

COPING WITH LOSS IN TREATMENT COURT

A guide for
supporting
staff and
participants



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Introduction

Treatment courts serve a vulnerable population, and the loss of life is a profoundly impactful and ever-present concern. The death of a member of the treatment court community—such as a participant, team member, or other person involved in or related to the program—can trigger intense emotional responses. It may lead to challenges such as resumed use, mental health instability, social isolation, and other harmful outcomes for the participant. Similarly, program staff may experience various emotions, including guilt, a sense of emptiness, shock, confusion, anger, and even helplessness, all of which are normal feelings and reactions to an unexpected tragic occurrence.

While the grief and emotional pain following the death of a member of the treatment court community cannot be eliminated, protocols can be developed and employed to better aid participants and staff in being prepared, proactively equipped, and responsive to such events. Once established, these protocols can help mitigate adverse effects and empower participants and staff to address the complex emotional and psychological needs that often result from such a crisis.

Within this guide, a crisis is defined as an abrupt and often tragic occurrence experienced by a participant or team member that is highly disruptive to the court program's stability and can cause significant dysregulation for staff and participants. Examples include the death of a person by suicide, an unexpected and unanticipated accident (e.g., an automobile death), or an unintentional overdose.

All Rise's Center for Advancing Justice and Justice for Vets divisions have developed this guide for court teams. It provides foundational measures that teams should consider adopting before, during, and after such crises arise. Appropriate guidelines should inform your team's strategies and will be most effective if developed by individuals involved in the program's daily operations.



A sinking feeling swept over me as I heard the news, and a thousand questions flashed through my mind. I have been responding to crises for 30 years, yet at that moment, deciding how to prepare for action while empathetically imagining the impact on participants, team members, and the community felt stifling and almost overwhelming.

This describes the moments immediately after hearing the news that a well-loved person in one of our programs had died by suicide. I envisioned the concentric circles of potential impact through which this tragedy could extend while grappling with my own sense of grief and loss. One thing was clear: This crisis warranted an immediate response that involved coordination, communication, and extreme care.

—ROBERT MITCHELL, *project director, Center for Advancing Justice*

This guide propels the conversation on how local treatment court programs can create a crisis management process that includes, at minimum, a mission, crisis plan, dedicated team, and stream of available resources. It validates common concerns about how programs can become more prepared, better responsive, and less reactive to crises. Simply put, the guide provides a basic infrastructure for reference and a starting point for further discussion (and action) at the program and state levels. It includes general principles that all treatment court models can strive to achieve. These principles are intended to help each team member:

- Be prepared in the event such a crisis were to occur,
- Be mutually supportive of one another before, during, and after a crisis, and
- Lay the groundwork for themselves and others to achieve near- and long-term healing.



Be Prepared

The death of a participant or team member can cause significant risks for both treatment court participants and staff. Yet staff are often unprepared for such a crisis, through no fault of their own, because they are occupied with the day-to-day demands of their challenging work. Although programs make efforts to plan for various responses to participant behavior within the court structure, preparing for an abrupt, immediate crisis with team members or program participants is often overlooked. However, teams must find the time to address this area of concern; if they fail to address it, they may be without direction or purpose if/when a crisis occurs.

CRISIS MANAGEMENT PLAN

Only through proper preparation and planning can teams move toward mitigating the impact of the crisis. Therefore, creating a standalone crisis management plan (CMP) for your treatment court is essential. This plan should be memorialized in your treatment court's operations manual as an appendix. The plan should be brief (i.e., no more than three pages). Reading a lengthy document during a crisis can lead to frustration. People will not have the time or emotional capacity to review a document that is long or does not provide clear direction.

The plan should include a mission statement, the names, roles, and responsibilities of the program's crisis team, procedures related to program-specific nuances, and an up-to-date resource list. There should also be guidance for working with the media. In some instances, the media will cover the death of a treatment court community member as a news story. It is important to refer all inquiries to a designated media liaison. Though many may feel compelled to offer their own perspective to the media, no team member or participant should feel obligated to speak to the press and should only do so with the guidance of trained public relations staff. All Rise has several resources on these topics to assist court teams, including [“Managing the Message During a Crisis”](#) and [“Media Guide for Treatment Courts.”](#)

When developing the CMP, the first step is for the treatment court team to define their overall mission regarding crisis intervention. The second step is determining which select individuals within the larger group will comprise the program crisis team (PCT). The third step is maintaining and sustaining the PCT.

Step 1: Mission Statement


In the same way that every treatment court ideally has a mission statement defining its purpose and goal, the team should also collectively develop a secondary mission statement for the court program that specifically targets the crisis management mission. An example of a crisis management mission statement could be:

In a tragic circumstance affecting the treatment court, team members and participants will receive emotional and psychological support and resources during and after a crisis, guided by the program's PCT.

The mission statement provides a broad purpose for crisis management and a general philosophy that the program will not abandon participants and that team members will not be abandoned by each other during a crisis. It promotes a sense of assurance.

Step 2: Program Crisis Team

Since the onset of a crisis is disruptive and confusing and often overwhelms the emotions and thought processes of affected people, the court team should address the composition of the PCT early in the court program's overall development. The size of the PCT should range from three to five individuals, as research indicates that a smaller group size is more efficient in coordinating efforts and that members tend to have a clearer understanding of each other's strengths and weaknesses. Except for the court coordinator, who serves as the PCT leader, the selection of other team members may be based on their willingness to perform the role, their experience and expertise working in the field, and their sensitive/empathetic approach when engaging with others.



Potential PCT members may include:

- Court coordinator/program administrator (mandatory)
- Behavioral health treatment provider
- Law enforcement
- Probation or pretrial services officer
- Case manager

Potential PCT members unique to the veterans treatment court (VTC) model may include:

- Veterans justice outreach specialist
- Readjustment counselor from a local vet center
- Mentor coordinator

Examples of some of the functions the PCT may execute include but are not limited to:

- Plan for immediate and long-term responses that serve participants and court staff
- Engage with local experts trained in prevention and postvention strategies
- Identify community partners who can meaningfully contribute to crisis response
- Engage in necessary training or credentialing in crisis intervention and psychological/emotional first aid
- Consider potential public relations issues
- Identify stakeholders to assist in processing the crisis; for example, the state treatment court coordinator or, in the case of a VTC, the Department of Veterans Affairs (VA) liaison to the program
- Reach out to ancillary providers on a case-by-case basis as needed (e.g., in the instance of VTCs, the National VA Chaplain Service)

Step 3: Maintaining and Sustaining the PCT

To maintain and sustain PCTs, teams should consider the following:

- Schedule a standing monthly or quarterly meeting to review response protocols
- Read and share journal articles and other educational materials on the topic
- Consider establishing continuing education opportunities for the rest of the treatment court team, such as presentations from local mental health emergency service providers and prevention experts
- Develop training topics for professional development for the team; for example, mental health disorders, suicide awareness and prevention, postvention, vicarious trauma, secondary traumatic stress, current community resources



The Critical Incident Stress Management (CISM) Model

Critical Incident Stress Management (CISM) is an evidence-based approach that implements credible strategies and tactics to support people who have experienced a traumatic event. CISM provides a full spectrum of protocols to implement before, during, and after crises.

The [International Critical Incident Stress Foundation](#) (ICISF) describes CISM as a “comprehensive, integrative, multicomponent crisis intervention system”¹ with seven core components.² Those components that would most likely be used by a local jurisdiction CISM team include:³

- 1. Pre-crisis preparation:** This includes stress management education, stress resistance, and crisis mitigation training for individuals and organizations.
- 2. Defusing:** This is a three-phase, structured, small group discussion provided within hours of a crisis for assessment, triaging, and acute symptom mitigation.
- 3. Critical Incident Stress Debriefing:** This refers to the “Mitchell model” (Mitchell and Everly, 1996), a seven-phase, structured group discussion usually provided 1-10 days after a crisis. It is designed to mitigate acute symptoms, assess the need for follow-up, and, if possible, give a sense of post-crisis psychological closure.
- 4. One-on-one crisis intervention:** This includes counseling or psychological support throughout the full range of the crisis spectrum.
- 5. Family crisis intervention:** This can also entail organizational consultation.
- 6. Follow-up and referral:** These provide mechanisms for assessment and treatment, if necessary.


These six components encompass various services offered by a typical CISM team. Although these individual components serve as crucial pieces of an integrated system, your team will likely implement the components to varying degrees. To learn more about the CISM model, visit icisf.org.

Be Mutually Supportive

News of a sudden death or other crisis event will often cause distress, require attention and action, and may demand an immediate response from the PCT. Team members must be mutually supportive of one another, and all messaging to members and participants must convey that “we are all going through this together.” This is best demonstrated through direct actions. Mutual support starts with practices that ensure that all communication is genuine and open. The following five steps demonstrate this message and are addressed in the program’s CMP:

- 1. Activate the crisis plan.** As soon as anyone on the team knows that a crisis has occurred, activate the crisis plan (included in the program’s operations manual) and the PCT. The plan should include how notification of the crisis is disseminated.
- 2. Activate the support.** There is an immediate need to assess the situation and those impacted, and there may be an immediate need for emotional and psychological first aid and other support. The response should be coordinated as soon as possible, and, in the best-case scenario, assistance readiness should be prepared before participants are notified of the crisis. Behavioral health providers presently working with participants must be informed of the crisis and provided with an up-to-date list of resources (see appendix for resource suggestions) so they are prepared to assist participants.

It is essential to acknowledge that some participants may seek support independently from the treatment court team but should still be referred to verified resources as quickly as possible (e.g., the 988 crisis line, local mental health emergency services).



3. Notify all members of the treatment court team. All team members are to be notified immediately and provided with appropriate information. In the wake of a tragedy, seeking details to reconcile the emotional impact is common. It may be necessary to inform staff that more details will be shared when available and remind them not to spread misinformation or speculation that may disrupt the healing process or an ongoing investigation. Rumors serve only to create anxiety, increase confusion, and stir up other emotions that will divert from effectively addressing the crisis. Rumors will happen, but they need to be discouraged.

Psychological/emotional first aid is not limited to participants. Court staff may face immense emotional challenges, and their desire to support participants may come at the expense of their own well-being. Ensuring that all staff have access to resources similar to those of participants in the short and long term, as well as employee assistance programs and other peer programs, is critical. In any crisis, self-care is vital (see appendix for resources).

Additionally, each team member may be accountable for practices implemented by their respective agencies following the death of a client with whom they have been working. Often, this may include participation in a collaborative process called a morbidity and mortality review, in which the focus of discussion is placed on a detailed examination of the case with the objective of improving future client safety and quality of care. It may be difficult for the team members involved in this process, and they may feel symptoms of secondary traumatic stress. Other team members must be sensitive to this additional stressor their coworkers may experience.

4. Notify participants in the treatment court. Because a crisis can be a significant triggering event for a participant, how the crisis is conveyed to participants must be clearly outlined. At a minimum, the following questions must be taken into consideration:

- Who should deliver the message about the crisis?
- How familiar was each participant with the individual involved in the crisis?
- How should the message be delivered (e.g., via phone, email, in-person meeting)?
- When should the message be delivered, and under what circumstances?

Sometimes, one or more participants will learn of the crisis before the rest of the court team. When this occurs, the nature of the crisis, individual(s) involved in the crisis, and outcome(s) can be distorted. This possibility highlights the importance of the court team being proactive in addressing the crisis with participants. The team must respond quickly, and the court program must also extend flexibility during this time. For example, a court hearing may need to be postponed to allow for staff and participants to gather and access additional support.

5. Plan for the aftermath. A traumatic event may set back participants' progress. Court staff must recognize that everyone will process losses differently, and business should not be expected to return to normal quickly or easily. For example, staff may see some participants exhibit incidents of substance use recurrence, oppositional behavior, or fluctuating mood.



Lay the Groundwork for Continued Healing

Grief is not linear, and there is no timeline. Its impact on both the team and participants may ebb and flow over time. Teams must consider additional responses that will ensure healing beyond the crisis. Here are three tenets for continued healing to consider:

- 1. Provide ongoing emotional support.** It is critical to maintain communication with all affected individuals and ensure that they recognize help is available not only during the acute phase of the crisis but for weeks and possibly months following the event. This applies to both participants and team members alike. Additionally, there is a myth in the belief that a person “should be over this by now.”⁴ Nothing could be further from the truth. We all react differently to a crisis and cannot assume there is a magical, exact moment or date when we should feel differently or be “back to our old selves.” Recognizing this truth means that emotional support for one another is an ongoing process with our peers and participants.
- 2. Review and reflect.** Following the crisis and when appropriate, the program may wish to reassess current operating procedures and protocols. The reason for doing so is to review and reflect on possible gaps or strengths related to supervision, treatment interventions, community engagement, peer social connectedness, or the general structure of the program and to consider adjusting as needed. This activity will not only strengthen program support but will also provide participants and team members with a sense of empowerment.

3. Honor their memory. When the time is appropriate, the court program may wish to honor the memory of the individual(s) involved. There are many examples of how courts may wish to do this. Local behavioral health and prevention experts should be consulted to help plan activities that best support the participants and team members. Consider how the treatment court community can work with the community at large in strengthening current partnerships, developing new ones, and working together to provide robust and enhanced support networks.

Conclusion

The death of any member of the treatment court community can be a traumatic event with the potential to cause significant social and emotional stress to staff and participants. Being prepared, providing mutual support, and laying the groundwork for continued healing are a few critical steps to ensuring the well-being of all involved. We encourage all treatment courts to engage in crisis planning and to reach out to All Rise for any follow-up to the guidance presented in this publication.





Appendix: Resources for Crisis Prevention and Response

Prevention Technology Transfer Center Network

SAMHSA Overdose Prevention and Response Toolkit

Suicide Prevention Resource Center Responding to Grief, Trauma, and Distress After Suicide

988 Partner Toolkit

Primer on Critical Incident Stress Management

State Emergency Management Agencies Search

Psychological First Aid Online Course

Suicide Prevention – U.S. Department of Veterans Affairs

Uniting for Suicide Postvention – U.S. Department of Veterans Affairs

National Chaplain Service – U.S. Department of Veterans Affairs

Employee Assistance Program – U.S. Department of Health and Human Services

SAMHSA National Behavioral Health Crisis Guidance

Managing the Message During a Crisis

Media Guide for Treatment Courts

Endnotes

1 <https://icisf.org/a-primer-on-critical-incident-stress-management-cism/>

2 Ibid.

3 The one core component excluded from this list is disaster or large-scale incident response, which would likely be managed by the local or state Office of Emergency Management.

4 Arielle Schwartz, “The Post-Traumatic Growth Guidebook: Practical Mind-Body Tools to Heal Trauma, Foster Resilience and Awaken Your Potential”

Notes



**Treatment
Court Institute**
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**Impaired
Driving Solutions**
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**Justice
for Vets**
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**Center for
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