

Rideauwood Addiction and Family Services

Ottawa Drug Treatment Court Program



Case Management

Practice Guidelines



These Guidelines and the DTC Program continue to evolve and are subject to additions and deletions. This document will be reviewed and revised periodically. For the most recent version of this document in .pdf format, please contact DTCO at dtco@rideauwood.org

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Introduction

Case management is a core activity of structured treatment that involves setting goals and interventions based on participant needs as identified by assessment, and then planning how to meet those goals with the participant.

This is accomplished by combining intervention strategies into a structured treatment plan based upon the individual needs of each participant. A range of treatment interventions applied concurrently or sequentially are available, including: individual counselling; group counselling; day treatment; residential treatment; nursing care; psychiatric assessment/treatment; vocational counselling; etc.

Ottawa Drug Treatment Court (DTCO) Commitment

DTCO is committed to three mutually supportive and equally important goals:

- ◆ Addressing the substance taking behaviour of participants with interventions that encourage and support abstinence.
- ◆ Addressing criminogenic needs with interventions that support long-term change to thinking and behaviour patterns related to offending.
- ◆ Promoting improved quality of life in the areas of housing, employment/education, recreation & leisure, community, and relationships.

Why produce practice guidelines?

Establishing Practice Guidelines that articulate an evidence-based approach to intervention is essential to maintaining program integrity and improving treatment effectiveness. The guidelines laid out in this document are intended to:

- ◆ Provide guidance to improve the effectiveness of case management.
- ◆ Provide a structured framework for treatment services.
- ◆ Assist case managers in tailoring case management planning to specific phases and/or the specific needs of each individual participant.
- ◆ Set out the necessary elements of case planning while retaining flexibility to allow for individual participant needs.
- ◆ Set out case management activities and models that inform practice across the DTCO continuum of care. These guidelines are augmented by facilitator manuals specific to each program/group within the DTCO continuum and also by the DTCO practice memorandum.

Roles in Drug Treatment Court Case Management

The roles and responsibilities outlined below are not complete position descriptions, but outline the roles and responsibilities relevant to case management duties only.

Program Manager

The Program Manager directs, supervises and oversees all case management activities. The Program Manager is ultimately accountable for approving all case management decisions and provides clinical supervision to DTCO staff.

The Program Manager is responsible for conducting the initial interview with all applicants, determining their suitability for DTCO, and making a recommendation to the court team for either admission or non-admission into the program. Throughout the interview process, the Program Manager provides motivational counselling to prepare participants for release into the community and the DTCO program. This role also involves release planning to determine the needs the participant will have upon release. This information informs the release plan and case management activities and covers a range of key needs, such as, housing, medical/dental, and income.

The Program Manager also reviews all Progress Reports that are submitted by the Case Managers, audits them for clarity and accuracy, and presents them to the DTCO team in pre-court and court, reporting on the treatment progress of ongoing participants.

Case Manager

Each participant is assigned a Case Manager who acts as their primary counsellor throughout their participation in DTCO. The Case Manager conducts both individual and group counselling sessions under the

supervision of the Program Manager.

The Case Manager provides an on-going assessment of participants' treatment needs and guides them through the treatment continuum— working with participants to develop or modify their treatment plans as needed and identify treatment goals.

The Case Manager helps participants reintegrate into the community and helps them adjust into the intensive DTCO treatment program. They assist clients with housing, addressing acute needs, referrals to residential treatment and/or detox, income support, etc. The Case Manager also sets curfews, red zones and non-association limits. Case management activities rely upon a community reinforcement approach, as described in the next chapter, with particular emphasis on flexibility and outreach services in the early stages. As participants begin to stabilize and become familiar with the expectations of DTCO, expectations for compliance and self-reliance increase.

The Case Manager ensures participants meet the requirements for graduation of the DTCO program; i.e., that participants complete all required programs, frequency of individual counselling provides sufficient support, make referrals to other programs, agencies or services as needed. The Case Manager will follow-up with referrals to ensure the service is meeting the needs of the participants and that the participant is complying with the requirements of the service provider.

Nurse Practitioner

The Nurse Practitioner provides on-going health and lifestyle support and care to participants through weekly appointments at the treatment centre and at a local health clinic as required. As needed, the Nurse

Practitioner makes referrals to other health services and follows up with them to monitor health issues.

Clinical Psychologist

A Clinical Psychologist, who has extensive experience as a clinical director and program developer in the corrections system, is available to provide clinical consultation for individual participants and consult on the overall program development and maintenance.

Administrative Assistant

The Administrative Assistant manages DTCO files and the DTC Information System.

DTCO Files

The hard copy DTCO files will contain the following information, as applicable;

- ◆ Application and waiver
- ◆ Release conditions
- ◆ Consent to disclosure of information (DTCO) and any other consent forms as required
- ◆ Health screen and fitness to participate
- ◆ Participation waiver
- ◆ Full Intervention and Assessment for Treatment (FIAT) and all other assessments
- ◆ Treatment plans
- ◆ Progress reports
- ◆ Pre-sentence reports (historical, as provided during the intake process)
- ◆ Exit summaries
- ◆ Urine drug test results
- ◆ Contact information for ON Works or ODSP case worker, probation officer, and any other collateral contacts

- ◆ Tombstone data, OHIP number and emergency contact information
- ◆ Any letters or correspondence

DTC Information System (DTCIS)

The DTCIS is provided by Justice Canada. It will contain an electronic version of the FIAT and all case notes will be entered into this system. Case notes are descriptions of all contacts with a participant and collaterals relevant to that participant.

Treatment Approaches That Inform Case Management

While a range of effective psycho-social treatments are available to address substance dependency and criminal behaviours, Case Managers rely primarily upon the following evidence-based models.

Cognitive Behavioural Therapy (CBT)

CBT has been extensively evaluated in rigorous clinical trials, has solid empirical support as treatment for substance dependence and is consistent with effective correctional treatment approaches. In particular, evidence points to the durability of CBT's effects, as well as its effectiveness with sub-groups of more severely dependent substance abusers and high risk offenders. No significant differences have been found in outcome or retention for participants who seek treatment because of court or probation pressure and those who have DSM-IV diagnoses of antisocial personality disorder or other Axis II disorders, nor has outcome varied by participant race/ethnicity or gender.

Transtheoretical Model (TTM)

TTM has been the basis for developing effective interventions to promote health behaviour change since the 1980s. TTM is a model of intentional behaviour change that focuses on the decision making of the individual involving a cycle of distinct cognitive markers that describe five unique Stages of Change (pre-contemplation, contemplation, preparation, action, and maintenance). Transition between stages results from experiential and behavioural processes that the individual experiences, called the Processes of Change. Each of these stages are characterized by changes in decisional balance; that is, the balance

between benefits and costs associated with engaging in a particular behaviour.

Motivational Interviewing (MI)

Motivational Interviewing (MI) is a technique based on TTM but focusing mainly on the area of motivation. Motivation to change is defined as a behavioral probability—something that can be developed rather than something that is either present or absent in a person. MI is a directive, client-centered counselling style for enhancing intrinsic motivation to change by identifying and resolving ambivalence. Although originally developed for drinkers, MI has been used with a wide range of behaviours and populations, including drug use and criminal justice populations.

The Disease Concept Model

The disease concept model introduces participants to the *concept* of understanding addiction as a disease. As a result of this understanding, participants view their addiction as similar to other diseases, with a biological cause, a specific set of signs and symptoms and a clinical course. This understanding can help participants to follow treatment recommendations, and can reduce shame and guilt commonly associated with chemical dependency.

Like other treatment programs, this program uses the disease concept model in conjunction with cognitive and behavioural models. The disease model is particularly useful in promoting abstinence from all mood altering substances and emphasizing chronicity and progression. The cognitive and behavioural models' primary utility is in the focus and specific tools for modifying thinking and behaviour patterns associated

with substance use and criminal behaviour.

Cognitive Therapy (CT)

CT is a system of psychotherapy that attempts to reduce excessive emotional reactions and self-defeating behaviour by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie their reactions. CT emphasizes identifying, understanding and changing underlying beliefs about the self, and the self in relation to substance use. In CT a Socratic approach focuses on cognitions to lead the participant through a series of questions that generate insight to reduce/eliminate substance use by changing the way the participant thinks. A CT approach assists participants in identifying and countering cognitive distortions that, while logical, are not rational and can instigate thought processes that lead to socially and psychologically destructive behaviour.

Community Reinforcement Approach (CRA)

CRA, like CBT understands substance abuse in terms of its antecedents and consequences. This multi-component treatment as a whole, and several of its components, have been demonstrated to be efficacious in controlled clinical trials conducted in outpatient settings.

CRA focuses on lifestyle changes since high levels of satisfaction in a drug-free lifestyle are needed to compete with the reinforcement derived from drug use. CRA also utilizes contingency management strategies, in recognition that abstinence is difficult to achieve and may not result in sufficient immediate natural rewards.

The CRA approach is flexible in acknowledgment that some participants may initially present as oppositional, disorganized, inflexible, or ambivalent about

participating in treatment. Such characteristics are seen as part of the substance-dependence problem and, as such, behaviours that need to be changed over time.

Case Managers are actively involved in outreach activities, particularly during the stabilization/acute phase of treatment. This includes taking participants to appointments, interviews, assessments, having participants make phone calls while in the office, etc. Case Managers model and facilitate an attitude of achieving tasks rather than simply talking about them.

Satisfying, gainful employment or career activities play an important role in achieving and maintaining abstinence. Therefore, vocational counselling is an important component of CRA.

Relapse Prevention

Relapse Prevention is an empirically proven CBT approach that focuses on teaching participants to identify and develop strategies to avoid high-risk situations and cope with triggers and cravings. RP also teaches participants to cope with relapse, and to recognize, challenge and manage using thoughts.

Supportive Counselling

Counselling is a humanistic, client-centered, non-directive approach to the problems presented by an individual. It is a systematic process, which gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of well-being. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict or improving relationships with others. Supportive techniques assist participants to feel comfortable in discussing personal experiences and expressive techniques help

the identification and working through of personal relationship issues.

12 Step Meetings (TSM)

While attending TSM is not required, it is strongly encouraged. Attending meetings can be very helpful in supporting efforts to become or remain abstinent. Though not all participants will adopt the precepts of TSM, Case Managers encourage participants to view going to meetings as a coping strategy when faced with strong urges to use.

New evidence has been found in support of the hypothesis that personal characteristics affect what kind of treatment will work best to achieve and sustain abstinence. For example, one study found that participants who scored low on tests of abstract reasoning or had high scores on a scale measuring religious motivation, tended to have better outcomes attending TSM than with CBT based treatment.

Factors Associated with the Therapist

Research on empathy, warmth and genuineness– the core conditions for therapy – is voluminous and has been part of the psychotherapy literature since the 1960s.

More recently, researchers have examined therapist effectiveness in the treatment of substance using clients and identified specific factors associated with the therapist which may contribute to good outcomes for clients. In all of the approaches listed, an effective therapist will:

- ◆ Be empathic and authoritative
- ◆ Participate in supervision
- ◆ Take a non-blaming, non-judgmental stance
- ◆ Use motivational dialogue
- ◆ Be a good listener
- ◆ Be in good psychological health

- ◆ Develop a helping, collaborative relationship with the participant.

The Role of Effective Correctional Treatment

While the Ottawa Drug Treatment Court is not a correctional treatment program per se, it does serve an offender population. As such, the principles of effective correctional treatment are adopted and adhered to. The guiding principals of effective correctional treatment are:

- ◆ **Risk Principle:** Programming is most effective when applied to offenders assessed as being at higher risk for recidivism. Applying programming to low-risk offenders does not have significant positive impact and may cause negative effects. Intensive intervention services should be reserved for those assessed as “high risk” for further criminal behaviour.
- ◆ **Need Principle:** Effective correctional programming targets dynamic risk factors that are theoretically and empirically predictive of criminal behaviour. Identification of needs helps to determine what should be changed in an offender’s life to reduce the potential to re-offend. When there is an identified need, there is an on-going requirement to consider appropriate intervention.
- ◆ **Responsivity Principle:** Personal/emotional factors influence how offenders respond to intervention content and delivery. Programming is based on the belief that maladaptive thinking can be changed through evidence-based interventions and that new thinking and behaviours can be taught. Effective correctional programming is structured and based on cognitive behavioural techniques that respond to the learning styles and deficits of offenders and their personal/emotional factors.

- ◆ **Program Integrity:** Effective programming is achieved through standardized and consistently delivered programs that adhere to the principals set out in this chapter. Training and facilitator manuals are developed for all group interventions to ensure that services are delivered as intended.
- ◆ **Offender Interventions:** A number of specific treatment techniques and components have been associated with significant reductions in post-treatment substance use with criminal justice clients. The following interventions are consistent with the interventions listed in this chapter:
 - ◆ Social skills training
 - ◆ Problem-solving skills
 - ◆ Coping skills training
 - ◆ High risk identification skills
 - ◆ Structured relapse prevention (cognitive behavioural)
 - ◆ Goal-setting in treatment
 - ◆ Motivational Interviewing/ Enhancement techniques
 - ◆ Cognitive restructuring techniques targeting anti-social attitudes and values
 - ◆ Employment skills
 - ◆ Stress management training
 - ◆ Maintenance, monitoring, and aftercare
 - ◆ Community reinforcement techniques

Intake and Admission

Intake is a multi-phase process whereby participants enter the DTCO treatment program, as illustrated in Figure 1.

Application

Applicants to the DTCO complete the *DTCO Application and Waiver* with their lawyer. Completed applications are submitted to either the federal or provincial assistant crown attorney assigned to DTCO (depending on type of charges).

Crown Screening

Applications are screened by the assistant crown attorney to determine if they meet legal eligibility criteria. The crown has the right to veto any application. The next stage of the Intake process is initiated when the crown provides treatment with a copy of the *DTCO Application and Waiver*.

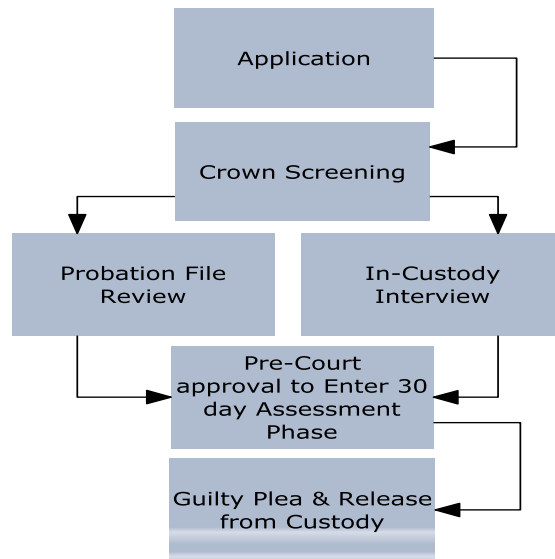
Full Interview for Assessment and Treatment (FIAT)

The FIAT is a psycho-social interview that is completed prior to admission to DTCO and conducted at the Detention Centre and/or in the cell block of the courthouse. It is typically completed within 7 days and may require several appointments. The FIAT collects relevant historical information is used to determine suitability and eligibility for treatment, enhance motivation, initiate treatment engagement, and is the basis for release planning.

In order to move on to the next phase in the application process the FIAT must determine that the applicant:

- ◆ has an active addiction
- ◆ is physically able to participate
- ◆ expresses some motivation to participate
- ◆ is intellectually/psychiatrically able to participate

Figure 1.



Admission to DTCO

Information regarding the applicant gathered from the FIAT and from probation records is presented at pre-court along with a recommendation for acceptance or refusal to the program.

Treatment has the right to veto any application it determines unsuitable for DTCO treatment. This veto may be exercised if the determiners listed above are not met, or if there are other specific concerns for the safety/well-being of other participants and/or staff members.

Successful applicants are admitted into the program for a 30-day assessment period. They are required to enter a guilty plea and are released under judicial interim release conditions to a DTCO staff member who transports them to their initial residence.

Assessment

Participant needs and risk are dynamic features, requiring assessment to be an ongoing activity. Since assessment informs intervention, assessment is a critical task and a core component of service delivery.

Within 7 days of release from custody, the following assessment tools are completed. Some tools may be repeated at various points throughout treatment to ensure that identified interventions remain relevant and to determine if new interventions are required.

Stages Of Change Readiness And Treatment Eagerness Scale (SOCRATES)

The SOCRATES consists of two 19-item, self-administered tools designed to assess participant motivation to change drinking- and drug-related behaviour. It is made up of three scales: Problem Recognition, Ambivalence, and Taking Steps. Client motivation for change is an important predictor of treatment compliance and eventual outcome. The SOCRATES can assist clinicians with information necessary for treatment planning.

Behaviour And Symptom Identification Scale (BASIS 32)

The BASIS-32 is a client self-reporting tool designed to help assess clients' symptoms, concerns and problems. The 32-item questionnaire is divided into five major areas of difficulty: relation to self/others, daily living/role functioning skills, depression/anxiety, impulsive/addictive behaviour and psychosis. This is a screening tool to determine the need for further psychiatric assessment.

Adverse Consequences of Substance Abuse (ADV)

This eight-item instrument provides a checklist of consequences (e.g., emotional, physical, financial) that can be used to assess the adverse impact that substance use (i.e., alcohol and other drugs combined) is having on a client.

Drug History Questionnaire (DHQ)

The DHQ assesses 14 different drug categories in terms of frequency of use and amount consumed at each drug-taking situation. Individuals can indicate "no" (has not taken the drug in the past year) or "yes" for each of the 14 drug categories in terms of frequency of use and amount consumed at each drug-taking situation. The pattern of use (volume) is tracked through the number of days the drug was used in the past 90 days. The amount typically consumed on each day is also noted. Standard equivalencies are used for both alcohol and drug use patterns.

Drug Taking Confidence Questionnaire (DTCQ-8)

The DTCQ can be used to assess clients' level of coping and self-efficacy in certain alcohol/drug-related situations.

Treatment Entry Questionnaire (TEQ)

The TEQ assesses the extent to which treatment motivation reflects a client's personal choices and values, guilt, interpersonal conflict and coercive forces pressuring the client into treatment. The scale measures three types of motivation called internal positive, internal negative and external coercion.

Perceived Social Support (PSS)

The PSS assesses the subjective quality of the client's perceptions about the level of social support from family and friends.

Treatment Planning

Treatment planning is a core component of treatment to ensure that the risks and needs identified during assessment are addressed through intervention and that participants' self-identified goals are addressed. The FIAT is a key tool used to determine treatment planning.

Acute Needs at Admission Treatment Plan

Upon release from custody most participants have a variety of acute needs. A treatment plan to meet these needs is completed during the first treatment appointment and generally covers the next 24-48 hours, with a focus on stabilizing the participant in the community. This is a key phase for engaging participants in DTCO treatment.

Since treatment planning dictates action, treatment activity during this period tends to focus on assisting the participant in addressing their acute needs. These needs can be many and varied and may include; obtaining a OHIP card, securing income through Ontario Works or ODSP, housing, clothing, and food. A Community Reinforcement Approach is used to ensure these needs are met quickly and enhance participant engagement.

Phase I Treatment Plan

During the first seven days in DTCO a treatment plan is completed that will guide treatment activity to the end of Phase I. It will include activities as determined through on-going clinical assessment or as the result of emerging needs.

Treatment activity during this period focuses on stabilizing the participant's addiction, dealing with relapse, and addressing mental and physical health needs. More specific details of these activities are set out in

following chapters.

Phase II Treatment Plan

At the completion of Phase I, a treatment plan is completed that will guide participant activity until graduation. The treatment plan focuses on relapse prevention.

Treatment activity during this period focuses on relapse prevention, maintenance of treatment gains, and reviews existing goals and sets out new goals. More specific details of these activities are set out in following chapters.

Employment/Education Contract

Concurrent with the development of the Phase II Treatment Plan an adjunct Employment/Education contract is developed in collaboration with the Employment/Education counsellor. This contract details all of the employment and/or educational activities in which the participant is involved.

Treatment activity during this phase involves continued involvement in core treatment and educational/employment activities.

Graduation Application & Reintegration Plan

Participants preparing to graduate are required to include a reintegration plan with their application for graduation. This reintegration plan focuses on how they will maintain abstinence, prevent recidivism, and remain engaged in recovery activities in the community. Specific graduation requirements are outlined in a later chapter.

Exit Summary

Upon exit from the DTCO program an exit summary is prepared for the court. The exit summary includes; a summary of the services the participant received, the total

service hours the participant received, a list of adjunct services the participant accessed, and a brief, general clinical assessment of the participant's involvement in DTCO.

Core Treatment Activities

The core treatment activities are made up of specific programs and interventions that are offered as part of the DTCO continuum of care and are consistent with the treatment approaches described previously. DTCO provides a two-phase treatment model. Phase I core treatment activities are directed towards a number of critical tasks:

- ◆ Acute needs stabilization
- ◆ Assessment and treatment planning
- ◆ Stabilizing the participant's addiction
- ◆ Identifying and addressing mental health issues
- ◆ Improving functioning and participation in the community
- ◆ Addressing criminal attitudes and eliminating criminal activity

Contraindications and Exceptions

Many of the core treatment activities are delivered in a group format, however, a group format may be contraindicated for some individuals with mental health issues if it produces excessive anxiety levels or if their issues prove excessively disruptive to group process. Core treatment activity groups are also contraindicated for participants who do not have criminal records, are not involved in street crime and whose peer group is primarily pro-social. Most DTCO participants have extensive criminal records and criminal associates. Research has shown that offending behaviour can worsen in low-medium risk offenders who have prolonged exposure to a high risk peer group.

Some participants have had extensive prior treatment experiences and would receive limited benefit from participation in some of the programs outlined in this section. As such, Case Managers may choose to exempt participants from some of the core treatment

activity programs or limit the duration of their participation.

Similarly, some participants may participate in 21-day residential treatment programs during Phase I, or attend long-term residential treatment or recovery homes outside of Ottawa. Upon their return to the DTCO program, Case Managers may determine to exempt them from, or limit participation in, some core treatment activities.

Case Management and Individual Counselling

Each DTCO participant is assigned a case manager upon admission. The Case Manager is responsible for case management functions, as well as for the provision of individual counselling.

Case management includes overseeing, coordinating and monitoring all aspects of care, as described in the chapter on Roles in DTCO Case Management.

Case Managers also provide individual counselling services. Individual sessions utilize a variety of approaches as described in earlier chapters, most notably; motivational interviewing, cognitive therapy, and supportive counselling. Case Managers also make frequent use of cognitive-behavioural therapy to reinforce concepts learned in other core treatment activity programs. Case Managers assist participants in conducting functional analysis for relapse, and assist participants in preparing for court when they have been in non-compliance.

During the first month of treatment, daily case management/individual counselling sessions occur and may be anywhere from 15 to 60 minutes in duration. Following the first 30 days, and for the duration of Phase I, individual sessions may occur less

frequently. During Phase II the frequency of case management/individual sessions is dependant upon the needs of the participant and may range from daily to weekly contacts as required.

Urine Drug (UD) Testing (or UDT)

UD testing is used by treatment as a clinical tool, and by the courts as a monitoring tool. DTCO conducts random witnessed UD testing, with specimens collected an average of once per week by a Nurse Practitioner. Specimens are analyzed by a laboratory using immunoassay and gas spectrum chromatography methods. Specimens must also be provided on-demand at the request of any treatment staff or by the court. The clinical application of UD testing is to catch relapse early in the process and promote honesty in reporting illicit substance use.

Functional Analysis

All participants are trained in functional analysis in the early stages of treatment. Functional analysis is a CBT strategy that is used to help participants understand the cues, cognitions, emotions and behaviour that leads to relapse so they can effectively problem solve for ways to reduce the probability of further relapse.

For each instance of substance use during treatment, participants complete a functional analysis. Early in treatment, the functional analysis plays a critical role in helping the participant and Case Manager assess the determinants that are likely to lead to substance use and provides insights into some of the reasons the individual may be using. Later in treatment, functional analyses of episodes of substance use may identify those situations or states in which the individual still has difficulty coping.

Contingency Management

Abstinence is difficult to achieve and may

not result in sufficient immediate natural rewards, particularly in its early stages, therefore contingency management approaches are utilized throughout treatment. Prompt and frequent verbal reinforcement is provided for all demonstrated effort, and all attempts to complete homework assignments are rewarded. Certificates are presented for the successful completion of all programs.

Nutritious food is provided at all groups and is always available at the treatment centre. Participants requiring a safe environment are welcome to attend the treatment centre to socialize, make phone calls, watch recovery movies or speak to a staff member.

Additional motivation is provided through rewarding participants for attendance and/or clean urine samples, with items such as toiletries, household items, luxury items, recovery literature, clothing, etc.

Case Managers may also set up individualized contingency management for the achievement of specific treatment goals.

Core Treatment Activities — Phase I

Phase I core treatment activities last approximately 4–5 months.

Monday Morning Check-In Program

Pre-requisite: None

Frequency: Weekly

Duration: Throughout Phase I. May be extended or reintroduced if participants continue to struggle with regular substance use. Some alumni may also attend.

Intake: Open

Format: Group

Indication: All DTCO participants as early as possible upon admission to DTCO.

Pedagogy: Group process orientation for review of current participant issues. Functional analysis of relapse events.

Summary: Delivered by a Case Manager, this program helps participants deal with any issues that emerged over the weekend, including relapses.

Healthy Living Program

Pre-requisite: None

Frequency: Weekly

Duration: Throughout Phase I.

Intake: Open

Format: Group

Indication: Participants who have a history of high-risk to health using behaviours and/or limited life skills.

Pedagogy: Didactic presentations with handouts, discussion, and hands-on practice. Participants also learn cooking skills as this program includes a community kitchen each week. Certificate awarded upon completion.

Summary: Delivered by a Life Skills Coach

this educational/skills-based program is intended to provide information about a variety of health issues related to addiction. This program provides introduction and practice of day-to-day life skills and educates participants about the connection between high-risk behaviours and health risks.

Basics Program

Pre-requisite: None

Frequency: Bi-weekly

Duration: minimum 2-4 sessions

Intake: Open

Format: Group

Indication: All DTCO participants as early as possible upon admission to DTCO.

Pedagogy: Didactic, interactive presentations with participant manual that serve as an introduction to the cognitive-behavioural therapy approach used in DTCO. Each session begins with a review of material learned in previous sessions. Certificate awarded upon completion and successfully demonstrating knowledge of material.

Summary: Delivered by a Case Manager, this program provides basic skills in communication, as well as self-monitoring and relaxation. This program introduces participants to the cognitive-behavioural structure of the behaviour sequence and its application to changing thinking and behaviour patterns.

Lifestyles Criminal Thinking Program

Pre-requisite: Basics

Frequency: Weekly

Duration: minimum 8-10 sessions

Intake: Open (except during victim

awareness modules)

Format: Group

Indication: All DTCO participants.

Pedagogy: Didactic, interactive presentations with participant manual, teaching an advanced level of cognitive-behavioural therapy skills used throughout DTCO. Each session begins with a review of material learned in previous sessions. Certificate awarded upon completion and successfully demonstrating knowledge of material.

Summary: Delivered by a Case Manager, this program specifically addresses pro-criminal attitudes and provides specific skills to recognize and change thinking patterns that lead to re-offending.

Conflict Resolution Program

Pre-requisite: Basics, Lifestyles, and a minimum of 30 days abstinence.

Frequency:

Duration: 12 sessions

Intake: Closed

Format: Group

Indication: All DTCO participants.

Pedagogy: Didactic, interactive presentations with participant manual, building on the advanced level cognitive-behavioural therapy skills used throughout DTCO. Each session begins with a review of material learned in previous sessions. Certificate awarded upon completion and successfully demonstrating knowledge of material.

Summary: Delivered by a Case Manager, this program specifically addresses the cognitive patterns and behaviours that lead to aggression, as well as assisting participants with relationship and problem solving skills. Participants learn to self-

monitor and self-regulate their behaviour, while improving the choices they make and the quality of their relationships.

Treatment Program

Pre-requisite: None.

Frequency: Weekly

Duration: Minimum 14 sessions

Intake: Open

Format: Group

Indication: All DTCO participants.

Pedagogy: Both didactic and process-oriented addiction treatment group that builds on cognitive-behavioural therapy skills used throughout DTCO, as well as use of cognitive therapy and relapse prevention techniques. Each session begins with a review of material learned in previous sessions. Participants also complete self-administered anxiety and depression scales regularly. Certificate awarded upon completion and successfully demonstrating knowledge of material.

Summary: This treatment group provides in-depth coverage of a number of key concepts, including, the disease model, signs of relapse, self-defeating thinking patterns and cognitive distortions, and introduces participants to daily mood logs.

Living Clean and Sober Program

Pre-requisite: Basics

Frequency: Weekly

Duration: Minimum 6-8 sessions

Intake: Open

Format: Group or individual

Indication: All DTCO participants as early as possible upon admission to DTCO.

Pedagogy: Didactic, interactive

presentations with participant manual that utilizes and builds on the cognitive-behavioral therapy approach introduced in Basics. Each session begins with a review of material learned in previous sessions. Certificate awarded upon completion and successfully demonstrating knowledge of material.

Summary: Delivered by a Case Manager, this weekly skills program is intended to teach participants to recognize, avoid and/or cope with a wide variety of situations that put them at risk of relapse to substance use or criminal activity. This program encourages the development of supports and participation in pro-social activities.

Social Recreation Program

Pre-requisite: Participants must receive a physical examination by the Nurse Practitioner that indicates the level of participation that is safe for them. Participants must also sign a liability waiver.

Frequency: Weekly

Duration: Throughout Phase I and open to Phase II participants and some alumni.

Intake: Open

Format: Group

Indication: DTCO participants who have limited experience in identifying and/or participating in pro-social activities.

Pedagogy: Experiential participation in affordable pro-social activities, such as visiting local attractions, recreational sporting activities, volunteer work, etc.

Summary: Facilitated by a Case Manager, participants explore a variety of leisure activities that are healthy and free of drugs/alcohol. Engagement with a recovering or non-addicted/criminal peer group is encouraged. The group begins with lunch prepared by two selected participants, and is

attended by all DTCO participants and staff.

Essential Skills Program

Pre-requisite: None

Frequency: Weekly

Duration: Throughout Phase I. May be extended or reintroduced if indicated.

Intake: Open

Format: Group and individual

Indication: All DTCO participants as early as possible upon admission to DTCO.

Pedagogy: Combines general instruction with differentiated learning to ensure the individual learning needs and style of each participant is met. This approach is consistent with the responsivity principle of effective correctional treatment.

Summary: Delivered by a John Howard Society Employment/Education counsellor, participants will start out learning very basic skills and general goal identification and progress towards more advanced skills and more specific employment/education goal identification. Conducted on-site at Rideauwood in a large classroom with two internet-connected computers and all necessary supplies provided.

Adjunct Treatment Activities

In addition to the core treatment activities, a number of adjunct treatment activities are available and may be deemed suitable during any phase of the treatment process.

Residential Treatment

Residential treatment is indicated for participants who have demonstrated that they are unable to stabilize their addiction in the community on an outpatient basis. Residential treatment referrals must be made within the context of the Ministry of Health (MOH) Assessment and Referral Guidelines. Only participants who are housed or who have a reasonable prospect of being housed upon their return from treatment are referred. Motivation and willingness to attend residential treatment are key considerations. Participants attending treatment out of town are escorted to the bus station for departure and from the bus station upon their return. Residential referral sources are provided with a complete DTCO assessment package, the MOH tools and the most recent clinical update. Residential treatment stays are typically 21 days, although some centres have longer programs. While in residential treatment, participants are excused from all other core treatment activities and court appearances; however, Case Managers are responsible for obtaining weekly progress updates for the court.

Recovery Home

Participants may be referred to a recovery home either within the community or outside of Ottawa. Typically, these stays are of a longer duration than residential treatment and may serve as a form of temporary, highly supported housing with strict guidelines. As recovery homes typically have limited structured programming, participants attending recovery homes in the Ottawa

area continue to be actively involved in core treatment activities. Participants attending out of town recovery homes are exempt from the core treatment activities and court, but are expected to become involved in treatment services within the host community and to attend court periodically. Case Managers receive weekly updates for court and are expected to visit the participant once per month during their stay. Case Managers liaise with recovery home staff to assist in securing housing for the participant towards the completion of their stay.

Supervised Residence

DTCO has partnership agreements for a limited number of beds at the John Howard Society residences and the Elizabeth Fry Society residence. These residences are indicated for participants who do not have any form of moderately safe housing — particularly upon release from custody. These residences are very closely monitored and specialize in providing housing to offenders. DTCO Case Managers maintain primary case management responsibility and work very closely with residence staff to monitor compliance and progress. Participants are expected to be engaged in core treatment activities and regular court attendance while in residence. Length of stay in supervised residences is typically in the range of 6 to 12 months and Case Managers work with participants to transition into either public or private sector housing.

Withdrawal Management Services

Participants who present in a state of intoxication may be referred to withdrawal management services. Participants who may not be intoxicated, but are at high risk of relapse may be referred as a preventative measure. A description of several of the

withdrawal management services used by DTCO is included here.

Ottawa

This site offers a 26-bed, traditional, non-medical, Level 1 detoxification unit offering services of approximately three to seven days for intoxicated males and females. Services include inquiry, screening, intake, withdrawal management, supportive counselling, education, initial assessment, treatment planning, discharge planning, and supportive stabilization.

Cornwall

The Cornwall Community Hospital Withdrawal Management Services includes a 16-bed non-medical facility. This site offers services to clients, 16 years and over, who are intoxicated, or who are experiencing withdrawal symptoms due to stopping the use of alcohol and/or other drugs.

Kingston

Treatment models offered are biopsychosocial, stages of change, and harm reduction. Supportive housing for members of day program. Detox beds can also be used for supportive stabilization.

Methadone Maintenance

DTCO participants who have a long-term addiction to opiates may benefit from methadone maintenance treatment. Methadone is prescribed and monitored by a physician. For people addicted to opiates, having methadone as a part of their treatment plan helps to relieve withdrawal symptoms, alleviate cravings and allows for more normal functioning, aiding their ability to participate in core treatment activities. Individuals who have ongoing pain management issues that require medication with narcotics may be required to substitute methadone maintenance for their pain management.

Rideauwood Adult Program

This is an outpatient treatment program for men or women who are addicted to alcohol or other drugs. This program is not offender specific and is open to the community. There are two options for participation; the 10-Day Intensive program and the Evening Treatment program.

10-Day Intensive

This program involves a two month evening preparation group and a compulsory intensive 10-day treatment program. In the Preparation Group, clients continue to strengthen their recovery while they get to know one another and are taught how to work as a group. In the 10-Day Program, clients receive new education and work together to identify and overcome physical, social, emotional and spiritual obstacles to a lasting recovery. Following the 10-day program there is a six month aftercare component with a focus on maintenance and relapse prevention.

Evening Treatment

This program consists of a 16 week evening education/therapy group. While the 10-day program has an intense focus and is a closed group, the Evening Treatment program's sessions are spread out over 16 weeks and is an open group with ongoing admissions. It also serves as an aftercare group for clients who have completed out of town residential treatment programs.

Rideauwood Relapse Prevention

These groups are open to participants who have completed a counsellor-led treatment program within the last year and are willing to attend group regularly to work on issues of relapse prevention and avoidance.

Core Treatment Activities — Phase II

Phase II core treatment activities last approximately 4+ months and are directed towards several critical tasks:

- ◆ Relapse prevention
- ◆ Employment/education
- ◆ Stable housing
- ◆ Aftercare planning

Relapse Prevention—Phase II

A variety of options exist for relapse prevention and the participant, in consultation with their Case Manager, determines which option(s) best meet their needs.

DTCO Relapse Prevention Group

Upon completion of Phase I core treatment activities, participants will attend a weekly relapse prevention group for a minimum of 12 weeks — though participants have the option of remaining in the group after graduation. It is group process oriented and includes booster sessions on material covered in Phase I.

Rideauwood Relapse Prevention Group

This group is open to men and women who have completed a counsellor-led treatment program within the last year and are willing to attend group regularly to work on issues of relapse prevention and avoidance.

Serenity Renewal Relapse Prevention Group

This is an evening group open to men and women who would like to work on addiction and relapse prevention issues. The group runs weekly in the evening, for 24 weeks and has an open intake.

Individual Counselling Relapse Prevention

Individual counselling continues during Phase II with an emphasis on maintenance of abstinence and relapse prevention. It includes many of the same features described in the DTCO Relapse Prevention Group and functional analysis of relapse events.

Employment/Education/Volunteer Programs —Phase II

Reintegration back into the community is an essential part of the recovery process for DTCO participants. The Case Manager, the John Howard ES instructor, and participants work together to identify suitable employment/education/volunteer activities.

Ontario Works Job Skills Training

Job specific or skills training is available to Ontario Works participants who have found an industry in which they would like to work and that is hiring trained workers.

Ontario Works will provide financial support for the participant to acquire the skills and training necessary to obtain a job in their desired industry.

Ontario Works Leap

LEAP (Learning, Earning, And Parenting) provides help to young parents on social assistance so they can finish high school, gain work experience, and learn more about parenting.

Ontario Works Employment Placement

Employment Placement matches Ontario Works participants with an employer to work on a paid placement for the purpose of gaining work experience and perhaps

making links to future full-time employment. Participants work with either Employment and Financial Assistance (EFA) staff or an employment agency that will help them find a job in an area that interests them.

Ontario Works Community Placement

Ontario Works participants who need recent work experience can participate in an unpaid Community Placement. This program is right for participants who want to build their confidence and get into a work routine. Community Placements are usually no longer than six months and participants volunteer up to a maximum of 70 hours per month.

Ontario Works Supports to Self-Employment

Supports to Self-Employment is a program that supports Ontario Works participants who have a viable and realistic business idea by providing training, mentoring and assistance while Ontario Works financial assistance is still provided.

John Howard ACE Links Program

This program is a partnership with Algonquin College for participants who would like to achieve grade 12 equivalency. It qualifies participants for college, apprenticeship programs and is accepted by employers. It runs two mornings per week and participants can work at their own pace.

John Howard Skills Plus

This program helps participants achieve their education, training and employment goals by enhancing computer and technology skills, improving reading, writing and numeracy skills, and providing workshops on surviving the workplace. The schedule is flexible and one-on-one tutoring is available.

John Howard Hire Power Program

Hire Power services focus on helping clients to find and maintain a job. Services are delivered in both individual sessions and in a group workshop format. Services include:

- ◆ Access to a Resource Room with worker support and free use of computers with internet, telephones, fax, photo-copier and laser printer;
- ◆ Exploration of employment interests, strengths and barriers, and readiness to work;
- ◆ Information regarding bonding, employment opportunities, educational opportunities, and training programs;
- ◆ Personalized, professional résumés showcasing strengths, credentials and accomplishments;
- ◆ Cover letters that are attractive to potential employers;
- ◆ Assistance with job search and access to wage subsidies and other initiatives to encourage employment;
- ◆ On-going support during the job search, as well as with any on-the-job problems.

John Howard Retention Counselling

This program offers participants the opportunity to meet with a John Howard counsellor weekly or as needed to troubleshoot any problems related to their employment or education activities. The goal is to keep the clients motivated and support them through any issues or difficulties.

John Howard Tutoring

This is a one-on-one tutoring program for clients who would like some help with school work or, for those who are not in school, extra help in improving reading, math, or other foundational skills.

Post Secondary Education

DTCO supports participants who are ready to pursue or continue their post secondary education. John Howard staff will help participants with investigating programs, admission procedures, and completing applications for student loans or grants. Case Managers will also monitor the client's ability to cope with the transition and support their relapse prevention skills and strategies.

Graduation

Participants seeking to complete the DTCO must complete the Graduation Application & Reintegration Plan described in an earlier chapter. DTCO graduates may continue to receive individual counselling from their Case Manager and have priority access to all Rideauwood services.

The minimum requirements for graduation from the DTCO are:

- ◆ The graduate will not have accrued any outstanding new charges or new convictions within the last 6 months prior to the anticipated date of graduation.
- ◆ The graduate will have demonstrated compliance with DTCO expectations during the last 3 months prior to the anticipated date of graduation.
- ◆ The graduate will have obtained stable housing and/or demonstrated an ability to maintain housing during the last 2 months prior to the anticipated date of graduation.
- ◆ The graduate will have demonstrated pro-social community involvement such as: employment, school, volunteer work with a charitable or non-profit organization, and/or other activities as approved of by their case manager during the last 2 months prior to the anticipated date of graduation.

DTCO recognizes that individual participants may face unique needs and challenges and as such a differential graduation criterion has been established:

Level 1

Minimum participation in DTC: 9 months

Substance use (as verified by UDT): Continued abstinence from all substances for not less than the last 6 months of participation in DTCO.

Minimum requirements: Meet all

Sentencing: Maximum 1 day probation order.

Level 2

Minimum participation in DTC: 9 months

Substance use (as verified by UDT): Continued abstinence from all substances for not less than the last 3 months of participation in DTCO.

Minimum requirements: Meet all

Sentencing: Maximum 12 months probation order.

Level 3

Minimum participation in DTC: 16 months

Substance use (as verified by UDT): The DTCO *may consider* Level 3 completion for participants who have not been able to achieve an extended period of abstinence, but have:

- ◆ been recommended for completion by treatment
- ◆ demonstrated significant effort and motivation
- ◆ substantially reduced the amount and/or types of substances being consumed

Minimum requirements: Show significant improvement in all areas.

Sentencing: Maximum 18 months probation order.

Participants are not required to apply for graduation even if they have met the criteria for one of the above levels. For example a participant may wish to remain engaged in order to complete the program at a higher level, or a participant may elect to continue for ongoing support. DTCO does reserve the right to limit the length of a participant's involvement if it continues for an unreasonably long period of time.

Conclusion

Case management is a core activity of structured treatment that involves setting goals and interventions based on participant needs as identified by assessment, and then planning how to meet those goals with the participant.

These Practice Guidelines articulate an evidence-based approach to intervention that is essential to maintaining program integrity and improving treatment effectiveness. The guidelines laid out in this document:

- ◆ Provide guidance to improve the effectiveness of case management.
- ◆ Provide a structured framework for treatment services.
- ◆ Assist case managers in tailoring case management planning to specific phases and/or the specific needs of each individual participant.
- ◆ Set out the necessary elements of case planning while retaining flexibility to allow for individual participant needs.
- ◆ Set out case management activities and models that inform practice across the DTCO continuum of care. These guidelines are augmented by facilitator manuals specific to each program/group within the DTCO continuum and also by the DTCO practice memorandum.

The *Ottawa Drug Treatment Court Case Management Practice Guidelines* set out the current practice for case management; the DTCO program and this document are subject to regular review and revisions.

Figure 2. Illustrates the pathway a participant follows as they move through the DTCO program.

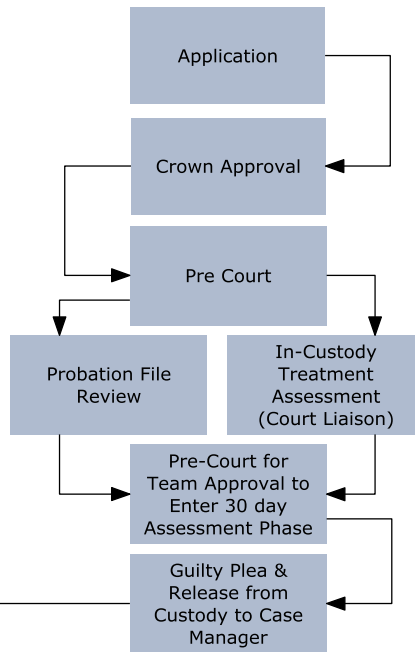
Figure 2.

Ottawa Drug Treatment Court

Participant Pathway

Intake

7 Days from Crown approval to release from custody

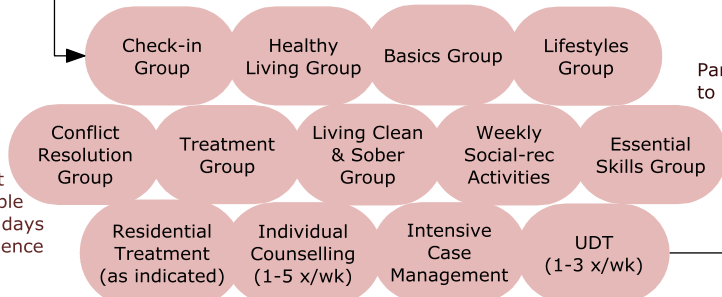


Participants are assessed over 2-3 sessions. Sessions also include motivational counselling and discharge planning.

Phase 1

4-5 months

Participants attend court 2x/wk and become eligible for Early Leave after 60 days in DTC + 30 days abstinence

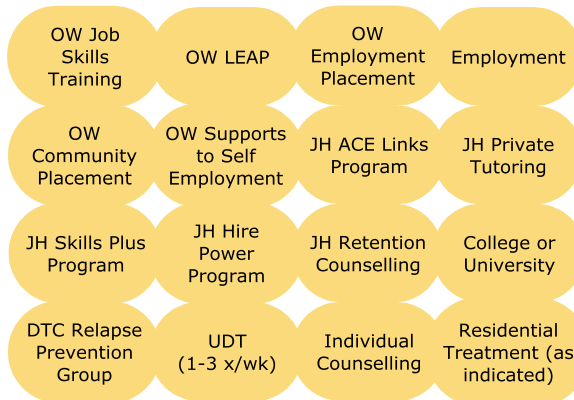


Participants are expected to complete all groups

Phase 2

4+ months

Participants become eligible to attend court 1x/wk if engaged in other activities



Participants contract to participate in a selection of employment/educational activities

Graduation

minimum 9 months



Level 1 graduates are 6 months abstinent and receive 1 day of probation

Level 2 graduates are 3 months abstinent and receive up to 12 months probation

Level 3 graduates have not been able to abstain and receive up to 16 months probation

