

SEVENTH DISTRICT ADULT DRUG COURT PHASE 4 REQUEST

Date: { }
 Name: { }
 Date of entry into drug court: { }
 Counselor: { }
 Tracker: { }
 Probation Officer: { }
 Present phase: Phase 3, start date of { }.
 Projected phase 4 start date: { }
 Length of time in drug court, weeks/months: { }

Phase four length is 30 weeks or through incentives a minimum of 15 weeks. Number of weeks you have been in this phase: { }

ADVANCEMENT CRITERIA

	Targeted behaviors	Yes	No	Incentive Approval
1.	Recommended by therapist and/or counselor for advancement.			
2.	Recommended by Drug Court Trackers for advancement.			
3.	Current on drug court fees and other court ordered obligations			
4.	Completed order in rolled in level two or level one treatment.			
5.	Attended individual therapy as recommended.			
6.	Ten consecutive weeks of negative drug test.			
7.	Continued 40 hours a week of work – community service.			
8.	Attended meetings and pro social events as required.			
9.	Enrolled in adult education or GED preparation course.			
10.	Obtained drug-free living environment.			
11.	Completed educational training as recommend.			

I have attained { } positive drug screens and or failure to produce since my acceptance into the court.

Sanctions I have earned in phase 3: { }

Incentives/number of days off program, I will be requesting at advancement will be: { }

Fine credit you have earned during this phase that you would like the court to consider granting credit for include the following dates/receipts: { }

FIVE AND FIVE ASSIGNMENT

List five reasons that make you eligible to advance in the Seventh District Adult Drug Court Program (SDADCP). Do not list requirements of the program as your five reasons! Take this opportunity to think about your personal progress and growth that exceeds above and beyond the basic requirements of the program.

Five reasons that make me eligible to advance are:

1. { }
2. { }
3. { }
4. { }
5. { }

List five things you have learned in treatment that support and make you eligible for advancement in SDADCP.

Five things I have learned in treatment:

1. { }
2. { }
3. { }
4. { }
5. { }

SCENARIO

Think of a scenario that has likelihood of occurring sometime in the future of your recovery. Describe an action taken that will assist you in preventing a possible relapse or other negative consequence in your recovery.

Scenario: { }

Action taken: { }

CONSEQUENCES OF CONTINUING ADDICTIVE LIFESTYLES

This assignment will help you see more clearly what your limits are when it comes to suffering negative consequences of substance abuse or other addictive behaviors. Once you finish this, it will be helpful to talk about it with your therapist and or your program sponsor.

1. Have you ever made a "Yet List" before, or heard of the idea? A "Yet List" is simply a list of negative consequences of addiction that we know could happen, but which we have not experienced yet. How can a list like this be useful? { }

2. As you may have heard or figured out, a "Yet List" is used to define your personal definition of being out of control. This is a list of experiences you feel would show you that you needed to quit drinking, using, or practicing other addictive behaviors. First, if you truly believe your behavior was out of control, would you quit? Why or why not? { }

3. Now to make your list. Write down all the negative consequences of drinking, using other drugs, or practicing other addictive behaviors that you can think of, which you have never experienced. If you have a group to work with, you can have everyone brainstorm and make a shared list.

Now look at the list. If there are experiences you simply escaped through luck for example not being caught driving while impaired, what are they? { }

4. What experiences have you never risked (for example if you never drive while impaired, you've never been in danger of arrest for driving under the influence)? { }

5. Which experiences from your list that haven't happened yet would you consider to be definite evidence that your behavior wasn't safe or out of control, and why? { }

6. The experiences you listed for question five are your "Yet List". They've happen to others but haven't happened to you yet. Since you've decided these events would mean your behavior was out of control, what will you do if one of them does happen? { }

7. If you truly feel that the items on your list are unacceptable and would mean you had to quit drinking, using, gambling, or practicing some other compulsive behavior, how do you plan to quit if one of these things does happen as a result of your actions? { }

8. If you are willing to make a formal commitment to follow through on the decision you wrote about in question seven, how can you get started and how can others help you? { }

9. Review your responses to questions five and seven. Describe the potential benefits of working to address behavior to prevent those negatives from happening altogether (not waiting for the negatives before getting started). { }

10. Who can help you with this? It is a good idea to talk to them ahead of time, now while you're calm and rational, and explain what you were asking them to do for you. We suggest specifically asking them how they would feel if you came to them for help. Use this space to record who you will ask for this help, Wayne, and how. { }

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.

PHASE 3 ANALYSIS FOR ADVANCEMENT INTO PHASE 4

1. How was this phase different for you? { }

2. How do you feel now (self-esteem, mentally, spiritually and physically) compared to your defenseman in Phase 2? { }

3. What aspects of the SDADCP helped you the most in this phase? { }

4. What aspects of the SDADCP did you not like and what do you feel had no influence in your recovery? { }

5. What incentives and sanctions help you the most and why? { }

6. What incentives and sanctions did not help you and why? { }

7. What do you feel we could add or do differently in the drug court to make it better? { }

8. How effective was the staff in informing you as to what was required, and how did they do in helping you make the requirements? { }

9. Did the staff make you feel like part of our team, and do you feel all staff members are caring towards your individual needs? { }

10. Was it difficult to communicate with any of the staff members over the phone, making appointments, and answering your questions? { }

11. Any other additional comments or ideas? { }

PHASE 4

LENGTH: Minimum 15 weeks.

REQUIREMENTS:

1. Attend individual counseling as recommended.
2. Attend group treatment as recommended.
3. Attend educational training as recommended.
4. Be current with drug court fees and other court ordered obligations.
5. Attend SDADCP monthly.
6. Check in with trackers weekly.
7. Submit to random urinalysis test each week.
8. Adhere to curfew of 11 PM or 2300.
9. Attain at least 40 hours a week of work and/or community service, or attend full-time education.
10. Obtain GED or diploma.
11. Attend three meetings or prosocial activities per week.
12. Maintain drug-free living arrangement.