Seeking Safety - Part of SAMHSA's National Registry of Evidence-based Programs and Practices is an integrated treatment designed to address the unique relationship between PTSD and substance use in either individual or group settings. This approach centers on five principle philosophies: 1) safety is the highest priority to begin the recovery process and throughout the recovery process, specifically focusing on attaining safety in relationships, thinking, behavior, and emotions, 2) integrated treatment of PTSD and substance use concurrently, 3) focus on ideals to counteract loss occurred through PTSD and substance use, 4) addressing four major content areas: cognitive, behavioral, interpersonal, and case management, and 5) attention to the clinical process. The concept of safety is interwoven into each unit, with the idea that safety allows for forward movement in the trauma-recovery process. Safety is defined as discontinuing substance use, eliminating suicidality and suicidal ideation, minimizing exposure to high-risk behavior, letting go of unhealthy relationships (platonic and romantic), gaining control over PTSD symptoms (depression, dissociation, hyper-arousal, anger, etc...), and ending self-harming behaviors. Clients learn to both prioritize their own safety, in addition to taking responsibility for their own safety. Information was adapted from the sources below.

For more information visit: http://www.nrepp.samhsa.gov

For training and materials visit: http://seekingsafety.org/

M-TREM (Men's Trauma Recovery and Empowerment Model) - A trauma-recovery intervention based on the evidence-based program of TREM that specifically addresses the unique circumstances and hurdles men face when experiencing trauma. The intervention utilizes cognitive restructuring, psychoeducation, coping skills training, and peer support throughout each of the 24 sessions. The intervention is organized into three parts: empowerment, trauma education, and skill-building. The empowerment section aims to help men develop a shared emotional vocabulary while examining male messages, emotions, and various relationships (topics include trust, fear, hurt and loss, hope, shame, etc...). Part two of the intervention directly addresses emotional, physical, and sexual trauma, in addition to understanding that some dysfunctional behavior and/or symptoms may have originated as coping responses to trauma and identifying new effective and healthy coping strategies. The final section emphasizes skill-building and problem-solving necessary for the continuation of recovery. Topics in this section include revenge, acceptance and forgiveness, negotiating family relationships, managing feeling out of control, and overcoming self-defeating behaviors. The intervention is based on eight core assumptions and a specific sequence essential to the program's effectiveness. Information adapted from the sources below.

For more information visit: http://www.nrepp.samhsa.gov

For training and materials visit: http://www.communityconnectionsdc.org/

Matrix Model - Part of SAMHSA's National Registry of Evidence-based Programs and Practices is an intensive outpatient treatment approach for substance use and dependence. The intervention consists of early recover and relapse-prevention groups, education groups, social-support groups, and individual/conjoint counseling. Participants learn about issues critical to addiction and relapse process, receive direction and support from a trained specialist, become familiar with self-help programs, and are monitored for substance use through the program. The specialist functions simultaneously as a teacher and coach, fostering a positive, encouraging relationship with the participant and using that relationship to reinforce positive behavior change.
This interaction is realistic and direct, but not confrontational or parental. Specialists are trained to conduct treatment sessions in a way that promotes the patient’s self-esteem, dignity, and self-worth. Information adapted from the sources below.

For more information visit: http://www.nrepp.samhsa.gov

For training and materials visit: http://www.matrixinstitute.org/

**IMR** (Illness Management and Recovery), the updated and expanded version (2011) – An evidence-based program that provides training in illness self-management and personal goal attainment for people living with a severe mental illness (Major Depressive Disorder, recurrent; Bipolar Disorder; and Schizophrenia, including Schizoaffective Disorder). The intervention utilizes motivational, psychoeducational, and cognitive-behavioral strategies. Participants learn about their mental health disorder and prescribed medications, identify recovery goals, learn to recognize their triggers for substance use and early warning signs of mental illness, and practice implementing coping strategies and important social skills. Information adapted from the 2011 updated and expanded implementation guide.

For more information visit: http://www.samhsa.gov/ (2009 manual and toolkit available)

**MRT** (Moral Reconation Therapy) – A systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning specifically among juvenile and adult criminal offenders. Studies indicate that MRT significantly increases moral reasoning levels, enhances life purpose, facilitates increased social support, and gives participants more perceived control over their lives. Additionally, research outcomes show the MRT participants have a significantly lower levels of re-arrests and re-incarcerations in comparison to appropriate controls. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. Information adapted from 2006 workbook and the sources below.

For more information visit: http://www.nrepp.samhsa.gov

For training and materials visit: http://www.moral-reconation-therapy.com/
The figure below is a summary of therapeutic and programmatic elements of the Risk/Need court model which has been implemented by the St. Louis Adult Drug Courts.

<table>
<thead>
<tr>
<th>Quadrant 1 (High-Risk-High Need):</th>
<th>Quadrant 2 (Low Risk-High Need):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral Reconation Therapy™</td>
<td>Matrix Model™</td>
</tr>
<tr>
<td>Matrix Model™</td>
<td>Relapse Prevention Therapy</td>
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<tr>
<td>MAT</td>
<td>MAT</td>
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<tr>
<td>12-Step Self Help</td>
<td>12-Step Self Help</td>
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</table>

<table>
<thead>
<tr>
<th>Quadrant 3 (High Risk-Low Need):</th>
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<tbody>
<tr>
<td>Moral Reconation Therapy™</td>
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<tr>
<td>Preventative Education</td>
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<tr>
<td>Life Skills</td>
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<tr>
<td>Customized Self Improvement</td>
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<table>
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<tr>
<th>Quadrant 4 (Low Risk-Low Need):</th>
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<tbody>
<tr>
<td>Preventative Education</td>
</tr>
<tr>
<td>Life Skills</td>
</tr>
<tr>
<td>Customized Self Improvement</td>
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</tbody>
</table>

**Traditional Drug Court Model**
- Emphasis placed on legal status of file.
- Treatment services based on legal status.
- Pre-Plea Dockets
- Post Plea Dockets
- Co-Occurring Docket
- Various Drug Court Commissioners
- Various Diversion Managers
- Various Treatment Counselors

**Current Risk-Need Drug Court Model**
- Emphasis placed on Risk/Need of file.
- Treatment services based on risk/need.
- Two (2) Quadrant 1 Dockets
- One (1) Quadrant 2 Docket
- One (1) Quadrant 3 & 4 Docket
- Co-occurring Disorder Docket #1
- Co-occurring Disorder Docket #2
- MAT/Med Docket
- Dedicated Drug Court Commissioner
- Dedicated Diversion Managers
- Improved focus on Treatment Provider
- Staffing and referrals

**COD Dockets**
Two separate COO dockets have been developed to address dual disorders in a range of severity with COD 1 reserved for the more severe mental illness and COD 2 reserved for more highly functioning participants with mental health concerns. These dockets have a dedicated judicial officer, experienced assigned diversion managers, integrated substance abuse and mental health therapist with ancillary support from community mental health and trauma specialists. COD participants with severe mental illness are provided COD specific Matrix Model sessions and Illness Management Rec6very. COD participants with less serious mental issues are provided QOIJ specific Matrix Model sessions and Moral Reconation Therapy. These dockets may have a blend of quadrant participants whose mental health issues require specialized services afforded on the COD dockets.

**MAT/Med Docket**
Chemically dependent adult drug court participants are given the opportunity to select Medicated Assisted Treatment as part of their treatment protocol to
supplement traditional evidence-based therapy if determined appropriate by a physician. A specialized docket has been created to address specific MAT issues and provide enhanced case management to benefit participants and community treatment providers. This docket has a dedicated judicial officer, specifically assigned diversion managers with MARS certification, treatment providers with MARS certification, and the support of both physicians within the jail facility and in the community. This specialized docket has a blend of quadrant 1 and quadrant 2 participants who either elect MAT services or have prescriptions to address medical issues which may jeopardize program success.

**Quadrant 1 Docket**
Unless Quadrant 1 participants appear on the specialized docket mentioned above, all high-risk, high-need participants appear on one (1) of two (2) dockets dedicated to this population. Participants receive intensive outpatient therapy which combines Matrix Model, Moral Reconation Therapy, and Relapse Prevention Therapy in groups designed for chemically dependent participants. This docket has a dedicated judicial officer, specifically assigned diversion managers, and the number of treatment counselors needed to reasonably service the caseload. Supervision levels track with court appearance which begins weekly and progresses to bi-weekly or monthly as the participant moves through the program.

**Quadrant 2 Docket**
Unless Quadrant 2 participants appear on a COD specialized docket mentioned above, all Quadrant 2 participants appear on the same dedicated docket. This docket is conducted every other week in a rotation with the Quadrant 3 & 4 Docket. Quadrant 2 participants receive outpatient therapy which combines Matrix Model and Relapse Prevention Therapy in groups designed for chemically dependent participants. This docket has a dedicated judicial officer, specifically assigned diversion manager and a dedicated treatment counselor. Supervision levels track with court appearance which begins bi-weekly and progresses to monthly or longer as the participant moves through the program.

**Quadrant 3 and 4 Docket**
Unless Quadrant 3 participants appear on a COD specialized docket mentioned above, all Quadrant 3 participants and the rare Quadrant 4 participant appear on the same dedicated docket. Quadrant 3 participants receive specialized individual sessions and group education, life skills building and Moral Reconation Therapy from the same treatment provider. Quadrant 4 participants, if any, receive limited treatment services that include education and life skills without MRT. This docket has a dedicated judicial officer, a dedicated diversion manager, and one (1) male and one (1) female dedicated counselor to address gender specific life issues with the participants. Supervision levels track with court appearance which is monthly if the participant is compliant and bi-weekly if the participant is non-compliant.