

## Participant Activities Handout



# Integrating Addiction Medicine with Treatment Courts—Live In-Person Training

### **Training Learning Objectives:**

1. Describe ways to reduce stigma against people with substance use disorders, including the use of accurate terminology.
2. Explain the role of timely and accurate diagnosis and treatment for clients/participants first engaging in treatment courts.
3. Define addiction as a chronic and manageable disease.
4. Describe the purpose, structure, and effectiveness of treatment courts.
5. Define the roles and responsibilities of treatment court team members.
6. Describe the roles and responsibilities of medical providers within treatment court settings.
7. Apply best clinical and partnership practices to case examples of patients who are engaged in treatment court and addiction treatment.
8. Advocate effectively for access to evidence-based treatment with treatment court team members.
9. Coordinate care within professional settings to individuals involved in treatment courts.

---

### Schedule at a Glance

---

09:00 am – 09:15 am	Welcome & Course Overview
09:15 am – 11:20 am	The Promise of Treatment Courts: An Introduction to the Model
11:20 am – 11:30 am	10-Minute Break
11:30 am – 01:00 pm	Applying Addiction Fundamentals in Treatment Court Settings
01:00 pm – 01:30 pm	30-Minute Break
01:30 pm – 02:30 pm	Working Effectively with Justice-Involved Individuals
02:30 pm – 02:40 pm	10-Minute Break
02:40 pm – 04:00 pm	Navigating Evidence-Based SUD Treatment in Treatment Courts

## Session 1: The Promise of Treatment Courts: An Introduction to the Model

---

### **Activity #1: Understanding The Treatment Court's Function—Question and Answer (Q&A) Activity**

**Large Group Activity:** Consider questions you would like to ask All Rise's expert about how treatment courts work. Faculty will call on individuals to share.

#### **Guiding Questions:**

- What emerging questions do you have about treatment court programs and processes?
- What topics of our treatment court discussion would you most like to hear more about?

**Time allotted:** 15 minutes

**Notes:**

--

## Session 1: The Promise of Treatment Courts: An Introduction to the Model

---

### **Activity #2: Medical Providers Engaging with Treatment Courts**

**Small Group Activity:** At your table, share your interest in working with treatment courts or the legal system to support patients.

#### **Discussion Questions:**

- What benefits to working with treatment courts or the legal system can you identify?
- What challenges to working with the treatment courts or the legal system might present themselves?

**Time allotted:** 7 minutes

**Notes:**

--

## Session 1: The Promise of Treatment Courts: An Introduction to the Model

---

### **Activity #3: The Promise of Treatment Courts: An Introduction to the Model—Session #1 Reflection Exercise**

**Large Group Activity:** Consider the discussions on treatment court purpose, models, teams, processes, and structures.

#### **Guiding Question:**

- How can you use what you've learned in this session in your professional work?

#### **Time allotted:**

- 5 minutes for large group discussion

**Notes:**

--

## Session 2: Setting the Stage: Fundamentals of Addiction Medicine

---

### Activity #1: Stigma in Professional Settings—Eliminating Stigmatizing Language Exercise

**Small Group Activity:** At your table, share examples of stigmatizing language or practices you have encountered in your healthcare setting. Consider any examples among justice-involved patients.

**Discussion Question:**

- What are examples of stigmatizing terms or practices you have encountered in your medical settings, particularly towards any justice-involved patients?
- What are some ways you have encouraged or could encourage less stigmatizing, evidence-based practice in your settings?

**Time allotted:**

- 7 minutes

<i>Stigmatizing Language</i>	<i>Alternative Terminology</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	





**Activity #1: Supporting Patients in Treatment Court - Case Exercise**

**Case Study: Joe**

- Joe is a 28-year-old man treated in the ER and started on buprenorphine after surviving an opioid overdose. Joe then followed up in your clinic to continue the medication. He's been on buprenorphine for one week and is doing well.
- He lets you know that he was referred to treatment court by the arresting officer and is currently on probation, looking at a revocation. Joe is scheduled to be in court in seven days.
- The prosecutor determines that Joe fits within legal criteria to enter treatment court and will agree to treatment court instead of moving forward with the probation violation.
- Joe was assessed with severe OUD, and the SUD court counselor recommends acceptance into treatment court with IOP placement.
- Joe confirms with his defense attorney that he is open to entering treatment court and understands the conditions and requirements of the program.
- Joe's probation officer has been working with Joe to help with unemployment and housing.
- The Judge has voiced concerns about Joe's prescribed medication, mentioning that the only medication he prefers in his court is XR Naltrexone.
- The SUD treatment provider on the team reaches out to you about the Judge's MOUD preference for XR Naltrexone.

**Small Group Activity:** At your table, discuss ways you could educate the Judge and support Joe.

**Discussion Questions:**

- What information can you provide to educate the Judge and advocate for your patient to remain on buprenorphine?
- In addition to prescribing medication, how can you support Joe in meeting his goals for recovery?

**Large Group Activity:** A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions at your table. You are encouraged to volunteer if you wish to do so.

**Time Allotted:**

- 7 minutes for small group activity
- 3 minutes for large group debrief

<b>Notes:</b>





## Session 3: Working Effectively with Individuals who are Justice-Involved

---

### **Activity #3: Working Effectively with Individuals who are Justice-Involved – Session #3 Reflection Exercise**

**Large Group Activity:** Consider the strategies discussed to promote effective collaboration with individuals who are justice-involved in your community setting. Write down one change you can implement in your professional settings.

#### **Guiding Question:**

- What is one change you can implement in your professional settings?

**Time Allotted:** 5 minutes

**Notes:**

**Activity #1: Common Challenges to Effective Treatment**

**Large Group Activity:** Share examples of challenges you have experienced in providing evidence-based treatment to patients who are involved in the legal system. Raise your hand to comment. Faculty will call on individuals to share.

**Discussion Questions:**

- What challenges, if any, have you had in providing evidence-based care for patients who are justice-involved?
- How have you navigated these challenges (e.g., in collaboration with treatment court team members)?

**Time Allotted:**

- 10 minutes for large group discussion

<b>Notes:</b>

**Activity #2: Coordinating Care for Ben—Case Exercise**

**Case Study: Ben**

- Ben is a 40-year-old divorced Hispanic male with OUD, MUD, tobacco use disorder, COPD, and HTN approved for treatment court. He admits to using fentanyl for two years prior to incarceration, and enjoys the euphoria associated with use. Uses methamphetamine to treat opioid withdrawal symptoms.
- Longest period of abstinence: 90 days while incarcerated. No history of in-patient treatment. No past OBOT. Some counseling.
- Reports only past MOUD use was non-prescribed buprenorphine by injection.
- Current charges possession and distribution, robbery and assault. He spent 12 years in and out of custody, no harm reduction services with most recent release.
- Only withdrawal management--"comfort measures" in jail; no MOUD provided while incarcerated. Jail staff believe that buprenorphine is their biggest problem, ahead of fentanyl, heroin, and other illicit substances.
- Cravings for fentanyl upon release from custody with return to use within 48 hours of release. Ben experienced near-fatal overdose with rhabdomyolysis.
- Upon hospital discharge, no Rx for buprenorphine or referral to OTP.
- The treatment court team is made aware of the overdose, and an appointment with you is made for the next day.

**Small Group Activity:** At your table, review the case information for your patient, Ben. Discuss strategies to support Ben, who needs effective treatment.

**Discussion Question:**

- Ben is motivated for treatment. What recommendations do you have about care coordination with your team as the medical provider for treatment court?

**Large Group Activity:** A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions at your table. You are encouraged to volunteer if you wish to do so.

**Time Allotted:**

- 7 minutes for small group activity
- 3 minutes for large group debrief

<b>Notes:</b>

## Session 4: Navigating Evidence-based SUD Treatment in Treatment Courts

---

### **Activity #3: Providing Effective Care in Treatment Courts—Question & Answer (Q&A)**

**Large Group Activity:** Share questions you have about engaging with the treatment court team. Raise your hand to ask a question. Faculty will call on individuals to share.

**Guiding Question:**

- What questions do you have about the medical provider's role in treatment courts?
- What opportunities do you see to work with your local treatment court for improved treatment outcomes?

**Time Allotted:** 10 minutes

**Notes:**

--

**Activity #4: Revisiting Ben – Case Coordination Exercise**

**Case Study: Ben**

- You welcome Ben into treatment court and ask about his treatment goals.
- Ben is motivated to do whatever it takes--he never wants to return to jail again. Ben is happy to be working with a clinician to assist him in his recovery. He expresses that it is a bonus to being a part of treatment court, to be receiving care he desperately neglected for many years.
- Clinical Opiate Withdrawal Scale (COWS): 14. Point-of-care testing (POCT) positive for THC.
- Ben is provided harm reduction training and is started on buprenorphine/naloxone 2/0.5 mg film. He restates he has not used opioids in more than 48 hours. He experiences no precipitated withdrawal and understands he can take another dose based on his symptoms.
- The jail did not reinstate his Medicaid, but treatment court staff have successfully reactivated his coverage.
- Ben is also now integrated with programming: toxicology screening (calling daily for his “color”).
- Ben did well the first day on buprenorphine, took the medication as prescribed, did not experience precipitated withdrawal, and tapered upward over to his current dose of 8/2 mg film bid.
- However, he ran into old friends who offer him fentanyl and he returns to use.
- He regrets using and is fearful of the consequences—that he will be incarcerated with no access to MOUD or other supports.

**Small Group Activity:** At your table, review the case information for your patient, Ben. Discuss strategies to coordinate care for Ben in treatment court settings.

**Discussion Questions:**

- How do you coordinate with the treatment team?
- How can you, as the clinician on this team, work to support Ben in his efforts to succeed in programming?

**Large Group Activity:** A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions at your table. You are encouraged to volunteer if you wish to do so.

**Time Allotted:**

- 7 minutes for small group activity
- 3 minutes for large group debrief

<b>Notes:</b>

