

SPEAKER NOTES

Helping Heroes Right Their Stories

A Manifesto & Playbook for Treatment Court Practitioners

Missouri Association of Treatment Court Professionals | 75-Minute Presentation

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RECONCILIATION WITH ALL RISE 2026 STANDARDS

This version of the speaker notes has (hopefully) been reconciled with the All Rise Adult Treatment Court Best Practice Standards (January 2026). Blue citation blocks note where standards directly support a claim. Amber conflict blocks flag tensions to navigate proactively. The core thesis of this presentation is strongly supported by the January 2026 standards — with two structural cautions noted below.

CONFLICTS & TENSIONS — SUMMARY

Tension to navigate: CONFLICT 1 — PEER MENTOR ROLE BOUNDARIES (Slides 10, 20): All Rise is explicit that peer recovery support specialists and peer mentors must NOT share confidential participant information with the team (except in narrow circumstances) and face documented 'role confusion' risks when their function is not clearly defined. Slide 10 establishes the Guide as the destination of the participant's arc. Slide 20 develops the peer mentor as the living embodiment of that destination. Both slides frame the peer mentor's power as inseparable from her standing apart from the judicial compliance structure. That separation is the All Rise-required guardrail — and it is also the source of her effectiveness. The notes for both slides address this tension directly.

Tension to navigate: CONFLICT 2 — FAITH-BASED FRAMEWORK APPLIED TO PARTICIPANTS (Slide 24 Q&A): All Rise states clearly that treatment courts 'cannot require participants to engage in spiritual or religious practices and cannot favor such practices' due to constitutional protections on religious freedom and equal protection. The EPIC/NPT framework has explicit theological roots (Augustine, Luther, neighbor love) that practitioners may be tempted to carry directly into programming. The NPT paper's claim of 'full secular validity' is the right answer — but the presentation should be explicit that practitioners must apply the framework's structure (vision, vocation, fellowship) in secular terms when working with participants. The framework is being offered here as a conceptual lens for practitioners, not as programming content. The full navigation language is in the Slide 24 Q&A section.

HOW TO USE THESE NOTES

Notes are written as speaking guides, not scripts. Quoted language in double marks is suggested wording you can adapt. Pauses are deliberate — resist the impulse to fill them.

SLIDE 1 | Title Slide — "Helping Heroes Right Their Stories"

~0:00 | Section 1 opens

You're presenting to experienced treatment court professionals who will know within two minutes whether this session is worth their time. Don't waste the opening with housekeeping. Get into the story as soon as you can.

The subtitle signals what this session is: not a lecture, a manifesto and a playbook. Let that framing do some work before you say a word.

"I've spent seventeen years working treatment courts, and the longer I've been in this work, the more convinced I am that we are building the right structure without paying enough attention to direction."

Let that sit for half a beat before you move to Casey.

► *Pause after the opening line. Let it sit for three full seconds before moving.*

All Rise 2026 (Introduction): All Rise (2026) describes its own standards as 'actionable best practices, providing a comprehensive blueprint to enhance outcomes across all treatment court models.' This presentation is in that same spirit — actionable, not theoretical.

Do not start with her charges. Do not start with her diagnoses. Start where her story started — before the deployment, before the substance use, before whatever brought her to your courtroom.

"Before we talk about what she was charged with, I want to tell you who she was."

Walk through the narrative arc deliberately: A Person. A World she believed in. A Disruption that shattered it. A Wound she has been carrying ever since.

The slide text closes with: "We know what she was charged with. But what was her story?" Plant this question now and carry it throughout. The deeper vocational form — "What was she made for?" — is reserved for Slide 23, where its full vocational weight lands. You may plant it in speech here, but its full arrival belongs there.

After Casey, pivot to the room: "Every person in your treatment court has a story with this same basic architecture. The veteran's version is just unusually legible because we gave her a uniform and sent her somewhere we could name."

► *Slow down on the four-part arc. Each element gets its own breath.*

All Rise 2026 (Target Population standard, D. Valid Eligibility Screening and Assessment): 'Candidates are screened routinely for symptoms of a mental health or trauma disorder' — this is the clinical entry point. The narrative framework is the interpretive layer underneath it that clinical screening doesn't reach.

AUDIENCE PARTICIPATION — Show of hands before you challenge the checklist: "Before I get into this — how many of you have had a participant complete your program successfully, and then been back in your courtroom within two years?" Let the hands go up. Don't comment on them. Just let the room see itself. Then: "Hold that picture. That's what this slide is about." The cleared field problem is now personal before you name it.

Acknowledge the checklist before you challenge it. This room uses clinical assessment every day and it works. Don't come in sideways on their competence.

"This is a legitimate and important clinical framework. It saves lives. It gets people into treatment. I am not here to replace it."

"But notice what it doesn't capture. The checklist tells you what the symptoms are. What it doesn't tell you is why this person's story bent in this direction — and whether a different story is available to them."

The veteran's clinical picture is unusually legible because we sent her somewhere we could name, gave her a mission we could document. The fracture in her narrative is visible in ways other people's fractures often aren't. But the fracture is universal.

OPTIONAL DIGRESSION — say if the room will benefit; skip if time is tight: One more word about Casey. Casey is a woman. Female veterans make up a small percentage of treatment court participants, but they are the fastest-growing segment of the veteran population in the criminal justice system, and they carry a version of this narrative fracture that is often less visible than their male counterparts' — not because it is less severe, but because it is less expected. The room is less likely to be picturing her. That is exactly why she is worth naming. Whatever gender your participants are, the story architecture is the same.

"The behavioral problem is sitting on top of a narrative problem. If you only treat the behavioral problem, you are managing a symptom."

All Rise 2026 (Target Population standard, D. Valid Eligibility Screening and Assessment): Valid assessment requires 'both validated risk assessment and clinical assessment tools' — and separately, recovery capital assessment. The narrative layer is what connects clinical findings to recovery capital planning.

This slide is deliberate. Do not rush past it. The room needs to hear genuine respect for their work before they'll accept any addition to it.

"I want to say something clearly: what we do in treatment courts, we do extraordinarily well. The research on treatment court outcomes is not ambiguous. The structure we build — the accountability, the community, the needs work — is not the problem. It is the foundation."

"Needs and barriers work clears the obstacles. It creates the stability within which change becomes possible. For a lot of your participants, getting that stability in place is the hardest thing they've ever done. That is not nothing."

► *Make eye contact with the room here. This is acknowledgment, not setup.*

Important nuance for your own awareness: the audience in front of you includes programs at varying levels of implementation. Some are already doing sophisticated directional work. Acknowledge that the best programs are already getting at pieces of this, and you are offering a framework that names and extends what they're doing intuitively.

All Rise 2026 (Community Supervision standard, A. Core Correctional Practices): 'Interactions between probation officers and justice-involved individuals that are anchored in communication, active listening, cognitive behavioral techniques, problem solving, goal setting, and high-quality skill building produce better outcomes than traditional compliance-based practices.' The best treatment courts are already doing far more than compliance monitoring — the narrative framework makes the implicit explicit.

FOR YOUR BACKGROUND AWARENESS — High-Risk/High-Need foundation: One foundational standard worth having available if a researcher or evaluator in the room asks what population the evidence base applies to: everything in this presentation — the outcomes data, the compliance research, the peer mentor findings — is built on serving high-risk, high-need individuals. All Rise 2026 defines this population as persons with both significant criminogenic risk and a serious substance use or co-occurring disorder. For mental health courts and veterans treatment courts, high need also includes having a serious or persistent mental health disorder, TBI, or other significant treatment or social service needs. The structure we build works because of who we're building it for. The narrative framework does not change that population definition — it adds the interior architecture for how you serve that population most effectively.

FOR YOUR BACKGROUND AWARENESS — MAT: This framework operates alongside, not instead of, evidence-based medical interventions including medication for addiction treatment (MAT). All Rise 2026 has significant updated guidance on MAT and expressly cautions against programmatic bias against medication — a bias that undermines both clinical outcomes and participant trust. The Story-Righting lens complements clinical treatment; it does not substitute for it. If a clinician in the room raises MAT, the honest answer is: the narrative framework assumes participants are receiving appropriate clinical care, including medication where indicated.

"Structure is what you're already building. Needs and barriers. Housing stability. Employment. Treatment compliance. It tells you what is blocking the path. It clears the way."

"Direction is the story. It tells you which direction the path is going. It answers the question structure alone cannot answer: Why is this path worth walking? What is at the end of it that is worth the cost?"

"You can build a road to nowhere. You can clear every obstacle, address every criminogenic need — and still have a participant standing in a cleared field with no idea which direction to walk."

The source of this framework is Al Wolters' *Creation Regained*. Wolters holds that the fall corrupts direction without destroying structure. A person's created capacities — for devotion, courage, community — remain structurally intact even in the most disordered life. What has bent is their direction. This is why restoration is always possible and why NPT's two-step interpretive move works: the risk factor names the current direction; the deeper question asks why the direction bent — and what the structure actually is.

A useful illustration: think of two people who run into a burning building to save what matters most to them. One runs out with her three-year-old child. The other runs out with three bags of methamphetamine. The structural trait — courage, willingness to risk everything for what one loves — is identical. What differs is the direction that courage is pointed, shaped by the object of their love. The risk factor names the structure. The interpretive move asks why the structure bent a certain way — and what that structure would look like, if redirected. This is the entire framework in one image, available if the room needs a concrete anchor.

► *Pause after "no idea which direction to go." Let the image form.*

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard — Sequencing CBT Curricula): Standards recommend a sequencing of treatment that addresses (1) substance use, mental health, and trauma symptoms first; then (2) prosocial thinking and problem-solving skills; then (3) preparatory life skills such as vocational preparation, time management, and family communication. This sequencing maps onto the logic of the structure-then-direction framework — clinical stabilization IS structure; prosocial thinking and vocation IS direction. The two are not rivals but stages.

All Rise 2026 (Complementary Services and Recovery Capital standard): Standards distinguish physical, personal, social, financial, and community recovery capital. The Direction piece of the framework is what gives the recovery capital work a target – it tells you not just what resources the participant needs, but who they are becoming as they acquire them.

Read the slide. Then stop. Five to ten seconds of actual silence. Do not paraphrase it immediately.

After the pause: "I have watched this happen. You probably have too. The graduate who walks out clean, sober, housed, employed — and is back in your courtroom eighteen months later. Not because the treatment failed. But because the stability was built and the story was never changed."

"What they learned was compliance. What they needed was authorship."

AUDIENCE PARTICIPATION — After your pause and your own observation, invite briefly: "Has anyone watched this happen with a participant you thought was ready?" Take one voice maximum — nod, don't evaluate, don't extend. The goal is recognition, not discussion. If a response goes long, a gentle: "Yes — and that's exactly the gap we're going to name" closes it and moves you forward. Do not let this become a storytelling session; you need the emotional charge intact for Slide 8.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard, D. Incentives): 'Although sanctions can be effective in reducing avoidable infractions in the short term, the effects last only so long as the sanctions are forthcoming. Once participants leave the program and are no longer subject to impending sanctions, negative behaviors tend to reemerge quickly.' The cleared field problem is empirically documented in the incentives research itself.

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard, G. Recovery Management Services): The standards address the cleared-field problem structurally through recovery management services, alumni group involvement, and continuing-care plans. These are structural responses to the cleared-field problem. The narrative framework is the complementary interior response — building the story that makes those aftercare structures worth engaging.

"There's a body of research that names exactly what we've been describing. Criminologist Shadd Maruna spent years interviewing people who had successfully stopped offending and people who hadn't. The single most reliable difference between them wasn't their risk score. It wasn't the quality of their treatment. It was the story they were telling about themselves."

"The people who kept offending — Maruna called their narrative a condemnation script. Their past felt like a verdict. Who they had been was who they were. Change was theoretically possible, but it didn't feel real, and the behavior followed the story."

"The people who successfully stopped — their narrative was a redemption script. Their past became a chapter in a larger story. And crucially: they reinterpreted that past as something that had equipped them for something. The broken road became a credential. It made them uniquely positioned to serve people still at the beginning of the same road."

"Your compliance structure cannot produce a redemption script. Cleared obstacles and a clean drug test do not tell someone who they are. That is what the framework we're building does. Authorship is what a redemption script looks like from the inside. Story-Righting is how you help build one."

FOR YOUR BACKGROUND AWARENESS — not for the room unless asked: Maruna's Making Good (2001) is the landmark empirical work in the desistance literature. Its central finding is that lasting desistance — not just a period of non-offending, but genuine and durable change — is almost invariably accompanied by the construction of a redemption script. The inverse — condemnation scripts — predict continued offending with equal consistency, regardless of supervision conditions. This is the empirical criminological grounding for the presentation's entire thesis: compliance produces compliance, not desistance. Redemption scripts produce desistance. You cannot surveil someone into a redemption script. NPT is a theory of how to build one on purpose.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard): The standards identify recidivism reduction as a required program outcome measure alongside housing stability and employment. Maruna's research provides the theoretical explanation for why the standards' non-recidivism measures (quality of life, recovery capital, self-efficacy) matter: they are the preconditions for a redemption script, not mere supplementary data points. The narrative framework is the interior architecture for which these outcome measures are the external indicators.

"Extrinsic motivation produces compliance. That is not a criticism — compliance creates the floor. External motivation produces behavior change only as long as the external pressure is maintained. The moment supervision ends, you've produced something that depends on the court to sustain it."

"Intrinsic motivation is different. It comes from within because the person has found something genuinely worth living for. Once activated, it is self-sustaining. The person stops needing to be pushed from outside because they are being pulled from within."

"That is authorship. And authorship is the goal the compliance structure exists to serve."

The empirical basis for this claim comes from Edward Deci and Richard Ryan's Self-Determination Theory, which demonstrates that intrinsic motivation arises when three core psychological needs are met: autonomy, competence, and relatedness. External motivation changes behavior only as long as the pressure is maintained. The architecture of vision, vocation, and virtue is designed precisely to meet those three conditions — and to produce the meaning Viktor Frankl describes as the primary human motivator. If someone in the room is research-oriented and asks for the science behind the compliance/authorship distinction, Deci, Ryan, and Frankl are the direct answer.

The movement from compliance to authorship has a useful three-stage name that connects NPT to the All Rise sequencing model: Stabilization → Orientation → Authorship. Stabilization is what the needs-and-barriers work produces — clinical stability, housing, treatment compliance — mapping onto All Rise's first sequencing stage. Orientation is the middle stage: the participant has stopped falling but hasn't yet found a direction worth walking — the prosocial thinking and problem-solving stage in the All Rise model. Authorship is the arrival: the participant is no longer being pushed from outside but pulled from within, toward a vision they have claimed as their own. All Rise's third sequencing stage — vocational preparation, time management, family communication — is the external scaffolding. Authorship is what the scaffold is holding up. If you are asked how this framework maps onto your existing program structure, Stabilization → Orientation → Authorship is the answer.

NUANCE FOR STANDARDS-FAMILIAR AUDIENCES: All Rise Phase 1 is formally titled "Acute Stabilization and Orientation," treating stabilization and orientation as concurrent goals within a single brief phase (approximately 30–60 days) — not strictly sequential stages. The three-stage arc maps onto the logic of the All Rise phase structure; in practice the first two stages should be understood as overlapping emphases that intensify and ease at different points in Phase 1, not as hard boundaries. Present this arc with that nuance if pressed.

"The question for your next team meeting: Are we producing compliance, or are we producing authorship? Those are not the same question, and they don't produce the same conversations."

FOR YOUR BACKGROUND AWARENESS — 4:1 ratio: One concrete data point worth having available for a skeptical audience: All Rise 2026 recommends that participants receive incentives and sanctions at a 4:1 ratio — four opportunities to earn recognition for every sanction administered. That ratio is not arbitrary. It reflects the research finding that intrinsic motivation is built through positive reinforcement of prosocial behavior, not primarily through deterrence. The 4:1 standard is, in practice, a structural commitment to building authorship over compliance. If a program director in the room asks whether this is just philosophy, the 4:1 ratio is one of the most concrete operational standards in all of All Rise 2026 — and it points directly at the same goal.

All Rise 2026 (Target Population standard, D. Valid Eligibility Screening and Assessment): 'Intrinsic motivation for change and an optimistic attitude about recovery are not significant predictors of success at the time of entry into drug court; however, they become important by the end of the program to ensure that treatment gains are maintained after graduation.' This is the research basis for your entire thesis. You cannot screen for intrinsic motivation at entry — but you must build it by the end.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard, D. Incentives): 'Activities such as going back to school, getting a job, or attending community events compete with crime and substance use by providing their own intrinsic rewards for recovery-supportive behaviors.' The standards recognize that the goal of the incentive structure is to activate intrinsic rewards — not to substitute for them indefinitely.

"Every veteran's story has the same shape. Veterans treatment court is the journey through it."

Four stages — the veteran's arc, owned by this presentation:

Wholeness — who she was before the wound; integrated, undivided, not yet fractured; her original answer to what she was made for. This is the person the question on Slide 2 is asking about. The slide text asks "what was her story?" — and Wholeness is the answer. The deeper vocational form of that question — "what was she made for?" — is the one that lands with full weight in Slide 23.

The Wound — the trauma, the discharge, the fracture; the organized center shattered; the moment the story breaks. This is what Section 3 names specifically for the veteran. The wound goes deeper than the clinical picture because it is not merely psychological — it is narrative.

The Journey — veterans treatment court; the path through repair and strengthening; where the becoming happens. The program is not the end of the story. It is the ordeal through which the new story is formed. Every phase — intake, early compliance, crisis, reentry preparation, graduation — is a chapter in this arc.

The Guide — the graduate who comes back to serve others still in the middle of the same journey. This is not the final chapter for the participant. It is the destination the practitioner is building toward from the first session.

"Do you know you're running this journey? Because if you do, you narrate every phase differently — including the hardest moments that look like failure."

NOTE on vocabulary: These four labels — Wholeness, The Wound, The Journey, The Guide — are this presentation's own. Joseph Campbell's structural framework informs the arc; these words belong to the framework you're presenting. Do not use Campbell's terms (Ordinary World, Call to Adventure, Ordeal, Return) in delivery.

► *Slow down on The Guide. Let the room feel the weight of it before the next slide names the traveler.*

All Rise 2026 (Roles and Responsibilities of the Judge, D. Status Hearings): 'Welcome new graduates back as healthy and productive members of the community, and call upon alumni to be of service in helping current participants

find their way to recovery.' The Guide is already embedded in the standards. The framework names it explicitly and builds it into every phase from day one.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard): The standards require measuring housing stability and employment as core KPIs alongside recidivism, and recommend self-report assessments of quality of life and recovery capital when feasible — validating the goal of measuring the whole person, not just reoffending. The Journey arc maps directly onto this broader outcome framework.

Slide 9 named the shape of the journey. This slide names the traveler.

"The criminal justice system's default framing is villain or victim. Both are passive. The villain is managed into compliance. The victim is helped toward stabilization. Neither framing produces agency, because neither requires the participant to be the one who acts."

Four roles a person can occupy in their own narrative:

Victim — passive, waiting for rescue; acted upon; the story happens to them.

Villain — passive, managed into compliance; the system acts on them; defined by what they've done.

Hero — active, in the middle of the journey; not yet arrived, not without wounds, but moving; still capable of facing the dragon and taking the next step.

Guide — the ultimate destination: the hero who comes back to help others through the same journey. The peer mentor is not a support mechanism. She is the hero who became the guide.

"Every person who walks into your treatment court is capable of being the hero in that third role. The question is whether you see it — and whether they know you do."

"This is not an encouragement technique. It is an epistemological commitment — the lens through which everything else is seen. If you don't see a hero, you will not look for a story worth righting. You will not build toward restoration. The entire framework is activated by this single prior act of perception."

For your background awareness: Donald Miller's Hero on a Mission is the direct practical source for this framing. Miller identifies the same four roles — victim, villain, hero, guide — and argues that the practitioner's task is to refuse every framing but the last, and to make that refusal a consistent, session-by-session act of perception. NPT is explicit that none of the practical elements in Section 4 are operative until the practitioner makes this prior perceptual move. The peer mentor in this framework functions as a Guide — but the Hero framing must be established first, with the participant, from the first session. There is no guide without a hero to guide. The ultimate marker of success in this framework is not graduation or compliance — it is the moment the hero becomes the guide for someone else still at the beginning of the same story.

Tension to navigate: Conflict 1 — Peer Mentor Role Boundaries: The Guide as destination is introduced here and embodied in Slide 20. All Rise is explicit that peer mentors do not share confidential participant information — except in narrow circumstances — to preserve the special trustful relationship with participants. The Guide framing is correct: the peer mentor is the hero who became a guide. What must be explicit is that this relationship operates outside the formal compliance structure. That separation is precisely what preserves its power. A peer mentor who becomes a compliance monitor is no longer functioning as a guide — and the research shows they become less effective when they do. Slide 20 develops this fully.

All Rise 2026 (Community Supervision standard): The standards require that treatment be 'person-centered' and that supervision case plans be built 'in collaboration with the participant.' The hero framing is the epistemological foundation for person-centered practice — it determines how the practitioner sees the person before any plan is built. You cannot build a person-centered plan if you are looking at a case file rather than a hero.

Name the transition briefly before you begin: "Now I want to get specific about Casey. The universal story we've been describing has a particularly legible form in the veteran — and understanding that form is what opens the meaning-reconstruction work we're about to build toward." One sentence. Then move directly into the slide.

"The military is perhaps the most effective meaning-making institution in American life. It answers questions that most of us spend our entire lives trying to figure out: Who am I? What am I for? Who needs me? What is worth dying for?"

"Service doesn't just train people. It forms them. Purpose is not incidental to military identity — it is its core. That is why the wound goes so deep when service ends."

"What' is taken from Casey is not a job. It's her answer to the question of what she is for."

"Creating more structure cannot fill a formation vacuum."

If you have a single image from your sentencing mitigation work that names this loss directly — a veteran client who articulated it, or a moment in a client file when you recognized the wound underneath the risk factors — this is the place for it. One brief, specific observation before moving to Slide 12 anchors the abstraction in something the room can hold.

All Rise 2026 (Target Population standard, C. High-Risk and High-Need Participants): For treatment courts serving persons who may not have a substance use disorder — including veterans treatment courts — being high-need includes having 'a serious or persistent mental health disorder or other significant treatment or social service needs, such as traumatic brain injury, insecure housing, or compulsive gambling.' The standards frame the veteran's needs within the high-risk/high-need framework. The narrative framework adds the meaning-reconstruction layer underneath the clinical picture.

All Rise 2026 (Community Supervision standard, B. Trauma-Informed Practices): 'Trauma-informed practices' are a required standard — including understanding how trauma affects identity, self-efficacy, and behavior. The military's meaning-making power explains why service-related trauma is identity-disrupting in ways that other trauma often is not — because military identity organizes purpose, belonging, and self-worth in a way that few civilian institutions match.

"When service ends, the veteran loses the story that made sense of everything. She loses her answer to the question of what she is for."

"And then we diagnose her symptoms. We treat her substance use. We address her housing instability and her criminogenic risk factors. All of that is necessary. But underneath those symptoms is a person who once had a profound and clear sense of purpose — and no longer knows what she is for."

"Substance abuse, rage, and risk-seeking are likely attempts to feel something that resembles what they lost. When you understand that, it changes how every member of your team approaches the work."

"To understand what was lost, we need to see what was left behind."

For your background awareness — not for the room unless pressed: James K.A. Smith's formation theory (You Are What You Love, 2016) gives you the deepest theoretical ground for the claim that the military "forms" people in a way that goes beyond training. Smith argues that human beings are not primarily thinking things or even believing things; they are desiring things — and desires are shaped not by ideas alone but by practices, rituals, and habits embedded in institutions over time. The military is perhaps the most deliberately formative institution in American life: uniform, oath, formation, drill, ceremony, hierarchy, unit cohesion, mission. These are not administrative structures; they are formative technologies that systematically shape what soldiers love, who they belong to, and what they live for. Applied to NPT's architecture, the military simultaneously provides all four EPIC elements: Vision (a mission with clear stakes); Vocation (a specific role through which love of neighbor is expressed concretely and daily); Virtue (a code of honor formed through repeated practice under pressure); and Fellowship (unit cohesion — one of the most thoroughly documented forms of formative community in the social science literature). When service ends, all four collapse simultaneously. The veteran does not merely lose a job. She loses the entire architecture of her moral formation at once.

Both source documents include a dedicated section on what C.S. Lewis called Sehnsucht — the inconsolable longing, the ache for something no earthly object has ever fully satisfied. Augustine described the same reality: "Our hearts are restless, O Lord, until they rest in Thee." Both are pointing at a deep, ineradicable longing that is not itself the problem. The problem is that it has been aimed at the wrong object. Applied to the veteran: the addiction, the isolation, the rage, the risk-seeking are not random destruction. They are misdirected Sehnsucht.

Dunnington's "substitute telos" and Lewis's Sehnsucht are describing the same phenomenon from different angles. The longing that organized itself around military service didn't die when the uniform came off. It went looking for a substitute object. The therapeutic task is therefore not suppression of the restlessness but redirection — giving the longing a worthy object. People do not sustain change because they have been corrected. They sustain change because the longing finally found what it was always looking for.

If a clinician or researcher challenges the "formation" language as too philosophical: the empirical anchors are unit cohesion research (which documents the identity and belonging effects of military community), the moral injury literature (which documents the identity-disruption effects of service-related trauma), and re-entry research on veteran populations (which consistently finds that purpose-deficit — not only PTSD or substance use — is a primary driver of post-service criminal justice involvement).

All Rise 2026 (Complementary Services and Recovery Capital standard, F. Community and Spiritual Activities): 'Spiritual activities may include formal religious services but are defined more broadly to include practices focused on searching for existential meaning in one's life.' The standards explicitly recognize meaning-making and existential purpose as legitimate clinical goals — not soft add-ons.

All Rise 2026 (Complementary Services and Recovery Capital standard, F. Community and Spiritual Activities): 'A national study in the United States found that perceiving oneself as being accountable to a higher power was associated with significantly better psychological health and happiness.' The meaning-reconstruction goal has an empirical basis in the standards themselves.

FRAMING — deliver on Slide 13 only; do not repeat on Slide 14:

"I want to show you that I'm not being poetic about this. The military didn't just tell people what to believe. It encoded the answer in phrases short enough to engrave on a coin — and repeated them until they became identity."

Army — "This We'll Defend." Not a slogan. A commitment to stand between harm and those who cannot defend themselves. The Army answers "What am I for?" with a single directive: defend. The person who formed their identity around this question does not lose the answer easily — or quietly.

Army Core Values: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, Personal Courage (LDRSHIP)

Marine Corps — "Semper Fidelis." Always Faithful. Fidelity is not an attitude; it is an identity. The Marine Corps answers "Who am I?" with a relational commitment that does not expire at discharge. When that fidelity no longer has a corps to be faithful to, the capacity remains — looking for a new object. Marines do not say "ex-Marine."

Marine Corps Core Values: Honor, Courage, Commitment

Coast Guard — "Semper Paratus." Always Ready. The Coast Guard answers "Who needs me?" with a perpetual posture of readiness. Not readiness for war, but readiness for rescue. The person formed by this posture does not lose the readiness — they lose the call to which it was directed.

Coast Guard Core Values: Honor, Respect, Devotion to Duty

► *Pause between each branch. The graphics are doing work here — let the room see them.*

Transition into Slide 14: "Three branches. Three different answers to the same question: what am I for? The next slide shows three more — each encoding the answer from a different angle."

SLIDE 14 | The Mottos: Compressed Narrative Identity — Part II 🕒
~34:00 | Section 3 continues | ~3 min | Air Force, Space Force & Navy

Air Force — "Aim High... Fly-Fight-Win." The Air Force answers "What am I capable of?" with vertical motion — aspiration built into the vocabulary of identity. The veteran who was formed to aim high does not stop reaching. The direction changes. The reaching does not.

Air Force Core Values: Integrity First, Service Before Self, Excellence in All We Do

Space Force — "Semper Supra." Always Above. The newest branch, the oldest instinct: transcendence as identity. The participant who was formed by this framing carries a sense of being part of something larger than themselves. That sense needs a new container at discharge.

Space Force Core Values: Character, Commitment, Courage, Connection

Navy — "Non sibi sed patriae." Not for self, but for country. [If challenged on accuracy: the Navy has no single officially designated branch motto; Non sibi sed patriae is its most historically recognized unofficial motto and the most substantive for this argument.] The Navy answers "What is worth dying for?" with the clearest possible negation of self-interest. When that organizing principle is removed, the question does not disappear. It redirects.

Navy Core Values: Honor, Courage, Commitment

► *After the final branch, pause before the pivot.*

PIVOT: "These are not slogans. They are compressed narrative identity statements. Every one of them answers the questions on Slide 11 — and they answered them daily, through formation, mission, and unit cohesion. At discharge, that answer stopped."

UNIVERSALIZATION — the critical move for this audience: "Every one of your participants came in with an identity script. It just didn't come in Latin. The gang, the family system, the street — each encoded its own version of who am I and what am I for. The veteran's version is unusually legible. The fracture is universal." "At discharge, the answer stopped. That is what we are reconstructing."

For your background awareness — NPT connections by branch: Each motto encodes a different face of the NPT architecture. "This We'll Defend," "Semper Fidelis," and "Semper Paratus" are vocation in its most concentrated form — a concrete calling through which love of neighbor is expressed at the cost of self. "Non sibi sed patriae" is the direct negation of the self-centered story that keeps

participants trapped. "Aim High" and "Semper Supra" point to vision — the orienting north star that converts external pressure into internal drive. The reason these mottos formed identity so effectively is that they named all four EPIC elements simultaneously and repeatedly, in a community that enforced them through practice. That is the formation model the veteran left behind — and the one veterans treatment court, at its best, can begin to reconstruct.

"We've named what was lost. Now let's name what must be built. Three things. They have distinct and complementary roles — not three parallel ideas of equal weight."

"Vision provides direction. It is the north star — the orienting picture of who a person is becoming and toward what end. Without vision, a person is not pursuing anything. They are merely avoiding consequences, which is an insufficient foundation for sustained change. Vision is also what converts external pressure into internal drive. It is the difference between a person who complies because they must and a person who changes because they want to."

"Vocation gives the person a place to stand — a specific calling, a concrete community, a set of relationships through which love of neighbor is expressed outwardly and daily. It reorients the person from the center of their own story to a participant in something larger — from receiver to giver. Without a vocation, the new story has no place to be lived and will eventually collapse back into the old one."

"Virtue gives the person the character to stand in that vocation faithfully over time. Virtue cannot be chosen; it must be formed through the slow accumulation of practices and habits embedded in community."

"Vision gives direction. Vocation gives someone to serve. Virtue gives the character to stand."

► *The three elements are not parallel — they have distinct and complementary roles. Do not flatten them.*

Pause after the third element. Then: "The three shifts in the Practitioner's Playbook — and the embodiment that follows them — are how you help build all three starting Monday morning."

One clarification to have available if a practitioner asks what sustains the three-part architecture over time: the answer is the fellowship. NPT's Core Theoretical Claim treats the Epic Life Fellowship — a community of virtuous, mutually accountable friendships — as the structural condition within which vision, vocation, and virtue can all take root and remain durable. Vision without a community to hold it is fragile. Vocation without fellowship eventually collapses. Virtue requires formative relationships to develop. The three elements on this slide are the architecture of the good life; the fellowship is the foundation they stand on. Slides 10 and 20 address the fellowship concretely through the peer mentor. If someone asks what holds the three-part framework up, the fellowship is the answer.

If anyone asks about the theoretical foundation of vocation specifically: the concept is rooted in the Lutheran doctrine of vocation as recovered by Gene Edward Veith Jr. in *God at Work* (2002). For Luther, every station of life — parent, worker, citizen, neighbor — is a place where God loves and serves the world through human hands. The neighbor is always concrete: the person immediately in front of you. Vocation is not a career or a cultural program; it is a face-to-face encounter, repeated daily, in which neighbor love is either expressed or withheld. In NPT this concept carries full secular validity: the experience of having a meaningful role in a community through which one contributes to others is one of the most powerful predictors of sustained prosocial living, regardless of religious framework. Vocation is the theater in which the EPIC life is performed.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard): The standards require measuring housing stability and employment as core KPIs alongside recidivism, and recommend self-report assessments of quality of life, self-efficacy, and recovery capital when feasible. Vision corresponds to self-efficacy and quality of life; vocation corresponds to employment and community belonging; virtue corresponds to the character formation that sustains all of the above. The three-part architecture maps directly onto the outcome framework the standards already require. Recovery capital — physical, personal, social, financial, and community — is what the framework is building from the inside out.

This is where we get to Monday morning. Before I give you the three shifts, I need to give you the interpretive move that makes all of them possible.

These shifts are not replacements for what you're already doing. They are additions — ways of asking different questions, reframing conversations, seeing what you might be missing.

For each shift, have one real image ready — a client, a case moment, a status hearing that looked different because you were asking the right question. The three shifts and the embodiment that follows are the most practical section of the presentation; a single concrete illustration per shift will keep the room's energy up and signal that this is a playbook, not a lecture. Drop examples in as naturally as you would in a conversation.

"The Participant → Hero shift tells you who you're sitting across from. This move tells you how to read their story. Both happen before the three shifts. Neither is optional."

"Step one is what your validated assessment already does: identify the risk factor honestly. Name the dragon. Antisocial associates. Substance dependence. Employment deficits. The instrument doesn't lie, and you don't soften it."

"Step two is where Story-Righting begins: ask why that risk factor exists. Not as an excuse — as an explanation. What happened in this person's story that bent this domain in this direction? That question converts a risk factor into story material. It also reveals the structure underneath the misdirection — because there is always a genuine capacity that has been aimed at the wrong object."

"Step one tells you where direction currently points. Step two tells you what the structure is — and why the direction bent."

For your background awareness: the two-step interpretive move is described in both foundation documents as the core clinical tool of Story-Righting and the Sentencing MapSM methodology. NPT devotes a full clinical vignette to its application in a standard 45-minute intake session, demonstrating that a practitioner can fulfill all RNR screening requirements while simultaneously building a narrative map of the client's life. Step one satisfies the clinical instrument. Step two opens the story. The practical organizing framework for what step two produces comes from philosopher Peter Kreeft, who identifies five essential elements of any story: plot (the events, especially trauma), characters (the people who have shaped the client), setting (the environments that have pressured the story), style (the characteristic cognitive and emotional patterns —

which maps with precision onto antisocial cognition and antisocial personality as forensic risk factors), and theme (the governing meanings that emerge from the interaction of all four). These five elements serve as the bridge between forensic assessment data and narrative construction. If a real example comes to mind — a moment when step two changed the shape of the argument — this is the place to name it briefly. The room will remember a story longer than a framework.

All Rise 2026 (Target Population standard, D. Valid Eligibility Screening and Assessment): The standards require 'both validated risk assessment and clinical assessment tools' and separately recommend recovery capital assessment. The two-step interpretive move connects all three: it takes the validated risk finding, asks the clinical question that explains it, and surfaces the recovery capital underneath. It does not compete with the assessment framework — it completes it.

All Rise 2026 (Community Supervision standard, A. Core Correctional Practices): Standards require 'communication, active listening, cognitive behavioral techniques, problem solving, and goal setting.' The three shifts that follow are the narrative-level application of exactly these practices — especially goal setting and problem solving, reframed through a story lens.

"The compliance question — 'Is she meeting her conditions?' — is necessary. The court requires it. I am not suggesting you stop asking it."

"But notice what it cannot answer: Is she beginning to see herself as someone in control of her own story? Those are different questions."

"A participant who is complying because she has to is vulnerable the moment the external pressure relaxes. A participant who is complying because she is becoming someone who wants to is building something that will outlast your involvement."

"Use the compliance structure as scaffold. But know what you're scaffolding toward. Ask the authorship question — even informally — in every significant interaction."

► *The shift is not from compliance to something that replaces compliance. It is compliance held within a larger frame.*

The behavioral science underpinning this entire shift begins with a claim from Kent Dunnington's *Addiction and Virtue* (2011) that reframes the entire population in front of you. Dunnington argues — against both the moral model and the disease model — that addiction is not a disease or a failure of willpower but a substitute telos: the full deployment of the human capacity for wholehearted, end-directed living aimed at a destructive object. The participant in your treatment court is not a broken person who lacks capacity for committed living. That capacity is entirely intact. What has happened is that it has been organized around a false end. The therapeutic task is therefore not reconstruction but redirection. Dunnington describes the arc through which this redirection moves in three stages:

Incontinent behavior: the person knows what is right and does otherwise anyway, because disordered desire overwhelms reason.

Continent behavior: the person does the right thing through effortful resistance of disordered desire — the will holds the line, but the internal conflict is real and costly.

Virtuous behavior: the right action has become habitual; desire itself has been reoriented toward the good, and the internal conflict largely subsides.

Compliance lives in the continent stage. The person is holding the line — which is real and hard and worth respecting — but they are still fighting. Authorship begins when the person crosses into the virtuous stage: when they are no longer someone who resists the wrong story, but someone who is genuinely living a different one. This is what the compliance structure cannot produce by itself.

All Rise 2026 (Community Supervision standard, F. Office and Field Visits): 'Compliance monitoring alone does little to change participants' behavior or promote long-term public safety and abstinence from drugs and alcohol.' The standards validate this shift explicitly.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard, D. Incentives): Research confirms that outcomes are significantly better when participants have more opportunities to earn incentives for their accomplishments than to receive sanctions for infractions — ideally at a 4:1 ratio. The compliance structure is most effective when weighted toward recognition, not deterrence. The authorship question is how you fill that 4:1 with meaning.

All Rise 2026 (Roles and Responsibilities of the Judge, D. Status Hearings): The standards describe motivational interviewing as an evidence-based approach and specifically cite asking 'open-ended questions' that 'yield opportunities for further discussion and can lead to mutual understanding about possible barriers to success... strengths they might draw upon, and promising avenues to improve their performance.' The authorship question IS motivational interviewing extended to identity.

"When a participant relapses or misses a check-in, the instinctive response is to diagnose the failure and adjust the intervention. That is a legitimate and necessary clinical move."

"But there is a prior question most teams don't ask: What chapter is this? A relapse while a marriage is dissolving is a completely different story moment than a relapse after a graduation ceremony."

"Story-Righting doesn't mean you don't respond to the behavior. The court still responds. What it means is that you also ask: what is happening in this person's story right now that makes this the chapter they're in?"

For your background awareness: Story-Righting is the practitioner-facing name for NPT in action — the integrated skill set through which the theory is applied in a real clinical encounter. The term was coined to fill a gap in the existing literature; an internet search confirmed no prior use. It encompasses three simultaneous movements: perception (seeing the hero), interpretation (reading the story through the two-step move and Kreeft's five essential elements), and formation (building the vision, vocation, virtue, and fellowship that make the new story sustainable). These are not sequential steps but simultaneous orientations. A practitioner of Story-Righting is not applying a protocol — they are bringing a fully integrated clinical orientation to bear on a single human life.

The connection to the presentation title is worth saying aloud if the room feels receptive: "The title of this presentation is not metaphor. Helping heroes right their stories is a professional practice with a name — Story-Righting — and a methodology."

"Story-Righting is not a protocol. It is a fully integrated clinical orientation brought to bear on a single human life."

▶ *Same veteran. Same behaviors. Same court. Say it slowly.*

"Same veteran. Same behaviors. Same court. A different lens changes everything."

All Rise 2026 (Community Supervision standard, D. Supervision Case Planning and Management): 'The supervision case plan should be built in collaboration with the participant' and treatment decisions should be 'person-centered' — meaning the response to any setback should account for the individual's specific context, not just the category of the infraction. Story-Righting IS person-centered practice with a narrative vocabulary.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard, A. Proximal, Distal, and Managed Goals): Standards distinguish between a participant's proximal goals (achievable, near-term targets calibrated to current clinical state), distal goals (longer-term targets), and managed goals (goals already achieved and stepped down in active monitoring). Calibrating the team's response to what chapter the participant is in means attending carefully to their proximal goal status – what is genuinely achievable right now. Note: in All Rise, "managed goals" is a technical term for goals already mastered, not a framing for narrative context. Use "proximal goal status" as the standards-accurate language when discussing this approach with a team or supervisor.

Most treatment court programs treat graduation as the destination. That is real and it matters. But I want to offer a different identity entirely — not for the graduation moment, but for the person walking out.

"Graduate is defined by what she completed — she's looking backward at the finish line. Guide is defined by who she's serving — she's looking forward toward someone still in the journey. Same person. Different identity."

"Plant the question from the very first session: 'Someday, what will you give?' That question shifts the energy source from external accountability to internal purpose."

"'I have to do this' is extrinsic. 'I am becoming someone who does this' is intrinsic. 'Someday, what will you give?' says: this journey doesn't end with your survival. It ends with your service."

"The Wound does not disqualify. It equips. The broken road becomes the credential."

"When your graduate becomes a guide for someone still in the middle of the journey you helped them survive — that is not a program outcome. That is the whole point."

► *Plant the question deliberately: "Someday, what will you give?" This question should be asked in session one.*

One clarification worth having in your back pocket, especially for veterans with no positive prior life to return to: restoration in this framework is not backward into a prior life. It is forward into the design for which a person was created. Wolters' structure-and-direction framework makes this precise — the fall corrupted the direction of a person's capacities without destroying their structure. The veteran who was formed for courage and community and purpose does not return to who she was at age nineteen. She arrives, for the first time, at who she was always made to be. That forward framing matters for participants with damaged pre-service histories. The question "who were you trying to become?" is not asking them to recover a prior self. It is inviting them to imagine, perhaps for the first time, the person they were always designed for.

Maruna's research adds an empirical dimension: the desisters in his studies didn't just stop offending. They consistently reinterpreted their past as something that had equipped them for a specific contribution — the broken road becoming a credential for guiding others away from it. That is the exact movement the Graduate → Guide shift is designed to plant from the first session. The practitioner who asks "Someday, what will you give?" is inviting the participant to begin constructing precisely this

reinterpretation. The Guide is not a therapeutic aspiration. It is what empirical criminology documents as the narrative structure of the people who actually change.

All Rise 2026 (Roles and Responsibilities of the Judge, D. Status Hearings): Standards explicitly state that hearings should 'call upon alumni to be of service in helping current participants find their way to recovery.' The Guide destination is already built into the standards. The narrative framework makes it a goal you plant from day one, not an afterthought at graduation.

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard, G. Recovery Management Services): 'Involving program graduates in alumni groups may be another promising, yet understudied, method for extending the benefits of treatment courts.' The standards flag this as a gap in the research — your framework fills it conceptually and gives programs a reason to prioritize it.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard, J. Program Discharge — Phase 5: Recovery Management): Phase 5 Program Discharge criteria include a restorative justice activity — such as completing instructive community service, paying affordable fees or restitution, or making amends to individuals they might have harmed or disappointed. The outward-facing, giving-back orientation that the Guide concept describes is already encoded in program discharge criteria; this framework makes it the defining goal from day one.

If you have veteran peer mentors in your program, you may have been framing them primarily as a support mechanism. I want to offer a different frame entirely.

"The peer mentor is not primarily a service provider. She is the graduate who became a guide. She has lived Wholeness, The Wound, and The Journey — found a new story, and came back to say so in person."

Her presence in the room answers the question before the participant can fully ask it. Not "Can someone like me actually change?" — she already answered that. She walked in. Her effectiveness depends on standing apart from the judicial compliance structure. That separation is precisely what preserves her power.

"The moment the participant becomes the guide is what we have been building toward from the very first session."

For your background awareness — the theoretical ground for the peer mentor as embodiment of the Guide: Aristotle describes three kinds of friendship in the Nicomachean Ethics. Friendship of utility: what can you do for me? Friendship of pleasure: what do we enjoy together? Friendship of virtue: what kind of person am I becoming? Only virtuous friendship is fully constitutive of the good life. The first two are contingent on what the other provides; the third is grounded in shared pursuit of excellence and mutual formation. The peer mentor offers what no professional relationship, however skilled or caring, can fully provide: credibility that comes from having been exactly where the participant is sitting right now. That is not a service. That is friendship of the highest kind — virtuous friendship, in Aristotle's frame. The practitioner who understands this distinction knows why the peer mentor's power cannot be replicated by adding another clinical staff member to the team. It is constitutively different from a professional relationship. This also explains why role confusion destroys what the peer mentor uniquely provides: the moment she becomes an extension of the court's compliance structure, she is no longer a virtuous friend. She is a utility relationship with a different face.

If a researcher or clinician in the room asks why the peer mentor model works empirically: she is living a redemption script, and that is the most reliable predictor of durable desistance the empirical literature has identified. Maruna documents what she is. This framework tells you why she works — and how to build the conditions in which more participants become her.

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard, G. Recovery Management Services): A randomized study found significantly better compliance with drug court conditions and greater reductions in recidivism among participants paired with peer mentors; however, the same study found no greater improvements in treatment attendance or drug use specifically (Belenko et al., 2021). The compliance and recidivism findings are real and meaningful. Present the full finding if pressed by a research-savvy audience.

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard, G. Recovery Management Services): 'Experienced and prosocial members of the recovery community, including certified peer recovery support specialists, peer mentors, veteran mentors, and peer group sponsors, serve critical roles in treatment court.' The standards validate the centrality of this relationship.

Tension to navigate: Conflict 1 — Peer Mentor Role Boundaries: All Rise 2026 is explicit that peer recovery support specialists and peer mentors owe their primary allegiance to participants and should not have a conflicting dual role that involves enforcing treatment court conditions, reporting infractions, or sharing confidential information. They should not report directly to nonclinical staff such as judges or supervision officers, and should receive a minimum of two hours per week of clinical supervision from a qualified professional. The "virtuous friend" frame is correct — but this relationship operates OUTSIDE the formal compliance structure precisely because that separation is what preserves its power. Be explicit with your audience: the virtuous friend is effective because she stands apart from the judicial structure. The 2-hour clinical supervision requirement is not a bureaucratic constraint — it is the structural guardrail that protects both the participant and the PRSS.

Tension to navigate: Conflict 1 continued — Role Confusion: All Rise (2026) flags "role confusion" as a documented problem in treatment courts, where peer mentors were "unsure of what information they should share with case managers" — and "boundary issues" when peer specialists were not sufficiently stabilized in recovery. The virtuous friend frame is precisely the right antidote to role confusion. Programs should define peer mentor roles carefully, ensure clinical supervision is in place, and protect the confidentiality of that relationship. The mentor who becomes an information pipeline to the team is no longer functioning as a virtuous friend — and the research suggests they become less effective when they do.

Plant the return question from the first session: "Someday, what will you give?" The peer mentor role is what that question eventually answers concretely — "this is what I have to give."

Read the slide aloud: "Picture one current participant on your caseload. Not your hardest case. Not your star pupil. Someone right in the middle."

Then stop talking. Give the room a genuine two full minutes of silence. Do not fill it. The temptation will be strong. Resist it.

After two minutes, speak slowly — let each phrase land separately:

"Before the charge." [pause] "Before the diagnosis." [pause] "Before their service."
[pause] "Who was this person trying to become?"

► *Two full minutes of genuine silence. Do not fill it. Do not move to the next bullet. Do not paraphrase. Wait.*

Five-second pause. Then quietly: "What happened to that version of them?" Another pause. "Do they know you see that person?"

Invite one brief response — two only if time is clearly in hand. Do not evaluate. The goal is recognition, not discussion. If you extend, use only the two follow-up questions: "And what happened to that version of him?" or "Does she know you see that?"

Note on language: The three-clause framing — "Before the charge, before the diagnosis, before the service" — is explanatory context for you as presenter. It helps your audience understand why the question matters and where it comes from. It is not the script for practitioners to use with participants. The question you are sending them home with is the one on the slide: "Before all of this, who were you trying to become?" That version is short enough to actually ask.

*If anyone asks where this question comes from theoretically: the deepest root is Viktor Frankl's logotherapy — the insight that the primary human motivator is not pleasure or the avoidance of pain but meaning. A person who has found a reason to live will endure almost any difficulty to protect it. The question "who were you trying to become?" is logotherapy applied to a treatment court context. Your own working contact with Frankl comes through Donald Miller's *Hero on a Mission* (2022), which builds substantially on Frankl's framework. If you're asked, you can say that honestly: "I came to Frankl through Miller, and Miller convinced me Frankl was right."*

*All Rise 2026 (Roles and Responsibilities of the Judge, D. Status Hearings):
'Practicing active listening — leaning forward, making eye contact, reflecting on*

what was said — can go a long way toward demonstrating that participants are being heard and their views are valued.' The exercise you're doing with the room is exactly what you're asking them to practice with participants. The method IS the message.

All Rise 2026 (Substance Use, Mental Health, and Trauma Treatment standard, B. Collaborative, Person-Centered Treatment Planning): 'Collaborative, person-centered treatment planning' is a required standard. The question "Before the charge, who was this person trying to become?" is the narrative entry point to person-centered planning — it orients the clinician to the person's assets and trajectory, not just their deficits.

This is the direct call to action. The previous slide planted the question emotionally. This slide hands them a tool with edges.

Read the slide question aloud: "This week, ask one participant: Before all of this, who were you trying to become?" Then pause. Let them write it down or photograph the slide. Don't rush past it.

One question. One participant. This week.

This is also the moment to distribute the handout. Suggested language: "I've put together a short practitioner's guide — four sections — that walks through the process we've been describing: from naming the risk factor, to asking why, to building a prosocial vision that actually belongs to the participant. It's called From Risk to Story. It's yours to take back to your team. I only ask two things: that you keep the copyright notice and attribution to Bard Legal LLC and sentencingmap.com on any copies you make or distribute — and that if it changes a conversation with someone, you let me know."

Keep the handout moment brief — thirty seconds. You're not explaining the workbook; you're giving them something concrete to carry out of the room.

The goal of this slide is to shift the energy from "I've been inspired" to "I know what I'm doing Monday morning." That is the difference between a presentation people remember and one they act on.

All Rise 2026 (Community Supervision standard, A. Core Correctional Practices): Standards require practitioners to engage in 'goal setting' and 'problem solving' interactions with participants. The From Risk to Story practitioner's guide operationalizes exactly this — it reframes goal-setting from compliance targets to narrative reconstruction, grounded in the two-step move and prosocial vision construction. It is standards-consistent in both method and purpose.

PROTECT THIS SLIDE — Do not open for audience participation. This slide works through accumulated silence and the image of Casey sitting beside someone in their ordeal. Opening it for discussion breaks the spell. Move through it, let it land, and carry the energy directly into Slide 24.

"Remember Casey. We asked at the beginning: we know what she was charged with. But what was she made for?"

This is where that question lands with its full vocational weight. Slide 2 planted the surface question — "what was her story?" You may have spoken the deeper form in passing during the presentation. Here it arrives with its complete meaning: not a clinical question about her past, but a vocation question about her design. She was made to become the Guide. That is what she is, now.

"Casey didn't just graduate from veterans court. She found what she was still made for. She came back. She sits beside someone else in the middle of the ordeal she once survived. She is no longer someone being helped. She is someone helping. She has become a guide."

The final line is on the slide. Do not read it aloud. Let the room read it: "She became a guide because someone asked the right question."

Do not explain the callback. The phrase "the right question" is a direct callback to the question you handed them on Slide 21. The room will hear it and recognize: I already have that question. It was given to me twenty minutes ago. That recognition is the emotional close of the presentation — it places the practitioner inside the story as the one who made Casey's return possible. Let it land. Do not analyze it.

For your background awareness: Casey's arc is a textbook example of what Shadd Maruna's desistance research calls a redemption script — the narrative pattern consistently associated with lasting behavioral change. She reinterpreted her past not as a verdict but as a chapter that equipped her for something. The broken road became a credential. She is now the person Maruna's research predicts will not come back. If a researcher or clinician in the room asks why the peer mentor model works, this is the answer: she is living a redemption script, and that is the most reliable predictor of durable desistance the empirical literature has identified.

"The story is still being written. And it is a good story."

If you have a real case from your sentencing mitigation practice — a client who came back, who became the person who guides others through the same broken road — tell it briefly here. A single specific human being, named or anonymous, lands harder than Casey ever can. Real stories close presentations. Casey opens them.

*All Rise 2026 (Roles and Responsibilities of the Judge, D. Status Hearings):
'Welcome new graduates back as healthy and productive members of the community, and call upon alumni to be of service.' The standards already envision this moment. You've been building the framework that makes it the goal from day one.*

Before the closing line, deliver the failure reminder — spoken, not on the slide: "The alternative is graduates standing in cleared fields with nowhere to go. You've seen it. So have I." One beat of silence.

Then read the closing line slowly: "Help your heroes right their stories."

"That is the work. Not more work than you're already doing. The same work — with a direction."

"Thank you. I'll take questions."

Q&A GUIDANCE

Five genuine minutes. Seed if needed: "A question I often get is how you actually start this conversation with a participant who is resistant or who has very little pre-service identity to work from."

Q: "How do you do this with participants who have no positive pre-service history at all?"

→ The architecture is still there — a person, a world, a disruption, a wound. The question "what were you made for?" doesn't require an impressive past; it requires imagination about the future. Restoration in this framework is forward into the design for which a person was created — not backward into a prior life. The exercise helps them project forward when the past is too damaged to anchor to. The question is not "who were you?" It is "who were you always meant to become?"

Q: "Does this work with non-veteran populations?"

→ Yes — the presentation addresses this explicitly in Slide 3. The veteran's version is unusually legible. The fracture is universal. The Mottos slides (Slides 13–14) make this explicit in their closing pivot: every participant came in with an identity script. It just didn't come in Latin.

Q: "Is this a faith-based approach?"

→ The theoretical framework has philosophical and theological roots. The practice tools are fully secular and constitutionally appropriate for use with participants in any treatment court. See the conflict note below for the full navigation language.

Q: "How does this relate to desistance research?"

→ Desistance research is NPT's most direct criminological anchor. Shadd Maruna's Making Good found that lasting desistance is almost invariably accompanied by a redemption script: a story in which the person's past is reinterpreted not as a fixed identity but as a chapter leading toward contribution and moral repair. The broken road becomes a credential for guiding others away from it. In contrast, people who continue to offend tend to inhabit condemnation scripts: stories in which their past feels like a verdict and genuine change feels unavailable. The central empirical finding of desistance research is that narrative structure — not risk score, supervision intensity, or treatment quality — is the most reliable predictor of lasting behavioral change. That is NPT's core theoretical claim, arrived at by empirical criminology from the other direction. Where NPT extends beyond the desistance literature: Maruna describes what desisters did — they built redemption scripts. What the desistance literature has not provided is a structural account of how redemption narratives can be intentionally cultivated. That is what NPT offers. Vision, vocation, and virtue are the internal architecture of the redemption narrative that desistance research documents but does not specify. Story-Righting is the practitioner skill that builds it on purpose.

Q: "What does this add for someone who already uses motivational interviewing?"

→ MI is an excellent tool for helping clients resolve ambivalence and commit to a direction. NPT is the framework that gives that direction its content. MI helps clients decide to pursue a new story; NPT provides the architecture of what that new story must contain — vision, vocation, virtue, and fellowship — and why those elements are essential to sustained prosocialization. MI activates readiness; NPT specifies what readiness is readiness for. The two are highly compatible and mutually reinforcing.

Q: "How do you measure success in this framework?"

→ Recidivism reduction, while important, is an insufficient measure on its own. A person who avoids reoffending but remains isolated, purposeless, and disengaged has not achieved what NPT envisions. Success is measured by the quality of the new narrative the person is inhabiting, the vitality of their fellowship, the clarity and engagement of their vocation, and evidence of virtue formation over time — alongside traditional measures like recidivism, employment, housing stability, and treatment compliance. This maps directly onto All Rise 2026's outcome framework: employment and housing stability are required KPIs; quality of life, self-efficacy, and recovery capital are additionally recommended as self-report measures when feasible.

Q: "Does this framework account for cultural difference — Casey's story represents a specific demographic archetype."

→ It should — and practitioners must apply it that way. The meaning-making loss described in Slides 11–14 is real across cultures, genders, and service eras, but its form differs significantly. A first-generation immigrant veteran, a female veteran from a military family, and a veteran from a community with limited prior access to institutional identity formation all carry the Wound differently. All Rise 2026 references the need for culturally proficient treatment delivery and equity in treatment court access. The Story-Righting methodology must be applied with cultural humility — which means asking "Before all of this, who were you trying to become?" and listening for an answer that may look very different from Casey's. Do not project Casey's archetype onto every participant. The question is universal. The answer is specific.

For your background awareness on NPT's normative claim — worth having available if challenged: NPT is explicitly a normative theory — not merely a descriptive one. This is one of its most distinctive and deliberate departures from the academic mainstream. Modern social science is largely built on being value-neutral and purely descriptive: it tells you what desisters do, what risk factors predict, what correlates with recidivism. NPT plants a prescriptive flag: the direction of a rehabilitated story matters morally, not just clinically. It is not enough to point a person vaguely away from crime, because away from crime is merely a negative space — a void that will be filled by old habits. NPT prescribes the direction: Excellence Pursued in Community, organized around neighbor love expressed through vocation, formed in virtue, sustained by fellowship. This is not a limitation of the framework; it is the source of its power. A practitioner who knows where they are leading someone is more useful than one who knows only where to steer away from. If a researcher challenges NPT as "just desistance research with religious language," this is the precise answer: desistance research describes what desisters did. NPT prescribes the architecture they built, and the direction it must face.

Tension to navigate: Conflict 2 — Faith-Based Framework Applied to Participants: IMPORTANT — address this directly if asked: All Rise (2026) states clearly that treatment courts 'cannot require participants to engage in spiritual or religious practices and cannot favor such practices' due to constitutional protections. The EPIC/NPT framework has explicit theological roots — Augustine's disordered loves, Lutheran vocation, neighbor love. When practitioners apply this framework WITH PARTICIPANTS, they must use the secular translation: vision (not 'calling from God'), meaningful role (not 'vocation'), community of support (not 'fellowship of virtue'). The NPT paper itself makes this explicit: 'The framework operates with full integrity in secular contexts.' The theological tradition illuminates WHY the

secular framework works — but the programming is the secular framework, not the theology. If someone asks whether this is a faith-based approach, the honest answer is: the theory has theological roots; the practice has full secular validity and is constitutionally appropriate for use with participants in any treatment court. An important clarification from the philosophy document: this framework does not carry salvific claims. It is not Christianity in therapeutic disguise. It is a work of common grace — the grace by which human dignity is sustained and genuine flourishing is possible regardless of saving faith. Common grace work is real work. A participant who finds a vocation, builds a fellowship, and begins to love their neighbor has received something genuinely valuable. The law written on every human heart is common ground, and it is enough to build on.

All Rise 2026 (Introduction): The standards describe their own mission as ensuring treatment courts are 'achievable and measurable' — but also note the goal is 'to enhance outcomes across all treatment court models.' The narrative framework presented here is not a departure from the standards — it is a complementary layer that the standards themselves gesture toward without fully articulating. NPT and Story-Righting provide the interior architecture that evidence-based practice provides the exterior scaffolding for.

All Rise 2026 (Incentives, Sanctions, and Service Adjustments standard): The standards require measuring housing stability and employment as core KPIs, and recommend self-report assessments of quality of life, self-efficacy, and recovery capital when feasible — not just recidivism. NPT's broader account of flourishing maps directly onto this outcome framework. The standards validate the goal.

SLIDE 25 | Connect & Download ~72:00 (concurrent with Q&A)

Not narrated. Displayed concurrently with Q&A and remains visible as attendees depart.

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