medications that have been suggested/prescribed
 - ☐ Keeping confidentiality for all group members, staff members and individuals
 - ☐ Following ALL rules of the lab
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TREATMENT REQUIREMENTS:

- ☐ Arrived on time and participated in all required groups and 1:1 sessions with homework on time
 - ☐ **Created a Phase 2 Individual Recovery Plan**
 - ☐ Discussed SAFE housing, consistent employment, and RELIABLE transportation or working on a plan?
 - ☐ Updated your Crisis **Safety Plan & your Individual Coping Skills Card**
 - ☐ Confirmed health plan, medical care, appts, insurance or resources for access
 - ☐ Completed and discussed your **4 part recovery plan**
 - ☐ Completed **Budget and set appropriate goals**
 - ☐ Completed/discussed your **People/Places/Things List**
 - ☐ **Family/Support Network Session?** Who participated: _____
 - ☐ Completed and shared **spirituality project**
 - ☐ **Passed all MRT steps and given therapist your book**
 - ☐ **Confirmed your sponsor is appropriate and active with at least weekly appointment**
 - ☐ **Presented evidence of step 2-3 of the 12 steps of recovery in group**
 - ☐ **Discussed all life changes with therapist prior to taking any action**
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WRITING ASSIGNMENT: Attach to this document and hand in to your therapist. It must be an essay.

Question: Now that you have achieved at least 60 days or more of sobriety, please share all the areas of your life that show change and recovery. Identify any parts of your life that DO NOT reflect recovery yet. Share what you learned about yourself in Steps 2-3 of the 12 Steps of Recovery. Be honest and descriptive. Give evidence of what you've learned, changes you've made or how you've grown in recovery in THIS phase and why you've earned phase up to 3.

Client Signature: _____ Date: _____

With my signature above, I confirm that I have met the requirements of phase 2 and would like to request advancement to Phase 3.

Therapist Signature: _____ Date: _____

With my signature above, I nominate this client to be considered for advancement to Phase 3.

Treatment Phase Advance Nomination: Phase 3 to Phase 4

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NAME:

It is my testimony that I have been 100% compliant with all rules and regulations, including:

(Place a checkmark by all you have shown 100% compliance. If not, write noncompliance on line below).

- ☐ Attending my TWO 12-step support groups on time and participating in those meetings actively
 - ☐ Keeping my curfew of _____ and my ONE phone with me at all times with location on
 - ☐ Not fraternizing with anyone in our program, another program or legally disqualified
 - ☐ Respecting ALL staff and peers and being honest
 - ☐ Paying my fines and working full time at a consistent job
 - ☐ Complying with ALL medications that have been suggested/prescribed
 - ☐ Keeping confidentiality for all group members, staff members and individuals
 - ☐ Following ALL rules of the lab
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TREATMENT REQUIREMENTS:

- ☐ Arrived on time and participated in all required groups and 1:1 sessions
 - ☐ **Created a Phase 3 Individual Recovery Plan**
 - ☐ Confirmed SAFE housing, consistent employment, and RELIABLE transportation or working on a plan?
 - ☐ Updated your Crisis **Safety Plan & your Individual Coping Skills Card**
 - ☐ Confirmed health plan, medical care, appts, insurance or resources for access
 - ☐ Identified loss and/or trauma, and attachment in childhood/adulthood
 - ☐ Completed **Life Story Preparation of Self-Soothing Techniques Top 5 & Timeline Plan**
 - ☐ Discussed/completed any education/career needs or goals
 - ☐ **Family/Support Network Session?** Who participated: _____
 - ☐ Completed/discussed your **People/Places/Things List**
 - ☐ **Update Budget, Program LEGALS, and TB and RPR TESTS**
 - ☐ **Presented evidence of step 3-4 of the 12 steps of recovery in group**
 - ☐ Completed homework ON TIME for 1:1 sessions and W group
 - ☐ **Discussed all life changes with therapist prior to taking any action**
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Writing Assignment: You have at least 1 year sober, and should now have an understanding of recovery. What is the difference between sobriety and recovery that you've seen in your own life? Give evidence of how you've changed or grown in THIS phase and why you have earned phase up to 4. This must be an essay.

Client Signature: _____ Date: _____

With my signature above, I confirm that I have met the requirements of phase 3 and would like to request advancement to Phase 4.

Therapist Signature: _____ Date: _____

With my signature above, I nominate this client to be considered for advancement to Phase 4.

Treatment Phase Nomination Form--Phase 4 to Phase 5

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NAME:

It is my testimony that I have been 100% compliant with all rules and regulations, including:

(Place a checkmark by all you have shown 100% compliance. If not, write your noncompliance on line below).

- ☐ Attending my TWO 12-step support groups on time and participating in those meetings actively
 - ☐ Keeping my curfew of _____ and my ONE phone with me at all times with location on
 - ☐ Not fraternizing with anyone in our program, another program or legally disqualified
 - ☐ Respecting ALL staff and peers and being fully honest
 - ☐ Paying my fines and working full time
 - ☐ Complying with ALL medications that have been suggested/prescribed
 - ☐ Keeping confidentiality for all group members, staff members and individuals
 - ☐ Following ALL rules of the lab
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TREATMENT REQUIREMENTS:

- ☐ Arrived on time and participated in all required groups and 1:1 sessions
 - ☐ **Created a Phase 4 Individual Recovery Plan**
 - ☐ Update ASAM/ANSA assessments, **Safety Plan & your Individual Coping Skills Card**
 - ☐ Confirmed SAFE housing, consistent employment, and RELIABLE transportation or working on a plan?
 - ☐ Had a medical checkup and completed any medical appts needed
 - ☐ **Completed a resume &** Discussed/completed any education/career needs or goals
 - ☐ **Have an approved Recovery Service Project**
 - ☐ **Focused Relationship Therapy?** Who participated: _____
 - ☐ Completed/discussed your **People/Places/Things List**
 - ☐ **Presented evidence of step 6-9 of the 12 steps of recovery in group**
 - ☐ Completed **Life Story**
 - ☐ **Completed 4 group peer shadows at @ group and mentored at least one First Step**
 - ☐ Completed homework ON TIME for 1:1 sessions
 - ☐ Confirmed your relationship with your sponsor and minimum weekly appointment
 - ☐ **Discussed all life changes with therapist prior to taking any action**
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Writing Assignment: Share the connections you've made between your past, your addiction, your recovery and your present after completing your life story project. Give evidence of what you've learned, changes you've made or how you've grown in recovery in THIS phase and why you've earned phase up to 5. This must be an essay.

Client Signature: _____ Date: _____

With my signature above, I confirm that I have met the requirements of phase 4 and would like to request advancement to Phase 5.

Therapist Signature: _____ Date: _____

With my signature above, I nominate this client to be considered for advancement to Phase 5.

Treatment Phase Nomination Form--Phase 5 to Graduation

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NAME:

It is my testimony that I have been 100% compliant with all rules and regulations, including:

(Place a checkmark by all you have shown 100% compliance. If not, write noncompliance in the line below).

- ☐ Attending my TWO 12-step support groups on time and participating in those meetings actively
 - ☐ Keeping my curfew of _____ and my ONE phone with me at all times with location on
 - ☐ Not fraternizing with anyone in our program, another program or legally disqualified
 - ☐ Respecting ALL staff and peers and being fully honest
 - ☐ Paying my fines and working full time
 - ☐ Complying with ALL medications that have been suggested/prescribed
 - ☐ Keeping confidentiality for all group members, staff members and individuals
 - ☐ Following ALL rules of the lab
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TREATMENT REQUIREMENTS:

- ☐ Arrived on time and participated in all required groups and 1:1 sessions with homework on time
 - ☐ **Discussed all life changes with therapist prior to taking any action**
 - ☐ **Confirmed your relationship with sponsor** and minimum weekly appointment
 - ☐ **Created a Phase 5 Individual Recovery Plan**
 - ☐ Updated your **Crisis Safety Plan & your Individual Coping Skills Card**
 - ☐ Discussed SAFE housing, suitable employment, and RELIABLE transportation or working on a plan?
 - ☐ Completed/discussed your **People/Places/Things List**
 - ☐ Had a medical checkup if needed, have a medical plan, and insurance/resources
 - ☐ **Completed a recovery maintenance/contingency plan**
 - ☐ **Family/Support Session:** Who participated: _____
 - ☐ **Presented evidence of step 9-12 of the 12 steps of recovery in group**
 - ☐ **Completed 4 group peer shadows at @ M group**
 - ☐ Completed **exit assessments (ANSA and LSI and ASAM)**
 - ☐ Completed **Goodbye Letters**
 - ☐ **Completed 10 hour Recovery Service Project**
 - ☐ Completed **surveys and all required discharge documents**
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Writing Assignment: Review all your accomplishments in drug court and how you accomplished them. Share the major differences between you in addiction and you in recovery. Share your 6 month plan of support/aftercare safety. Make a list of the top 5 people, places or things to avoid. Give evidence of what you've learned, changes you've made or how you've grown in recovery in THIS phase and why you've earned graduation. This must be an essay.

Client Signature: _____ Date: _____

With my signature above, I confirm that I have met the requirements of phase 5 and would like to request graduation.

Therapist Signature: _____ Date: _____

With my signature above, I nominate this client to be considered for graduation.

ORIENTATION PHASE: (Day 1-45): INTAKE

Weekly check-ins with Coordinator to complete:

Discuss Entire COURT Handbook & Treatment Rules
Complete all Intake Assessments

Complete mental health screenings as needed

Individual orientation sessions 1x per week

Create a Crisis **Safety Plan & Monthly Calendar**

Family Session-Support & Welcome

Attend 3 therapy groups per week on MWR

PHASE 1 Goals: STABILIZATION (4 month minimum)

Individual Therapy Sessions and homework 2x month

Continue attending **3 therapy groups** per week (MWR)

Attend **Support Groups** 3x (3 hours) per week

Identify **seeds/characteristics** of addiction

Address **compliance issues with treatment interventions**

Complete a **Family Session**

Complete **First Step Inventory Project** with approved mentor

Discuss basic knowledge of **12 Steps**

Actively address **treatment goals** & complete ongoing homework

Phase 2 Goals: RELAPSE PREVENTION (4 months minimum)

Continue attending **3 therapy groups** per week (and show growth)

Attend **Support Groups** 2x (2 hours) per week

Establish Sponsor and continue 12 step work and check-ins

Continue **Individual Therapy Sessions and all homework**

Actively address **compliance, recovery and goals** in therapy

Learn about **Relapse Prevention**—Early, Middle and Late Warning Signs

Complete **4-Part Recovery Plan Project**

Family Therapy Session(s): (# as needed)

Recommended Step Work Review – 2 & 3

Phase 3 Goals: PERSONAL VALUES (4 months minimum)

Attend **2 Therapy Groups** per week (M,W)

Attend **Support Groups** 2x (2 hours) per week

Continue **Individual Therapy Sessions and all homework**

Actively address **compliance, recovery and goals** in therapy

Family Therapy Session(s) (# as needed)

Explore & complete **Spirituality Project**

Identify **loss, trauma and/or attachment** treatment needs

Review/revise appropriate **Budget**

Explore **career/school goals** with vocational assessment/planning

Recommended Step Work Review – 4 & 5

Phase 4 Goals: NARRATIVE EXPLORATION (6 months minimum)

Attend **1 therapy group per week** (M)

Attend **support groups** 2x (2 hours) per week

Complete **Life Story Narrative Project (at least 4 sessions)**

Address **loss, trauma or attachment needs**

Focused Family Therapy (1-6 couples/family sessions as needed)

Show **leadership** & engagement in group participation

Continue **Individual Therapy Sessions and all homework**

Actively address **compliance, recovery and goals** in therapy

Complete a **Resume & Explore Work/School Goals**

Begin **Peer Shadow Groups**—4 Wednesdays

Recommended Step Work Review – 6-9

Phase 5 Goals: RECOVERY MAINTENANCE (6 months minimum)

Show **leadership in Community Coping Group 1st, 3rd, & 5th Mondays**

Attend **Support Groups** 2x(2 hours) per week

Complete **Individual Therapy** goals/homework

Family Therapy Session(s) (# as needed)

Complete **Recovery-Focused Service Project (10 hours)**

Complete Peer Shadow Groups -4 additional Mondays or Wednesdays

Update Resume and/or Budget (*as needed*)

Complete your **Goodbye letters** (Choose recipients with therapist)

Complete **Exit LSI-R and ANSA Assessments**

Complete **Discharge Summary, Aftercare Plan & Surveys**

Recommended Step Work Review – 10-12

****In every phase, therapist and client will address/review mental, emotional and behavioral health needs. Client will comply with treatment recommendations, including assessments for physical or emotional wellness. Clients will discuss and explore any need or use of medication, observe medication-compliance and share documentation from a licensed MD for any medication changes to gain approval.