

COMPLEX CASES

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Disclosures

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New England (HHS Region 1)

ATTC

Addiction Technology Transfer Center Network
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New England Association of Recovery Court Professionals

- The New England Association of Recovery Court Professionals is a nonprofit consortium of drug treatment court professionals from six states (CT, RI, MA, NH, VT, ME)
- We exist to: Address critical current and emerging issues confronting drug treatment courts through high-quality training and TA
- Promote regional coordination to address challenges common in New England drug treatment courts and develop responsive pro-active policies and practices
- Provide a central forum and repository of resources relevant to the development, operation, and administration of drug treatment courts
- www.NEARCP.org



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New England Association of
Recovery Court Professionals

Meet our Presenters



Helen Herberts, M.A. J.D.



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COMPLEX CASE NO. 1

- ▶ Screening Tool: SASSI/High Probability of Severe SUD (also interview with Diagnostic and ASAM Criteria completed)
- ▶ Risk Assessment Tool/Score: ORAS/High Risk 32
- ▶ Date of Assessment: 11/22/19
- ▶ Need Assessment Tool Used: ASI



ASSESSMENT

- ▶ Major Depressive Disorder, Moderate, Recurrent Episode
- ▶ Generalized Anxiety Disorder, Severe
- ▶ Stimulant Use Disorder, Cocaine, Severe, Opioid Use Disorder, Severe
- ▶ PTSD



DIAGNOSIS

- ▶ Waitress
- ▶ History of dealing from work
- ▶ Family/social support limited
- ▶ Primary support is parole fugitive and history of dating dealers
- ▶ Substance use, reports recent history of problem opiate and cocaine use
- ▶ Peer associations, all criminal

PSYCHO-SOCIAL HISTORY

- ▶ Client is a 29 year old woman who has been in the Drug Court for nearly a year
- ▶ Client currently prescribed Adderall and buprenorphine by MAT provider; Trazodone by her psychiatrist
- ▶ A couple of occasions the prescribed Adderall was not present in her system according to the UAs

CASE STUDY



- ▶ Client has consistently tested positive for marijuana and unable to move forward in program
- ▶ She has had occasional periods (1-3 weeks each every 4-8 weeks or so) where she has also tested positive for other drugs including: methamphetamine, cocaine, gabapentin, alcohol and fentanyl or otherwise misses a number of consecutive tests
- ▶ Her MAT provider is aware of this pattern

CASE STUDY CON'T

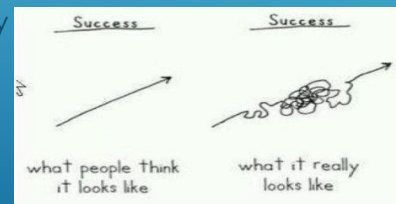


- ▶ Client never absconded; tends to stay in good communication with her therapist and CM
- ▶ Client does miss appointments (or arrives extremely late, missing the majority of the appointment) frequently when anxiety increases
- ▶ Client has trouble staying organized, focused, or getting out of the house on time
- ▶ Occasionally engaged in disruptive behavior in groups, including making threats or intimidating other participants
- ▶ Client has been removed from groups for several days until stabilized. Typically behavior stems from minor interpersonal conflicts that escalate quickly

CASE STUDY – PROGRAM PROGRESS

- ▶ Client involved in a long-term relationship with prison inmate (also on the referral list for Drug Court)
- ▶ Client living at his parents' house, which was reasonably stable despite family's heavy use of alcohol in the house
- ▶ Shortly after his release they obtained an apartment
- ▶ Client then working as a waitress
- ▶ Client unable to maintain steady employment with one employer but likes working and is able to find work quickly when loses a job
- ▶ The apt is more than they can manage financially

CASE STUDY CON'T



- ▶ Multiple police contacts at the unit after reports of fighting
- ▶ CM called police to check on client after client reported verbal fighting and choking
- ▶ When the police responded, he was not present
- ▶ Client denied altercation
- ▶ Boyfriend is on parole supervision, uses alcohol, marijuana, and methamphetamine
- ▶ When using, he is at risk for drug dealing and stealing

CASE STUDY CON'T

- ▶ Poor support system, adoptive family lives in MA
- ▶ Referred to local Recovery Center
- ▶ Attendance with Recovery Coach is inconsistent
- ▶ Responds to higher level sanctions to stop behaviors like missing appointments
- ▶ Responds to incentives around proximal behaviors like on-time attendance
- ▶ Struggles with consistency or forward progress
- ▶ Continues to use marijuana (no sanctions unless dishonest)



CASE STUDY CON'T

COMPLEX CASE NO. 2

- ▶ Risk Assessment tool: ORAS - scored 39 (High)
 - ▶ Client has misdemeanor convictions as a juvenile
 - ▶ Multiple adult felony convictions for property crimes
 - ▶ Multiple probation failures

- ▶ Needs Assessment tools: DAST, SASSI, AUDIT, PHQ-9, CSSRS – High Need
 - ▶ Client began using marijuana at the age of 12
 - ▶ Client has been using substances for 41 years; LSD, mushrooms, cocaine/crack, heroin and fentanyl

ASSESSMENT

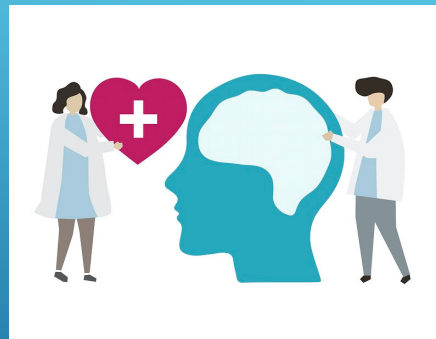


Mental Health diagnosis Original:

- ▶ Borderline Personality Disorder
- ▶ Post-Traumatic Stress Disorder
- ▶ Stimulant Use Disorder, Severe
- ▶ Opioid Use Disorder, Severe

MH Diagnosis Current:

- ▶ Antisocial Personality Disorder
- ▶ Post-Traumatic Stress Disorder
- ▶ Stimulant Use Disorder, Severe
- ▶ Opioid Use Disorder, Severe



DIAGNOSIS

Program Info

- ▶ Days in program – 899
- ▶ Phase – 4
- ▶ Days in phase - 521

Urinalysis Results While in Program:

- ▶ Client has missed 46 UA's
- ▶ Client has produced 91 negative UA's
- ▶ Client has produced 62 positive UA's
- ▶ Total # of scheduled UA's = 199



PROGRAM/TESTING

- ▶ Client is the oldest of five, with different fathers
- ▶ Parents divorced; father left when client was 4 years old
- ▶ Client reports history of significant physical, sexual, and emotional abuse
- ▶ Client's mother sent him to stay with stepfather who was also a negative influence
- ▶ Stepfather sent the brothers to foster care
- ▶ Client was bullied in school and dropped out in the 8th grade
- ▶ Significant difficulty making/keeping relationships
- ▶ Client was able to obtain his GED later in life
- ▶ 8-10 suicide attempts throughout his life. First attempt at 8 years old



TRAUMA HISTORY

- ▶ Client completed High Intensity Residential and Low Intensity Residential
- ▶ Client was discharged to sober living where he remained for several months
- ▶ While at sober living client attending DBT at a facility not associated with the DC
- ▶ During this time (approx. one year), client was generally compliant in DC and phased up to phase 4
- ▶ Client was later granted a Section 8 Housing Voucher and moved into his own apartment, continued DBT

CASE STUDY



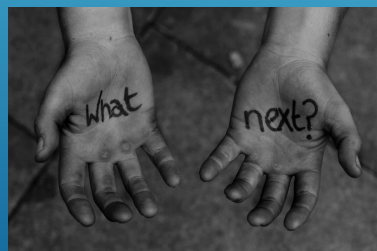
- ▶ After transition to apartment, Probation Officers find individuals from homeless community residing at client's home
- ▶ Probation Officers instruct client multiple times to cease allowing individuals to reside in his home
- ▶ Twice, as probation knocked on client's door, individuals began fleeing through back doors and windows – including client.
- ▶ During multiple home visits, Probation Officers found illicit substances – alcohol, crack cocaine, fentanyl, Marijuana, Spice – in the residence along with uncapped syringes and on one occasion a wooden club with a metal tip that client reported he used for protection.

CASE STUDY – PROBATION VISITS

- ▶ Client then discharged from DBT for lack of engagement, manipulation of medications
 - ▶ Client not completing assignments
 - ▶ Admitted lying the entire time he was in group
 - ▶ Stated in DBT so that he could avoid other programming insisted by team
 - ▶ Attempted to fill medication from two different providers at different pharmacies
 - ▶ Client made false claim that discharged from DBT because new therapist changed his diagnosis

CASE STUDY

- ▶ Client transferred to Psychiatric NP for medication services
- ▶ Evaluated and referred to co-occurring Partial Hospitalization Program as client had begun using Cocaine, Fentanyl, and THC regularly
- ▶ Multiple treatment provided; IOP, PHP multiple times, OP, Individual Therapy, and residential
- ▶ Client referred to three different residential programs after meeting ASAM criteria but client reported current SI during residential intakes
- ▶ Client refused residential treatment
- ▶ Each time client assessed for SI at ER, no SI was found or was denied by client



TEAM RESPONSE

- ▶ After client failed to appear for a drug court session warrant issued
- ▶ Probation Officers and Police Officers attempted to locate client at apartment
- ▶ Law Enforcement was let into the building by other individuals in the apartment
- ▶ Client had locked himself in a bathroom and refused to come out. Police Officers used K-9 to remove client from the bathroom. Client was charged with resisting arrest and Probation filed a VOP

TEAM RESPONSE

