

# **NIGHTMARES FROM THE ROAD**

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# INTRODUCTION

When doing technical assistance, observing questions from the various listservs, and Facebook TCP page, and reading various policy and procedure manuals and handbooks, a pattern of concerns arise.

We are going to discuss those!

SAMPLE FOOTER TEXT



# TOPIC ONE

**Assessments and screens. They are not the same and do not substitute one for the other.**

# TRUE OF DRUG TESTING, TRUE OF DIAGNOSTIC TOOLS.

- A screen is just that: an instrument which is designed to look for gross characteristics which identify target behaviors or elements.
- A screen tells you that something “might be present”, look closer.
- A screen is NOT the assessment, or a replacement for one.
- You must identify what is a screening instrument vs. a validated assessment, despite what the *name* of the screen is!

# COMMON SCREENS

- RANT- the Risk and Needs Triage
- DWI-RANT- validated for DWI screens
- GAIN-SS (hint: short screen)

## MISLEADING NAMES?

- IDA: the impaired driving assessment-which isn't. It is a screen.

# LOOK THEM UP!

- <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools> (SUD)
- <https://www.ptsd.va.gov/professional/assessment/te-measures/index.asp> (trauma)
- <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf> (mental health, comorbid disorders))

# THEN CROSS TRAIN EACH OTHER

- **Team understanding is crucial to getting it right**
- **Knowing the difference in the instruments informs the team.**
- **We MUST know each other's language and business.**

# ASSESSMENTS: DITTO

- You want normed and validated assessments, specific to the issues raised by the screens, or treatment concerns.
- You get a diagnosis of disease and *what to do* from assessments and comparison to ASAM



# PRIMARY SCREENS

- Depends on what type of court. (MH? Quadrant Multi-track? Traditional?)
- For a Risk Assessment, you need a screen followed by a validated assessment which places HR/HN. (first)
- IF HR, refer for Assessment on clinical needs.
- For SUD, you need a SUD screen, followed by an assessment.
- Referral on a screen? Yes. Admission on a screen? **NO.**

# **DO NOT LET NAMES CONFUSE YOU!**

- **Understand and articulate the differences!**
- **Make decisions based on assessment(s)-plural**
- **Assessments are ongoing and are the basis of the case plan(s)**
- **Case plans and assessments should be shared with the team, and the case plans should be combined between supervision, treatment, family court team, etc.**
- **Your left hand should know what your right hand is doing!**

# CONSEQUENCES OF NOT DOING IT

You overwhelm and confuse people who are already struggling

You mean well, but are not helping.

**KISS.** Keep it simple silly, and slow everything down.

Failure to do this=failure of participant.

# HINT: NOT JUST ONE TIME

- **Assessments guide the plan**
- **If the assessments are not repeated and followed, you are blowing it.**
- **First question(s) when problems occur: (1) what does the assessment say and did we do it? (2) who was in the house and monitoring the recovery environment? When?**

# **GUESSING ABOUT DRUG TESTS: DILUTES, LEVELS**

**Just read everything written by Paul L Cary,  
posted on AllRise!**

# **THAT OLD CONSTITUTION!**

**These are Courts of Law. Everything that happens in a traditional court must also happen here, plus the additional therapeutic skills.**

# LAWYERS! LET'S PLAY A GAME!

Name that Constitutional Violation!

Others: play along and cringe!

# THINGS THAT ARE HAPPENING:

- “ You may not leave the state for an abortion”
- “ You are not allowed to date without the permission of the Judge”
- “ You are automatically going to jail for 30 days if you get pregnant or get someone pregnant other than your wife.”
- “You must attend AA/NA for thirty days before you may apply to the Court for admission. Mandatory AA/NA five days per week after admission”



- **“You will waive all of your rights to challenge all drug tests as a condition of admission”**
- **“ You will waive all of your rights, including right to counsel, and to contest termination, prior to admission”**
- **“no dating or new relationships in first two phases, and then none without Judicial permission”.**
- **“You may not have MAT, or must taper off during treatment court”**
- **“this is an abstinence only court”**
- **We choose your MAT, not your doctor.**
- **“We don’t need lawyers on the team or in the Court”**

# **NOT BEST PRACTICE?**

**Or, not even close to best practices?**

- **Potential participants kept in cage during Court, defense and treatment talk to them through bars in public open court, discussing trauma, legal stuff.**
- **Courts who do zero sanctions**
- **Courts who do zero incentives**
- **Judges who do “therapy from the bench” and expose trauma to the room.**
- **Jail for every positive test**
- **Jail for first positive test**
- **Termination on third positive test**

- **Treatment providers creating their own curriculum(s)**
- **Treatment providers creating their own assessments**
- **Admission without screens or assessments**
- **Nobody follows assessments or asks**
- **No supervision service**
- **Scheduled and predictable testing**
- **Massive overload in phase one –way too much too soon**
- **Mandatory full-time employment in first weeks of first phase.**

- **Assessments done once, and never revisited again. Dust gathers.**
- **Admission and services NEVER using assessments**
- **Predictable testing, unobserved testing, slow testing results-DNA testing, hair testing in lieu of breath, oral and urine.**
- **Jail sanction for first use, termination for third positive test.**
- **“ one pass through and you are done...forever”**

# JUST PLAIN UNEXPLAINABLE

- “let me show you my Nazi paraphernalia and guns!” (Judge)
- “I have complete immunity” (Judge) (also untrue) and the team certainly does not.
- Dressing down and shaming folks in open court by Judge and team. Really.....I kid you not.

# **IF YOU SEE THIS: STOP IT.**

**Not much else to say.**

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