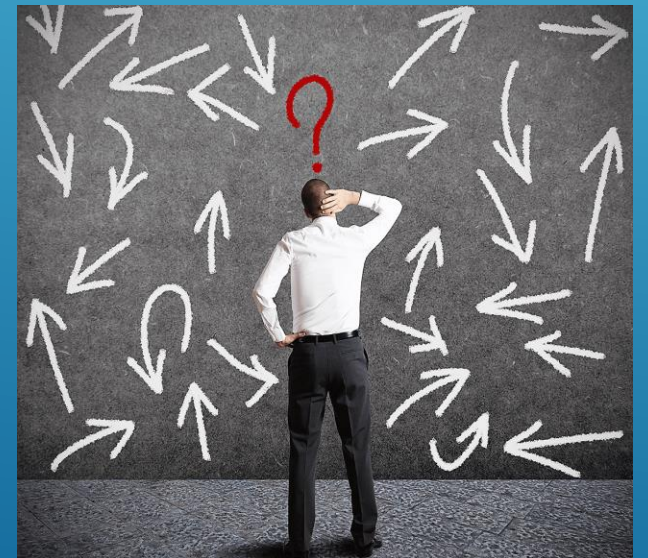


COMPLEX CASES

Brian Meyer, PhD.

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Tina Nadeau, Chief Justice, NH Superior Court



- ▶ New charges
- ▶ Probation term running out before completion of Drug Court
- ▶ Anger management issues (Client unwilling to address)
- ▶ Long time absconding
- ▶ Refusal to use MAT
- ▶ Tampering with urine sample
- ▶ Uber ride, several stops
- ▶ Tampering with GPS



WHAT ABOUT?

COMPLEX CASE NO. 1

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- ▶ 35 year old Transgender Male
- ▶ Opioid Use Disorder, Severe; Amphetamine Use
- ▶ No mental health evaluation, but significant trauma
- ▶ Spent 10 years in prison (most of his 20's)
- ▶ 4 Operating Under the Influence (OUI's) by the time he was 18

INTAKE INFORMATION



- ▶ Mother facing 6th Operating Under the Influence (OUI) at age 75
- ▶ Entire family uses Amphetamines
- ▶ One brother Schizophrenic lives at home, other homeless uses heroin
- ▶ Has three year old son
- ▶ Client started testosterone 8 mos. into program, two surgeries scheduled
- ▶ Client unaware of pregnancy, abortion 6 mos. into program
- ▶ Pregnancy resulted from sex for money
- ▶ Presented with Complex (Post Traumatic Stress Disorder) PTSD but no official diagnosis

BACKGROUND, TRAUMA



- ▶ Client in 23rd month, phase 4 of Drug Treatment Court (DTC) at time of termination recommendation
- ▶ Phase I
 - ▶ Positive UA for alcohol, dishonesty – Relapse group, reset sobriety
 - ▶ Missed treatment, no AA meetings, antisocial peers – Jail sanction
 - ▶ Allegation of stealing, driving without a license – Jail sanction
 - ▶ Missed treatment due to work, not living with dad – Verbal admonishment



CHALLENGES – PHASE 1

▶ Phase 2:

- ▶ Misusing prescription amphetamines – reset sober date, delayed phase advancement – 3 weeks in a row, reset sober date each time
- ▶ Forth week misusing prescription – reset sober date, client met with case counselor, homework assignment
- ▶ Probation violation, amphetamine use – 3 day jail sanction



CHALLENGES – PHASE 2

▶ Phase 3

- ▶ Missed case management – verbal warning
- ▶ Missed treatment session and distracted in treatment – verbal warning
- ▶ No employment, no meetings – 4 hours community service
- ▶ No meeting verification
- ▶ Multiple instances of misuse of prescription



CHALLENGES – PHASE 3

▶ Phase 4

- ▶ Behind in meetings – verbal warning
- ▶ Police contact, amphetamine use, missed TX, dishonest about residence, staff splitting, no sponsor – Behavior contract, 5 days jail, reset sobriety
- ▶ 7 instances of improper use of substances (methadone, amphetamines, alcohol) – Some reported, some not
- ▶ Several missed treatment appointments (provider notified)
- ▶ Adulterated UAs – 30 days house arrest
- ▶ Several contacts with police for driving without a license
- ▶ Relapse on Adderall, unemployed, behind in AA meetings – 4 days jail

CHALLENGES – PHASE 4



- ▶ Initially assessed for Intensive Out Patient – Hybrid during COVID
- ▶ Transition to Aftercare
- ▶ Later assessed for residential – Completed Feb. 2022
- ▶ Returned to aftercare – Relapse on amphetamines – increased level of care
- ▶ Engaged in “Intercept” in phase 4



TREATMENT AND SUPPORT SERVICES

- ▶ Completed T4C (Thinking for Change)
- ▶ On lesson 9 of MRT (Moral Reconciliation Therapy) in phase 4
- ▶ Began Trauma therapy in phase 4 – After three sessions of EMDR (Eye Movement Desensitization Therapy) insurance did not cover
- ▶ Tried individual therapy but did not connect with therapist
- ▶ Started transgender specific therapy 2 months before termination recommendation and was thriving



TREATMENT AND SUPPORT SERVICES

- ▶ Were there appropriate treatment adjustments?
- ▶ Did the team consider MAT?
- ▶ Were the team's responses to non-compliant behavior appropriate?
- ▶ Did the team give transgender specific treatment enough time to take hold?
- ▶ There was no incentive program beyond phase advancement and verbal praise, is this a problem?

CONSIDERATIONS



- ▶ Overall Treatment Plan approved (ATR)
- ▶ Participant was released to dad's house without a real plan (other than GPS) over 4th of July weekend. Resulted in series of relapses and an arrest with 8 new charges.
- ▶ BUT . . .

WHERE IS CLIENT NOW



The regional probation office liked the original ATR plan so much that they said that he was never really given a true chance to engage in the plan and provided him with ANOTHER ATR. The Drug Court Team was wary but agreed that he was not actually given an opportunity over those 3 days to engage in treatment. SO. I am happy to say, he is doing really well. He was admitted into a 3 month long residential program completely out of County and now lives in an Oxford House sober living about an hour away. It has been a game changer. When he sees his family he brings a sober support from the house. He has a Recovery Coach and a sponsor that he works with and he is sober and thriving. He is still going to have to face repercussions for his new case since it's from a different County but our DA here is supportive and all of his sober supports have agreed to go to his hearings with him to show all of the work he has put in. I also have a meeting with that County's Drug Court Coordinator to just fill him in on the nuances of this participant. He is no longer paused in phase 4 so after 1.5 long years in phase 4 I am hopeful that he should at least phase up to 5 in the next 45 days!



COMPLEX CASE NO. 2

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- ▶ 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

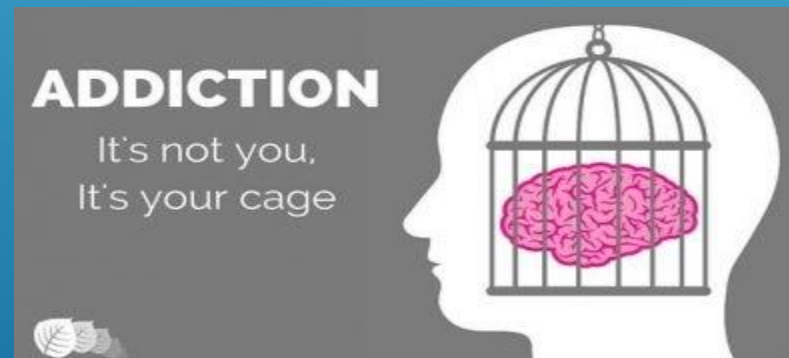
- ▶ Client is a 29 year old woman who has been in the Drug Court for nearly a year
- ▶ Client currently prescribed Adderall and buprenorphine by MAT provider; Trazodone by her psychiatrist
- ▶ A couple of occasions the prescribed Adderall was not present in her system according to the UAs

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

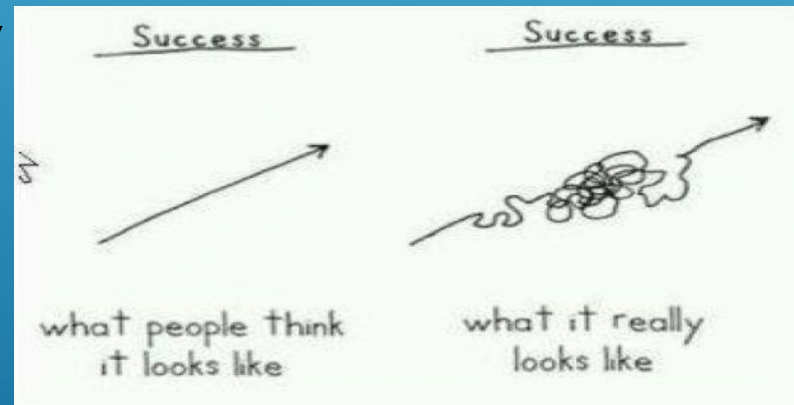
CASE STUDY CON'T



- ▶ 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

TO TERMINATE OR NOT TO
TERMINATE

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- ▶ Accepted 3/18/2019
- ▶ Spent 85 days in Phase 1 and 139 days in Phase 2
- ▶ Homeless, unable to maintain housing, actively using
- ▶ Court issued warrant 1/6/2020 – failure to appear to Drug Court session
- ▶ Absconded for 11 months – picked up in Arkansas
- ▶ New charges for possession and trespassing
- ▶ Extradited back to Drug Court in November 2020

TERMINATION CASE SCENARIO

Termination Recommendation:

- ▶ Length of time she absconded
- ▶ Leaving the state
- ▶ New charges for possession and trespassing
- ▶ Unable to gain traction within the program

TEAM DISCUSSION



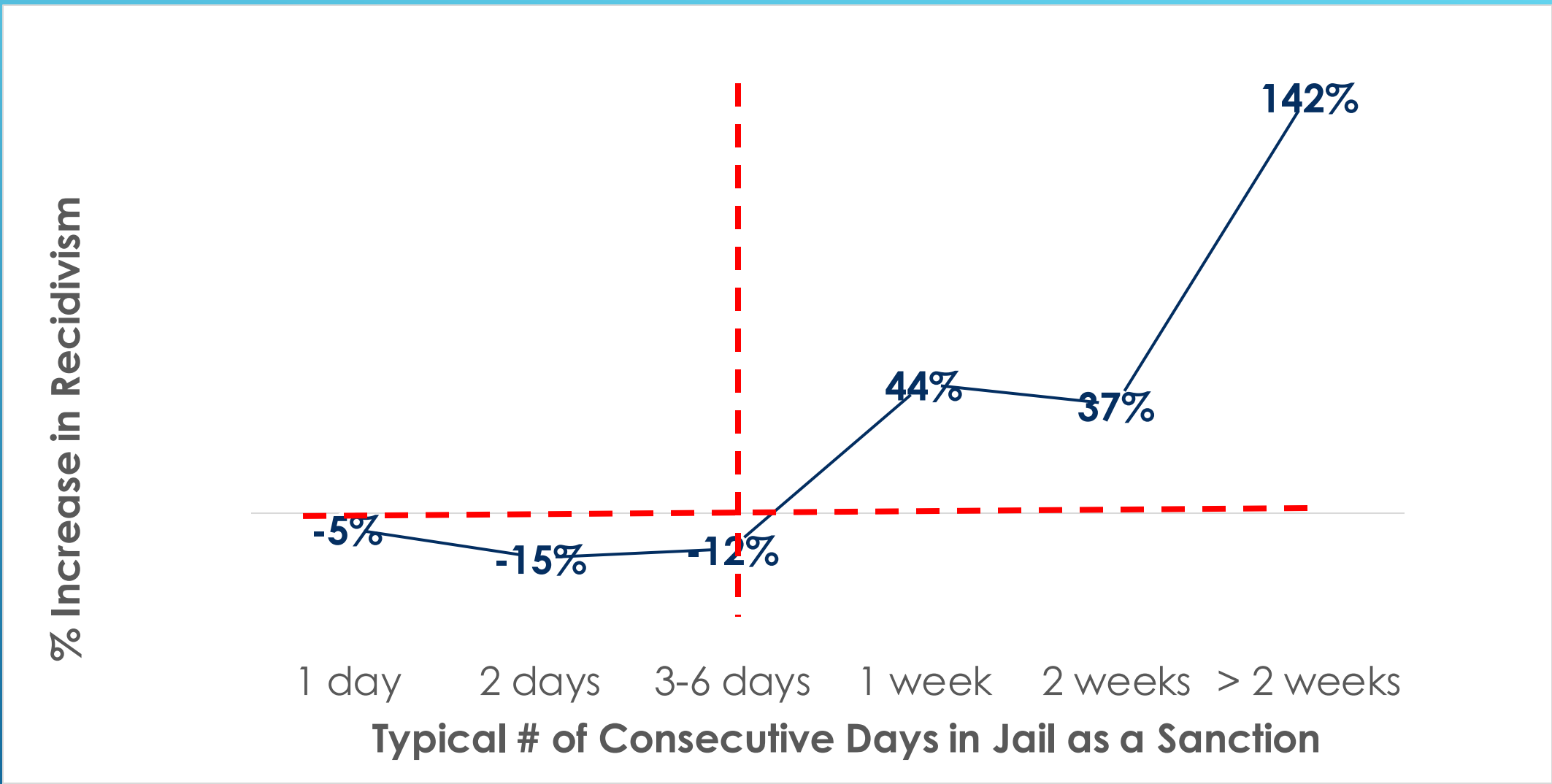
- ▶ Client sentenced to complete the jail treatment program (instead of termination and state prison.)
- ▶ March 2021 – Client completed jail treatment, and released to inpatient treatment
- ▶ Client completed inpatient treatment
- ▶ Resumed participation in Drug Court IOP in May 2021

NOT TERMINATED . . .

- ▶ Almost a year since Client has returned to Drug Court
- ▶ Client remains in sober living fully engaged with the community
- ▶ Employed full-time as assistant manager at Dunkin Donuts
- ▶ Obtained driver's license for the first time in her life (38 years old) and has a reliable vehicle
- ▶ 3 days away from phasing up to phase 5 and on track to graduate by July 2022

WHERE IS SHE NOW?

Courts That Typically Impose Jail Longer Than 6 Days Have Higher Recidivism



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GOOD LUCK OUT THERE!

Thank you

