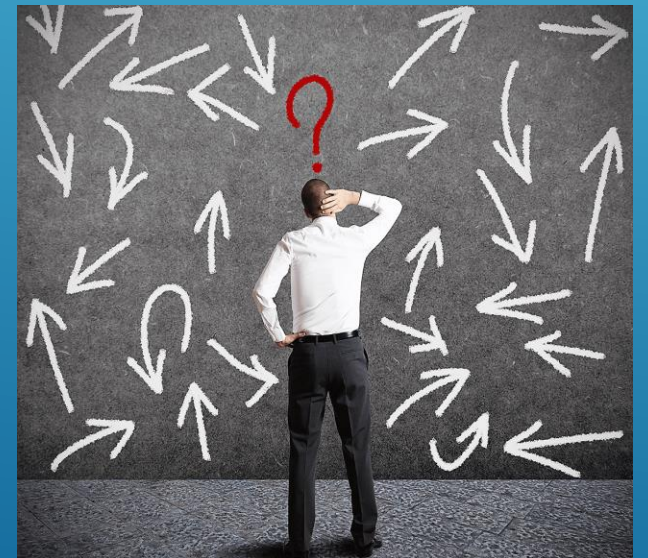


COMPLEX CASES

Brian Meyer, PhD.

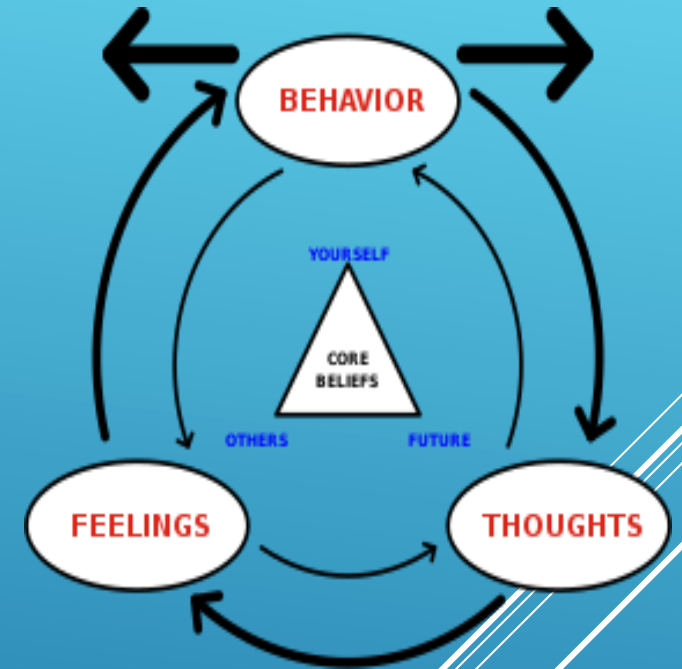
Helen Harberts, MA, JD

Tina Nadeau, Chief Justice, NH Superior Court



CHECKLIST FOR STAFFING AND RESPONSES

- ▶ **WHO** are they? (risk and need)
- ▶ **WHERE** are they in the program?
- ▶ **WHICH** behaviors are we responding to? Are they proximal or distal?
- ▶ **WHAT** is the response choice magnitude?
- ▶ **HOW** do we deliver the response and explain it?
- ▶ Is there also a **TREATMENT** response?
- ▶ Are we using a **CLIENT CENTERED** approach?



WHAT ABOUT?

- ▶ 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
- ▶ Unauthorized relationship
- ▶ Leaving Treatment



COMPLEX CASE NO. 1

Severe Substance Use Disorder, Trauma
Challenges with Cannabis

- ▶ 40 year old male
- ▶ Severe substance use disorder – Meth, Fentanyl, Cocaine, Cannabis
- ▶ 7 years in and out of prison, reports over 100 arrests starting at age 13
- ▶ Living in a tent for first 6 months of DC
- ▶ No longer using Meth, Fentanyl, Cocaine
- ▶ 349 days in phase 1 because still testing positive for cannabis

CANNABIS



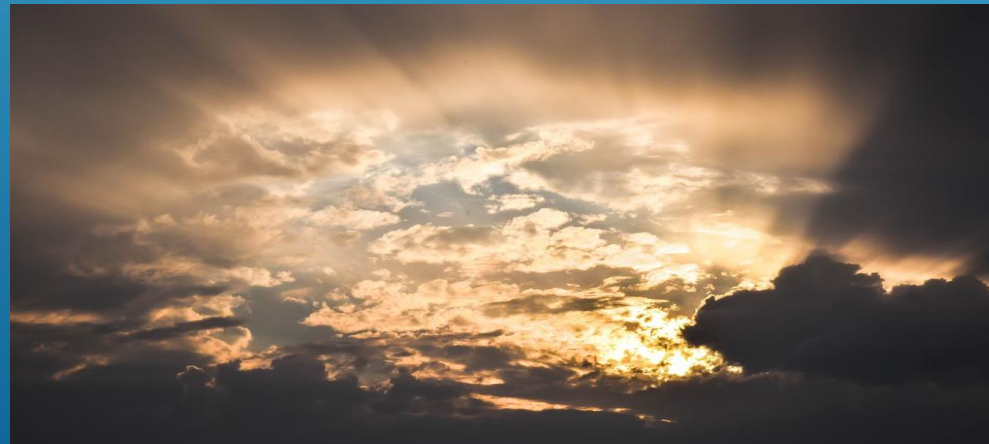
- ▶ Physical and sexual abuse by parent
- ▶ Grew up in poverty, was homeless and lived on streets for 10 years
- ▶ Was chronically bullied in school
- ▶ Stabbed twice as a teenager
- ▶ Several attempts at suicide starting at age 13
- ▶ Trauma compounded in prison



CANNABIS – TRAUMA

- ▶ Participant WANTS to stop using cannabis
- ▶ Says the last 8 months best of his life, first time feels hope
- ▶ Uses once every two weeks for sleep/anxiety/ADHD
- ▶ Feels guilt and shame for using, always reports use
- ▶ Team has used “stop using cannabis” workbook twice
- ▶ Participant reluctant to engage in trauma specific treatment for past several months
- ▶ Clinician reports “just starting to scratch the surface” of trauma

CANNABIS



- ▶ Sanctions?
- ▶ Treatment adjustment?
- ▶ Education?
- ▶ Let it go and promote?
- ▶ Would your analysis be different if participant did not want to stop using cannabis?



CANNABIS – WWYD?

COMPLEX CASE NO. 2

Participant struggling with medication compliance

- ▶ Participant released from lengthy prison sentence into DC
- ▶ Early on struggling with meeting requirements; missed treatment; occasionally missed UAs; missed CM
- ▶ All UAs attended, P negative for illicit substances
- ▶ Participant also prescribed Adderall for ADHD

EARLY PARTICIPATION



- ▶ Participant in Phase 2 for several months and has stagnated
- ▶ Living in sober housing
- ▶ Working for recovery center that provided the housing
- ▶ Discharged from sober living; P had own medications in dresser
- ▶ Empty prescription bottle for another person
- ▶ House manager found empty Adderall capsules

PHASE 2

The first step toward success is taken when you refuse to be a captive of the environment in which you first find yourself.



- ▶ P admitted to taking extra Adderall; stress of losing housing
- ▶ Saw nothing wrong with actions; continued with criminal thinking
- ▶ Appeared at CM for med count without meds
- ▶ Instructed to bring to next appointment
- ▶ P did so, and left early for work; leaving meds behind with CM
- ▶ Later claimed CM or other member of TC of stealing meds

HOW TO HANDLE?

COMPLEX CASE NO. 3

Complex PTSD, other significant MH issues;
misdiagnosis?

- ▶ Risk Assessment tool: ORAS - scored High
- ▶ Needs Assessment tools: DAST-20 and the GAIN SS .30
– High Need, High risk of relapse

ASSESSMENT



- ▶ Methamphetamine Use Disorder, Severe
- ▶ Opioid Use Disorder, Severe
- ▶ ADHD, Moderate
- ▶ Generalized Anxiety Disorder
- ▶ Complex PTSD
- ▶ *Collaborative Dx: Bipolar Disorder Type II and Borderline Personality Disorder



DIAGNOSIS

- ▶ Emotional abuse and neglect from father
- ▶ Emotional neglect from mother
- ▶ Sexual abuse from relative
- ▶ Sexual trauma from police
- ▶ Physical violence in relationships
- ▶ Physical violence in prison



TRAUMA HISTORY

- ▶ 49-year-old female, entered DC on **4/26/2022**
- ▶ Served 30 days up front
- ▶ Felony theft charges
- ▶ Early onset of substance use – Percocet tablets at age 14
- ▶ Primary substances Oxycodone, heroin (inhalant), methamphetamines
- ▶ Criminal history – theft, prescription forgery, reckless conduct and drug charges
- ▶ High School diploma

CASE STUDY



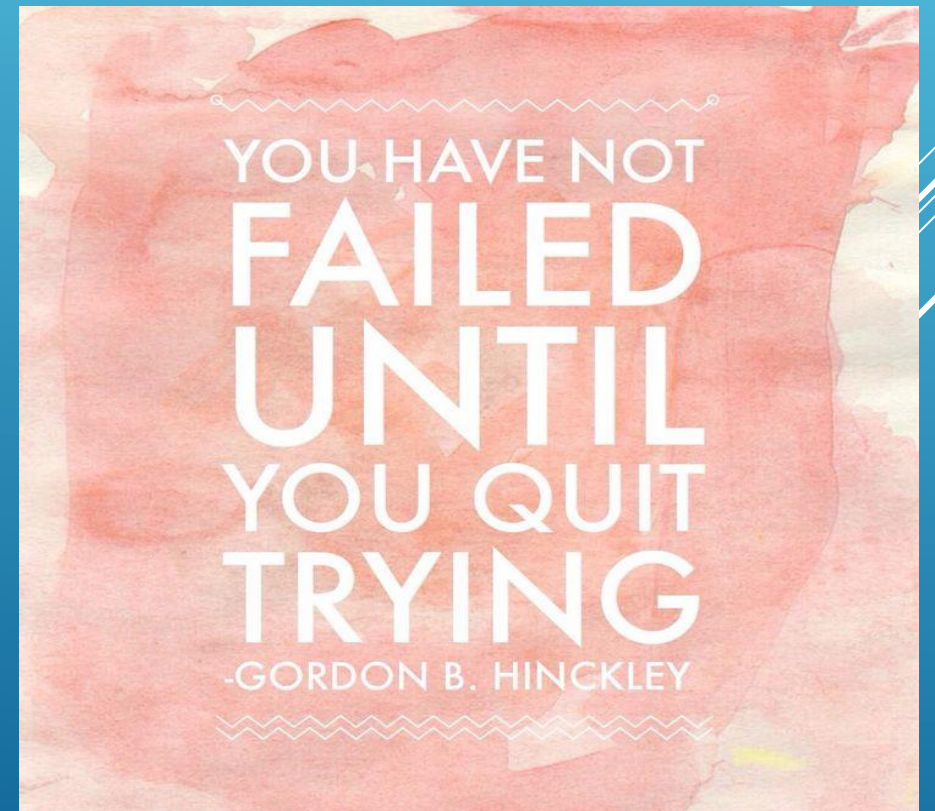
- ▶ Entered DC upon release from jail **5/22/22**
- ▶ Received stable housing
- ▶ Assessed – IOP
- ▶ Attended DC **6/20/22** received \$10 gift card for “doing well”
- ▶ **Sept. 2022** alcohol TCH use, delay phase advancement
- ▶ **9/22/22** client advised to attend IOP (outside provider); in person treatment w/MLADAC; see DNP for meds
- ▶ **10/10/22** attended DC and received \$10 gift card for “doing well”
- ▶ Detox completed **10/27/22 – 11/14/22**
- ▶ **11/17/22** completed MRT – Phase 2, gift card, spin of wheel

PHASE 1



- ▶ Attended court **12/10/22** verbal praise
- ▶ Negative UAs until **1/17/23** (alcohol); **1/24/23** (THC)
- ▶ Essay; 30 day delay in phase advancement
- ▶ Started IOP w/different outside provider
- ▶ Attended court **1/20/23**; spin wheel, verbal praise for “doing well”
- ▶ Started sublocade (but picking at injection site)
- ▶ Client visiting different prescribers for Adderall

PHASE 2



- ▶ **2/23/23** Pos (fentanyl); ordered to treatment group; 30-day delay in phase advancement
- ▶ Client resistant to meeting w/providers
- ▶ **2/28/2023** ordered to stay w/current provider; DNP to discuss medication management
- ▶ 2 hours of community service; missed probation
- ▶ **3/16/23** Pos (fentanyl); 30-day delay in phase advancement
- ▶ Detox for inpatient care; continuous use
- ▶ Detox **3/20/23 to 4/13/23**; fentanyl use on discharge; 30-day delay in phase advancement
- ▶ Care and Concern meeting
- ▶ **5/11/23** 4-day jail sanction; dishonesty; continued use (fentanyl, methamphetamines).
- ▶ Client obtaining medications from peers

PHASE 2 CON'T

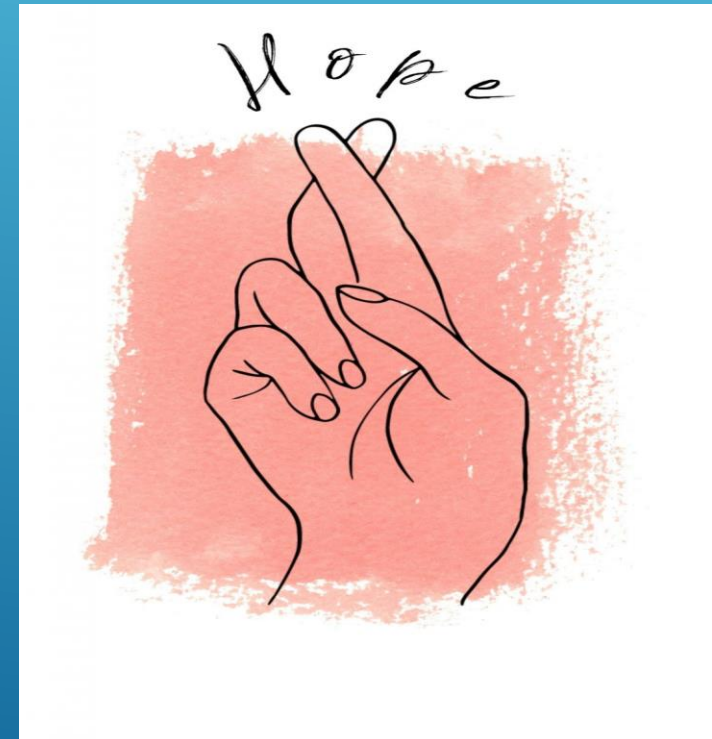
- ▶ **5/23/2023** – Client threaten suicide, verbal abusive to CM
- ▶ **5/24/2023** – Program Coordinator, CM file Invol. Emerg. Admis.
- ▶ **5/25/2023** – Admitted to treatment; 30-day delay in phase advancement
- ▶ Client requested discharged after 30 days; denied
- ▶ Client requested prescription for Sublocade, DC DNP denied (picking) suggested Vivitrol
- ▶ Non-DC provider prescribed Sublocade
- ▶ DC DNP stopped services
- ▶ **7/12/23** – Discharged from treatment; no insurance

PHASE 2 CON'T



- ▶ **7/13/23** – Team instructs client to attend IOP with third provider
- ▶ Two individual sessions weekly (SUD and MH)
- ▶ Provider emphasized need for meetings; women's group
- ▶ **7/20/23** – Phase 3
- ▶ Instructed to engage PCP
- ▶ Incentives – Gift Certificate, spin wheel

PHASE 2 CON'T



- ▶ **8/10/23** – Client missed UA; 5 days no contact
- ▶ GPS placed on client
- ▶ **8/26/23** – Client missed UA
- ▶ **8/31/23** – Client missed court; went to dentist despite instructions
- ▶ Warrant issued
- ▶ At PD, ripped of GPS
- ▶ Threaten suicide; banging head against wall
- ▶ **9/7/23** missed court citing medical issues

PHASE 3



COMPLEX CASE NO. 4

Consistent Lack of Program Compliance,
New Charges

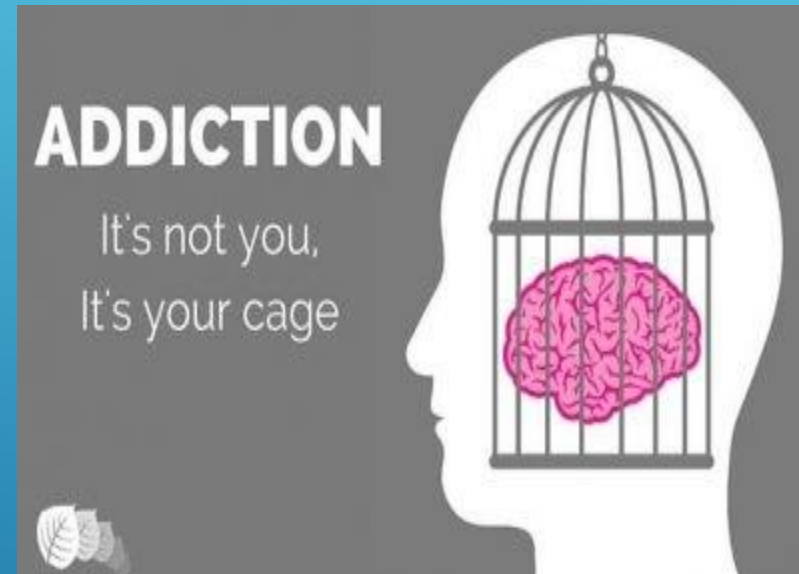
- ▶ Risk Assessment tool: ORAS - scored High
- ▶ Needs Assessment tools: DAST, SASSI, AUDIT, PHQ-9, SASSI, V-RISK-10 – High Need

ASSESSMENT



- ▶ Methamphetamine Use Disorder, Severe
- ▶ Opioid Use Disorder, Severe
- ▶ ADHD, Moderate
- ▶ Generalized Anxiety Disorder
- ▶ Trauma
 - ▶ History of emotional abuse from father
 - ▶ Sexual abuse from relative

DIAGNOSIS



- ▶ 35 year old male entered DC on 11/23/2021
- ▶ Charges:
 - ▶ Possession x3
 - ▶ Violation of Probation
 - ▶ Delivery of Contraband into Correctional Facility
 - ▶ False Report to LE, and Resisting Arrest
- ▶ THC age 14; Cocaine age 18; Primary substance Methamphetamine; secondary Fentanyl
- ▶ Criminal history: DV, 2nd Degree Assault, property crimes, and drug charges.
- ▶ Highest grade completed was 11th (no GED).



CASE STUDY

- ▶ Assessed for IOP upon release from jail
- ▶ Consistent use (methamphetamine) throughout first month
- ▶ LOC was increased to PHP and then to residential
- ▶ Multiple unexcused absences for treatment, Case Management, Probation, and UA's.
- ▶ Fentanyl use the 3rd week after program entry
- ▶ Client declined referrals for all forms of MAT on multiple occasions.



CASE STUDY CON'T

- ▶ Arrested for breach of bail one month after program entry: violation of a restraining order
- ▶ Three weeks later, client failed to appear for DC session – warrant
- ▶ Client arrested 27 days later; held in jail for 30 days due to non-DC related bail
- ▶ Client released and returned to DC
- ▶ Agreed to: MAT, move into sober living, attend and engage in IOP

CASE STUDY CON'T



- ▶ Client scheduled to enter sober living twice; failed to report
- ▶ Client moved in with parents and obtained employment with a landscaping company
- ▶ Also completed IOP then outpatient groups (relapse prevention).
- ▶ Client phased up to phase 2
- ▶ Reported methamphetamine use the next day
- ▶ Client failed to report for treatment and case management; discontinued medication assisted treatment
- ▶ LOC increased to PHP

CASE STUDY CON'T



- ▶ Client charged with criminal threatening
- ▶ Client served short jail sanction; directed to probation for GPS monitor
- ▶ Client failed to report; tampered with a UA in the same week
- ▶ After another short jail sanction, client complied with GPS requirement
- ▶ Substance use continued; again referred to higher LOC
- ▶ Before started PHP, arrested for Receiving Stolen Property (motor vehicle)

CASE STUDY CON'T



- ▶ Client completed small team case conference (intervention meeting) and admitted to sober living
- ▶ Was removed two days later; he provided door codes to non-residents
- ▶ Arrested again for receiving stolen property (motor vehicle).
- ▶ Three days later client arrested for possession and receiving stolen property (\$8000 bicycle)
- ▶ Team recommends termination

CASE STUDY CON'T



- ▶ Full range of sanctions and incentives
- ▶ Intervention meetings: care and concern meeting and small team case conference
- ▶ Co-occurring services of PHP, IOP, Outpatient Groups, Individual Therapy sessions, and case management sessions
- ▶ 8.5 months in the program

INCENTIVES, SANCTIONS,
THERAPEUTIC ADJUSTMENTS



COMPLEX CASE NO. 5

The image features a solid blue background with a gradient from light blue at the top to a darker blue at the bottom. In the bottom right corner, there are several white, parallel diagonal lines that create a sense of motion or a stylized graphic element.

- ▶ Stimulant Use Disorder – Cocaine Type, Severe
- ▶ Stimulant Use Disorder – Amphetamine Type, Severe
- ▶ Cannabis Use Disorder, Severe
- ▶ Opioid Use Disorder, Moderate, in early remission
- ▶ Alcohol Use Disorder, Moderate

DIAGNOSIS



- ▶ 26 year old South East Asian male
- ▶ Daily alcohol use in high school
- ▶ By 21 drinking 1-2 fifths of vodka daily
- ▶ Sophomore year began crushing and sniffing Vicodin and Percocet
- ▶ At age 23 using heroin and fentanyl
- ▶ Heavy cannabis use began freshman year and continues (not at work)
- ▶ Sporadic use of cocaine in high school, became more regular at age 22 when he was in prison.
- ▶ Uses Adderall to “energize” himself



SUBSTANCE USE HISTORY

- ▶ Mental health diagnosis
 - ▶ Bi Polar Disorder – Reports hearing voices
 - ▶ ADHD
 - ▶ Depression
 - ▶ Anxiety, Panic disorder
- ▶ Two prior in-patient admissions
- ▶ IOP year before DC
- ▶ Sporadic pain from damaged nerves following a car accident where he was hit while riding a bike



TREATMENT HISTORY (BEFORE DC)

- ▶ Struggled in High School (ADHD) but graduated
- ▶ Attended one year of Adult Vocational Education but did not complete
- ▶ Strong family support – Mother, father, two siblings (physical discipline, mother possible mental health issues)
- ▶ Has a 3 ½ year old with autism
- ▶ Currently holds two jobs; UPS and construction – Employers are supportive

SOCIAL SUPPORT



- ▶ Participation and testing negative
- ▶ Samples positive for Cannabis first 21 days in program
- ▶ Employed
- ▶ Referral for psychiatric intake

PHASE 1 – 41 DAYS



- ▶ Episodic tardiness and missed DC obligations
- ▶ Testing Negative for 3 months then single pos ETG/ETS without report
- ▶ 2-3 Months into Phase team is concerned client using nitrous oxide (increased anxiety, life frustrations, unable to keep jobs)
- ▶ Multiple minor accidents as the single driver
- ▶ Client repeatedly denies use of nitrous oxide
- ▶ In Month 5 of the phase random search of truck reveals full of nitrous canisters (100's)

PHASE 2 – 294 DAYS



- ▶ Another 3 months then several pos for ETG/ETS and Cocaine over two-week period without report
- ▶ Team is now concerned with previous reported TBI and possible brain impairment (nitrous use.)
- ▶ Team works on referral for initial testing
- ▶ Barrier: Evaluator needs 4-6 months of non-impairment for accurate eval
- ▶ Care and Care meeting, Small team Case Conference, Large Team case conversation

PHASE 2 CON'T



- ▶ Making DC obligations; participating in treatment
- ▶ Continued concern client using nitrous
- ▶ Psychiatrist discontinued medications because client not taking consistently
- ▶ Later in phase began missing DC obligations
- ▶ Cyclical gaining and losing employment
- ▶ Client denies nitrous use
- ▶ Has a new relationship
- ▶ Now testing positive for cocaine without report. Claims possible from girlfriend
- ▶ Reports his memory is gone. Does not remember use of cocaine or alcohol or what he did.

PHASE 3 – 164 DAYS (CURRENT)

- ▶ Team adjust curfew and adds GPS. Increase supervision checks.
- ▶ Client continues to improve. Still testing sporadically for Cocaine without report.
- ▶ Receives a jail sanction for pos test without report (graduated sanction).
- ▶ Client has called girlfriend telling her to park the car wherever she is at and clean it.
- ▶ Still pursuing testing for TBI and impairment on wait list. Psychiatrist restarts his medication on week to week basis.
- ▶ Probation conducts a check of vehicle and searches phone. Client is using nitrous regularly, purchasing Mushrooms in large quantities

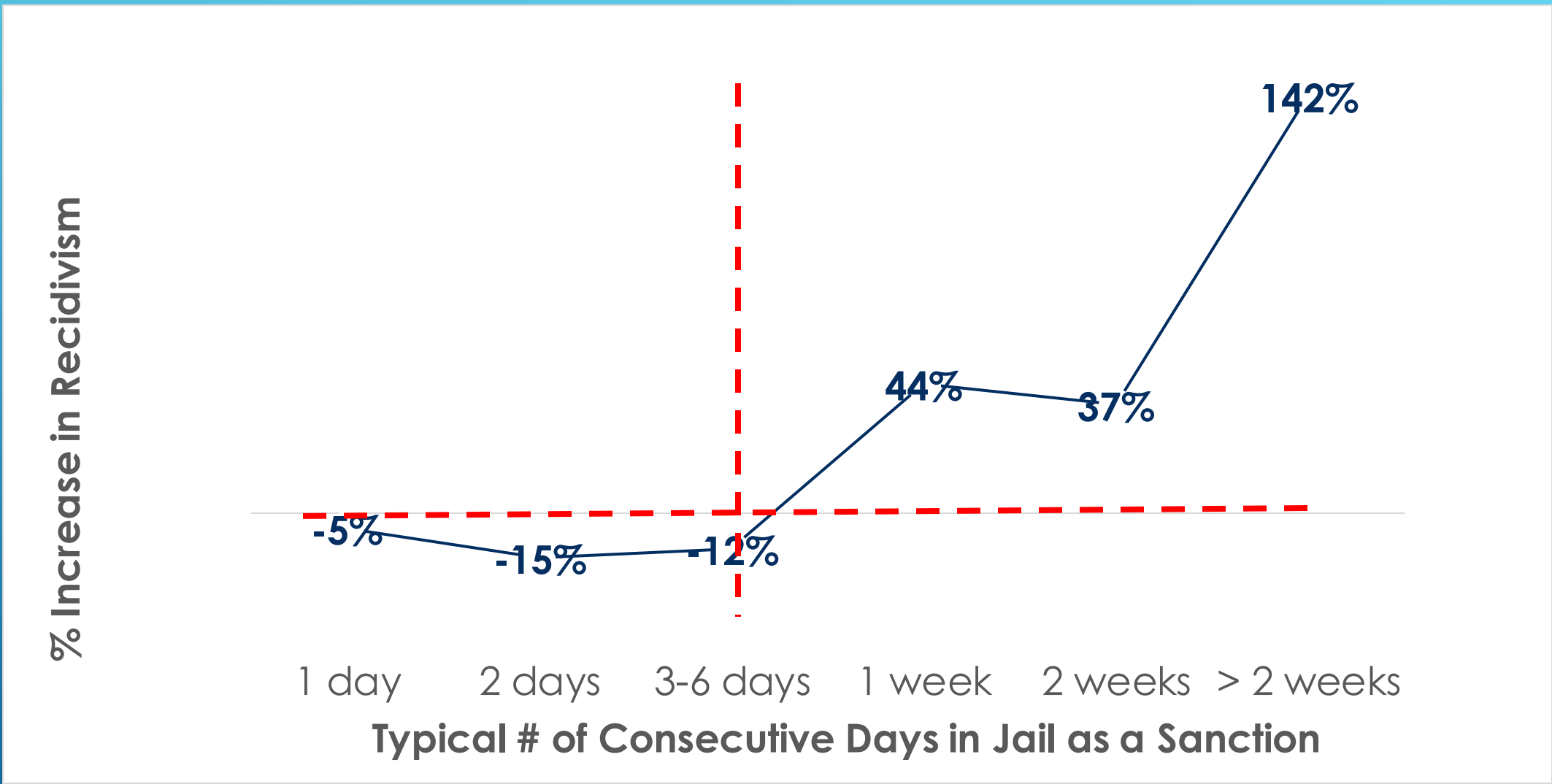
PHASE 3 CON'T

- ▶ Some of the team members want termination
- ▶ Others want to use jail time to get client TBI evaluation and Brain functioning to assess if client needs a specific type of treatment
- ▶ Is this just criminal behavior



TEAM QUESTIONS

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



TNADEAU@COURTS.STATE.NH.US
HELENHARBERTS@GMAIL.COM
BRIAN.MEYER@VA.GOV

GOOD LUCK OUT THERE!

Thank you

