

Courtroom to Case Management: Legal Literacy, Ethical Documentation, and Recovery-Oriented Care for Justice-Involved Clients

Participant Workbook + Practice Toolkit

Instructor	Dr. Kerry L. Shipman, J.D., MPA, PhD
Format	Self-paced online or live/in-person CEU training
Recommended CE Hours	3.0 clock hours of structured instruction
Target Audience	Substance use counselors, LCAS/CADC candidates, peer support specialists, QPs, therapists, case managers, reentry staff, court/program liaisons
Use Notice	Course materials support training and should be reviewed against current board requirements before submission or marketing.

Built as a practice-centered continuing education course that translates legal-system contact into ethical, culturally responsive, recovery-oriented behavioral health practice.

How to Use This Workbook

This workbook is designed to make the course practical. Participants should use it while viewing the PowerPoint or online modules. The goal is not passive listening; the goal is field-ready skill development. Every worksheet is designed to help the participant make better decisions when legal, clinical, ethical, and recovery issues overlap.

Part I: Core Concepts in Plain English

Term	Plain-English Meaning
Justice-involved	A client is justice-involved when the criminal legal system has touched their life in a way that affects treatment, recovery, housing, work, family, supervision, or court obligations.
Mandated client	A client required to participate in treatment or evaluation because of court, probation, parole, diversion, child welfare, employer, or another authority.
Dual accountability	The provider must care for the client ethically while also responding appropriately to a referral source or legal mandate.
Legal literacy	Basic working knowledge of court-related terms, documents, and boundaries so the provider does not over-disclose, under-document, or give legal advice.
Recovery-oriented care	Care that focuses on hope, self-direction, strengths, support systems, quality of life, and sustainable change - not just compliance.
Trauma-informed care	A practice approach that understands trauma, recognizes signs, responds with safer policies and interactions, and avoids retraumatizing clients.
RNR	Risk-Need-Responsivity: match intensity to risk, target needs connected to recidivism, and deliver services in a way the person can respond to.

Part II: Client Legal System Mapping Tool

Use this tool to understand where the client is in the justice process and what the clinical implications may be. Do not use it to provide legal advice.

1. Initial system contact: What happened? Arrest, citation, charge, booking, police encounter, detention, or referral?

Notes: _____

2. Current legal status: Pretrial, diversion, probation, parole, incarceration, reentry, pending hearing, or completed case?

Notes: _____

3. Legal conditions: No-contact orders, drug testing, curfew, treatment mandates, reporting requirements, travel limits, employment restrictions, housing restrictions.

Notes: _____

4. Clinical meaning: What trauma, shame, fear, anger, basic need, relapse risk, or family disruption is connected to this?

Notes: _____

5. Action plan: What can the provider ethically address, what requires referral, and what information can be shared with authorization?

Notes: _____

Part III: Mandated Client Engagement Script

Use or adapt this script at intake or the first meaningful contact with a mandated client:

Sample script

“I understand that part of why you are here is connected to court, probation, or another requirement. I want to be clear with you from the beginning. My role is to support your treatment and help you work toward stability. I am not here to punish you. There may be certain things I am required or authorized to report, and I will explain those limits so there are no surprises. Even within this requirement, we can still identify goals that matter to you.”

Part IV: Release of Information and Court Communication Checklist

- ☐ Do we have a written authorization or valid legal requirement?
- ☐ Who exactly is allowed to receive the information?
- ☐ What specific information may be shared?
- ☐ What is the purpose of the disclosure?
- ☐ How long is the release valid?
- ☐ Has the client been told what will be shared?
- ☐ Is the information objective and limited to what is needed?
- ☐ Has communication been documented in the chart?
- ☐ Is supervision/legal consultation needed before responding?

Part V: Court Progress Letter Template

[Agency Letterhead]

Date:

To:

Re: Client Name / DOB / Case Identifier if authorized

This letter is provided pursuant to client authorization or applicable legal authority. [Client] began services on [date]. The purpose of services is [general treatment focus]. As of this date, [client] has attended [number] of [number] scheduled sessions. Participation is described as [objective statement]. Current treatment focus includes [general areas, not unnecessary private details]. Referrals or coordination completed include [if applicable]. This letter does not provide legal advice or a forensic opinion.

Sincerely,

[Provider Name, Credentials]

Part VI: Documentation Do / Do Not

Do Chart	Do Not Chart
Observable behavior	Insults or moral judgments
Client statements in quotes when important	Unsupported predictions
Risk assessed and response	Unnecessary trauma details in court letters
Plan, referral, follow-up	Legal advice
Court/probation communication within authorization	Statements outside scope
Barriers and interventions	Speculation about guilt/innocence

Part VII: Reentry and Recovery Capital Planning Grid

Domain	Current Barrier	Goal	Support/Referral
Housing			
Employment/education			
Substance use recovery			
Mental health			
Physical health/medication			
Family/children			
Transportation			
Legal compliance			
Peer/community support			
Identity/purpose			

Part VIII: Case Scenarios for Practice

Scenario 1 - Unauthorized probation request

A probation officer calls and asks for the client's full treatment record. The release on file only permits attendance verification. What should you do?

Best response: _____

Ethical issue: _____

Documentation note: _____

Scenario 2 - Mandated client says "I do not need treatment"

The client attends because of court but denies any problem. How do you engage without arguing?

Best response: _____

Ethical issue: _____

Documentation note: _____

Scenario 3 - Positive drug screen before court

A client reports a relapse and is terrified you will tell the judge. What do you review first? What do you document?

Best response: _____

Ethical issue: _____

Documentation note: _____

Scenario 4 - Reentry instability

A client was released two weeks ago and has no ID, unstable housing, and missed one group. What is the clinical priority?

Best response: _____

Ethical issue: _____

Documentation note: _____

Scenario 5 - Attorney asks for a favorable letter

A defense attorney asks you to write that the client is "not a risk to the community." What should you include or avoid?

Best response: _____

Ethical issue: _____

Documentation note: _____

References

- North Carolina Addictions Specialist Professional Practice Board (NCASPPB) - Board Approved Training Courses and abbreviations. <https://www.ncsappb.org/forms-resources/trainings/>
- SAMHSA - Criminal and Juvenile Justice: Behavioral Health. <https://www.samhsa.gov/communities/criminal-juvenile-justice>
- SAMHSA - About Criminal and Juvenile Justice and Behavioral Health. <https://www.samhsa.gov/communities/criminal-juvenile-justice/about>
- SAMHSA - Trauma-Informed Approaches and Programs. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs>
- SAMHSA TIP 35 - Enhancing Motivation for Change in Substance Use Disorder Treatment. <https://library.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003>
- HHS - Understanding Confidentiality of Substance Use Disorder Patient Records / 42 CFR Part 2. <https://www.hhs.gov/hipaa/part-2/index.html>
- HHS - 42 CFR Part 2 Final Rule Fact Sheet. <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>
- NAADAC Code of Ethics. <https://www.naadac.org/code-of-ethics>
- U.S. Courts - Evidence-Based Practices and Risk-Need-Responsivity. <https://www.uscourts.gov/about-federal-courts/probation-and-pretrial-services/evidence-based-practices>
- SAMHSA Library - Principles of Community-based Behavioral Health Services for Justice-involved Individuals. <https://library.samhsa.gov/product/principles-community-based-behavioral-health-services-justice-involved-individuals-research>