COMPLEX CASES

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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
- 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

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 age13
- 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 – TRAUMA

- 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

- 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 – WWYD?

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

COMPLEX CASE NO. 2

Participant struggling with medication compliance

EARLY PARTICIPATION

- 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

PHASE 2

- 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

- 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, significant history of incarceration; trust issues.

ASSESSMENT

- Risk Assessment tool: ORAS - scored High

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

DIAGNOSIS

- Cocaine Use Disorder Severe
- PTSD
- Depression
- Possible PICS (post incarceration syndrome), but no formal diagnosis; no treatment for PICS

TRAUMA HISTORY

- Emotional, physical abuse and neglect from father
- Mother died when he was incarcerated in 20s
- First placed at Youth Detention Center (YDC) – age 10
- Sexual abuse at YDC
- Physical abuse at YDC
- Emotional abuse at YDC
- In and out of incarceration since teens
- Physical violence in prison

CASE STUDY

- 58-year-old male entered DC on 6/13/2022
- Came to the program from prison
- Felony burglary and theft charges
- Early onset of substance use – TCH at age 13 and acid
- Cocaine at age 19
- Primary substances cocaine, crack, fentanyl
- Criminal history – theft, prescription forgery, reckless conduct and drug charges
- Past Suicide Ideation

CASE STUDY CON'T

- **IOP:** Attended full program x2, both times referred to higher LOC
- **PHP:** Attended program 3 times, all times referred to higher LOC
- **Relapse Prevention:** Attended full program x2, referred to higher LOC
- **MRT:** Attended several sessions; relapse referred back to PHP
- **Residential:** Completed once, referred a second time, absconded
- **Peer Support Group:** Attended periodically (difficulty with groups and people)

SOME PROGRESS

- 6 mos into program, began to stabilize
- Obtained supported housing
- Working part time
- Making clear decisions
- Bought car; opened bank account
- 6 mos later relapsed after talking to lawyers about YDC settlement

REGRESSION

- Only worked w/CM
- Use increased
- Began distrusting CM
- Missed court, warrant issued
- Still absconding
- But continued to call CM to “check in”

CURRENT ISSUE

- Client absconding since 1/4/24
- On 3/14/24 CM heard excessive beeping in p-lot
- Client was in parking lot waving and beeping
- Client came to door; CM determined okay to open
- Client appeared coherent, met w/ CM
- Client hadn't used in 3 days, promised to turn self in
- Still has not

COMPLEX CASE NO. 4

Consistent Lack of Program Compliance,
New Charges

ASSESSMENT

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

DIAGNOSIS

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

CASE STUDY

- 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 CON'T

- 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 threating
- 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

INCENTIVES, SANCTIONS, THERAPEUTIC ADJUSTMENTS

- 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

COMPLEX CASE NO. 5

DIAGNOSIS

- 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

SUBSTANCE USE HISTORY

- 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

TREATMENT HISTORY (BEFORE DC)

- 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

SOCIAL SUPPORT

- 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

- 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

PHASE 2 CON'T

- 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 3 – 164 DAYS (CURRENT)

- 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.

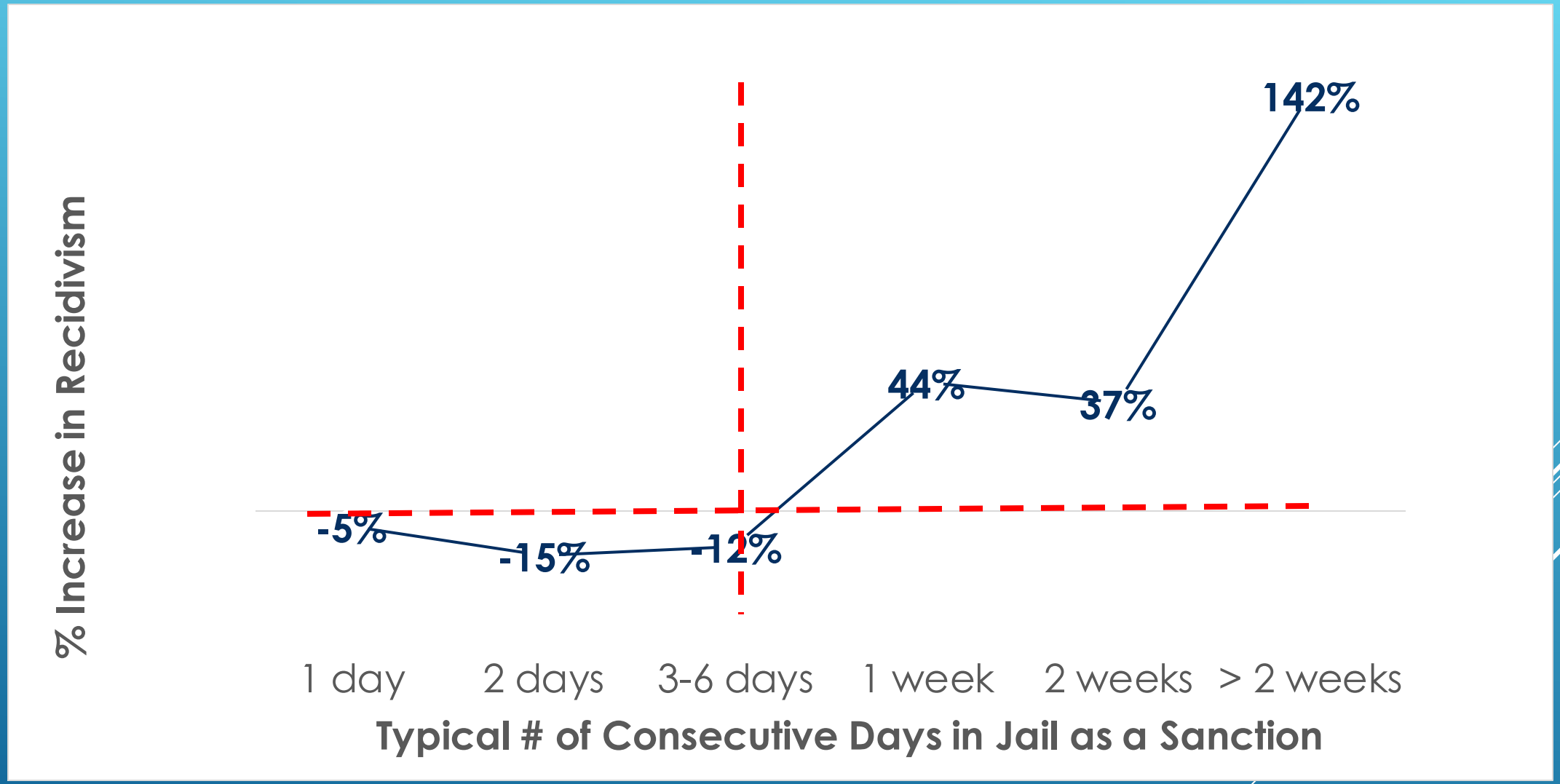
PHASE 3 CON'T

- Team adjust curfew and adds GPS. Increase supervision checks.
- Client continues to improve. Sill 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

TEAM QUESTIONS

- 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

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



NPC Research: Carey, Mackin & Finigan, 2012

Courtesy of Shannon Carey

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GOOD LUCK OUT THERE!

Thank you