

ODCAP UPDATE

AUGUST 2008

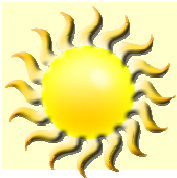
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OAKLAND DRUG COURT
ASSOCIATION OF PROFESSIONALS

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Special Points of Interest

- ODCAP fall seminar scheduled for Friday, October 10, 2008 at Oakland County Conference Center. Guest speakers will discuss: 2-1-1 referral sources for low income persons, and addiction to recovery.
- 6th Circuit Adult Treatment Court graduated five participants on July 16, 2008.
- The Family Focused Juvenile Drug Court graduated 3 participants on July 15th, 2008.

Tailoring Treatment to the Needs of the Drug Court Client

By Oakland Family Services Treatment Program

According to research done by the National Institute of Drug Abuse, combining criminal justice sanctions with drug treatment can be effective in decreasing drug use and related crime. Individuals under legal supervision tend to stay in treatment for a longer period of time and do as well as or better than others not under legal supervision. Often, these individuals come into contact with the criminal justice system earlier than other health or social systems, and intervention by the criminal justice system to engage the individual in treatment may help interrupt a pattern of substance abuse.

Oakland Family Services has been committed to providing cutting-edge treatment to individuals struggling with addiction. Oakland Family Services has been a treatment provider for the following courts: 52-3 District Court in Rochester Hills, 51st District Court in Waterford, 47th District Court in Farmington Hills, 52-1 District Court in Novi, Adult Treatment Court, 46th District Court in Southfield, and Oakland County Family Focused Juvenile Drug Court. Oakland Family Services is the one of the largest treatment providers in Oakland County under contract with the Oakland County Office of Substance Abuse Services (OSAS). Oakland Family Services has been

funded through the Department of Health and Human Services/Center for Substance Abuse Treatment for the Oakland County Family Focused Juvenile Drug Court program.

The United States Department of Justice "Key Components of Drug Courts" was used in developing Oakland Family Services' programming for drug court clients. The agency was recognized by the Michigan Association of Drug Court Professionals in 2006 for the development of substance abuse programming with the Juvenile Drug Court and the 47th District Court. Oakland Family Services views the drug court system as an essential factor in [continued on page 4](#)

Treating Substance Abuse & Co-occurring Disorders Simultaneously

By Jerry Tharpe ASW, CCS-M, CAC-R, CCJP

Clinical Supervisor - Solutions to Recovery

This article needed to be written and utilized throughout the treatment community for sometime I believe. Some agencies are utilizing the strategies, as well as particular treatment modalities that will be mentioned. I personally, as a

Clinical Supervisor with a psychiatric background, know the importance of the following systems, and commend all therapists that have the same viewpoint. I write this article from many years of academic study and my own personal battle at being diagnosed with a bi-polar disorder over 25 years ago. I do believe with a great

deal of therapy, and medication, an individual can get well.

In the early 1980's it became apparent that, in the mental health and substance dependence world, we had copious amounts of clients with many disorders.

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Treating Substance Abuse and Co-occurring Disorders Simultaneously *(continued from page 1)*

This discovery created several dilemmas for treatment providers. First of all, how many individuals were there, and which ones, truly, had co-occurring substance dependence and mental health disorders, as well as which ones were substance induced disorders?

By the 1990's research had clearly answered the first question, of how many, by finding out that individuals with co-occurring disorders existed in significant numbers in both the substance dependence and the mental health systems. Because of the high co-occurrence of many psychiatric disorders with substance dependence disorders it became apparent that both systems, or disorders, should be treated at the same time. We can treat a population with both disorders simultaneously, and it is rare, today, that therapists don't encounter clients that do not have both disorders.

The aforementioned are some of the facts concerning the dilemmas of substance dependence and co-occurring disorders that we, as clinicians, face on a day-to-day basis. The following are, hopefully, some simple educational view points to consider.

Multifarious caseloads for substance dependence and mental health therapists can be divided into five broad categories:

1. A client with mental health disorders only.
2. A client with substance dependence disorders only.
3. A client with a substance dependence disorder and a mental health disorder.
4. A client with a substance dependence disorder and a personality disorder.
5. A client with a substance dependence disorder, a mental health disorder, and a personality disorder.

Once a therapist identifies the type of client they actually have on their caseload they can develop a philosophical base of approach to allow them to effectively work with a client who has many needs. To effectively engage, and maintain, such a client in treatment, both the substance dependence and the mental health issues need to be addressed plus, dual diagnosis treatment helps a therapist gain confidence in their ability while at the same time promoting change in the client who has complex problems.

It is imperative that a mental health therapist knows about the different types of drugs their client may be using, and what short and/or long term effects the drugs may have on their client. The substance dependence therapist, also, needs to learn how to identify the various mental and personality disorders that frequently afflict substance abusers, and gain an appreciation of how these disorders affect a person's social skills and their ability to function, independently, in the community.

The substance dependence therapist needs to have a clear understanding of the different types of medications used to treat various disorders, and be knowledgeable about their side effects. A therapist must promote medication compliance and deal with any negativity, values and/or attitudes that a client may display, along with members of a client's family, self-help groups that might disagree, or other substance dependence professionals that have concerns about clients taking medications. The mental health therapist must understand that abstinence is necessary for their clients with a substance dependency or major mental health disorder if they are to achieve and maintain stability and a healthy lifestyle.

Lastly, there is Integrated Treatment. This refers to treating the substance dependence and the mental health issue together to achieve a more insightful outcome for the client. In addition to a therapist expanding their philosophical knowledge and skills, mental health and substance dependence therapists also need to ensure that treatment planning for clients, who have multiple treatment needs, includes integrated and competency based therapy. Integrated Treatment is different from sequential or parallel treatment. Sequential treatment involves treating one disorder at a time, where parallel treatment treats two disorders in tandem.

I believe that this is the direction that our substance dependence and mental health care system is moving. It is the next level of addressing the disorders as a whole. Without treating both disorders concurrently, one will end up with a vicious cycle of substance abuse and mental health relapse, time and time again. This being my belief it is okay to agree or disagree, as that is human nature but, is it not our purpose in whatever field we choose, be it therapist, doctor, nurse or other caretaker, to assist those under our care to not just get better, but to become well again?

Drug Court Participants - A Therapist's Perspective

By Erica Clute BA, CAC-M
Clinical Supervisor-
Community Programs, Inc.

I would like to take this opportunity to talk about the participants I have seen come through the 6th Circuit Court Adult Treatment Court. The following are obviously fictional names that describe the five non-fictional characteristics seen in a drug court participant.

First meet Lucy Liar. Lucy has an honest desire to be out of jail, but not to be engaged in recovery. She will say whatever she thinks will get her what she wants, and feel no remorse. She lies by commission, saying she did community service when she didn't, and giving detailed accounts about job searching that didn't happen and AA meetings she didn't attend. Lucy does not tend to make it long in the ATC, because her lies end up threatening her own freedom and the recovery plans of her sisters in the program.

Next there is Patty Prepared. Patty knows the meaning of surrender. Patty is ready to let someone else start to make those decisions she has not been able to successfully make for herself. She knows that her best thinking wasn't cutting it, and it's time for someone else to step in to

help her, because she is ready for change and is ready to accept the help that is offered. Patty is successful because she wants to be, and she knows she has to go to any length and make all necessary sacrifices to sustain her recovery. She has no reservations.

Now we move on to Slick Steve. Steve knows all the right things to say. He is falsely compliant, able to reiterate all the things he has picked up from attending his meetings without applying them to himself or his program. Steve thinks that he has all the answers, and no one else has anything else to teach him that he needs to know. If Steve manages to make it to commencement, he usually isn't out for long before he is in trouble again, because you can't stay out of trouble if you don't change your thinking and behavior.

Dramatic Dennis is next on the list. Everything with him is a major fiasco, and the smallest concern becomes the next world crisis. He can turn a hang nail into a life threatening illness. Everything that happens with Dennis is blown far out of proportion, and almost nothing is his fault. Dennis struggles in the program because you can't change if you don't take personal accountability.

Lastly let's meet Ronnie Ready. Ronnie attends five AA/NA meetings per week, not because ATC tells him he has to, but because he knows that's what his recovery needs. He is engaged in outpatient, and works to help his fellow treatment court members, because he remembers what it was like to be angry when he first started, or resistant to authority, or scared to death of change. He always has time to help out those in needs, but also sets firm boundaries and has enough sense to not put himself in danger for others. Ronnie isn't angry or bitter with his treatment team because he isn't working for them, he's working for his own success.

Those of us who are connected to any treatment court know each of these people. We've seen those that just aren't ready, those who don't want it yet, and those who are willing to do whatever it takes. We've shed tears for those who don't make it, both in the program and in recovery, and we've cheered for the successes others have achieved. We know deep down that each and every person has the ability to be successful if they so desire, and we hope and pray that they choose to do so.



So Long,.....

The Oakland County Juvenile Drug Court regrettably said goodbye to Coordinator, Corene Munro at the end of July.

Corene, a graduate of University of Detroit, was with Oakland County for nearly 20 years. She worked tirelessly as the Juvenile Drug Court Coordinator for the last seven. When asked how she felt about her years with Oakland County Corene responded, "I feel truly blessed to have been paid to help others and make a difference in the world". Corene hopes to continue making a difference during her retirement both locally and abroad.





Happy Trails,.....

The Oakland County Circuit Court is sorry to announce the September 12th departure of Ellen Zehnder. Ellen has served as the Adult Treatment Court Coordinator for over seven years of her 13 year career with Oakland County. In describing her time with ATC she said, "I have truly loved my work with drug court, and the participants. It has been so rewarding to watch their transitions".

In addition to her work here Ellen is a horse owner and member of FOB (Fans of Barbaro). She works with fundraising groups both locally and nationally in the equestrian community to rescue horses. She also worked to establish a Michigan Historical Marker at the Michigan State Fairgrounds to honor Thoroughbred racehorse legend, Seabiscuit. Ellen plans to continue her volunteer work and is looking forward to her new position with Work Force Development.



Tailoring Treatment to the Needs of the Drug Court Client

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helping clients in the criminal justice system enter recovery and sustain abstinence. The partnership between the treatment provider, the Court and probation department is a unique and key success factor in helping clients achieve growth and changes in their lives. Oakland Family Services is committed to participating in drug courts throughout Oakland County. As well as providing treatment, staff participate on treatment teams, advisory boards and coalitions in the community to promote recovery.

Oakland Family Services provides a continuum of services depending on the client's needs. For clients who have a substance abuse diagnosis and require lower level services, there are two groups available. The first is an Alcohol Awareness Program held on two consecutive Saturdays for 3 hours each session. The second is the Early Intervention group held on four consecutive weeks for 90 minutes each session. For clients who have a substance dependence diagnosis, there are services from standard outpatient through enhanced outpatient services available. Oakland Family Services provides a wide array of groups for clients, ranging from treatment groups that address a client's readiness to change to more topic specific groups, such as Anger Management, Cognitive Restructuring, Women's Empowerment and Mood Management. Oakland Family Services utilizes an evidence-based model of treatment incorporating motivational interviewing and stages of change. Treatment planning is individualized through completion of an intake assessment, administering and scoring the SOCRATES 8A and 8D assessments and identification of the client's stage of change. Clients participate in individual therapy with a masters level clinician. In accordance with best practices for substance abuse treatment, clients are also referred to group therapy.

Oakland Family Services is a private, nonprofit, 501(c)(3) human service organization that was founded in 1921. There are four conveniently located offices throughout Oakland County including Berkley, Pontiac, Rochester Hills, and Walled Lake. Since its inception, Oakland Family Services has been dedicated to strengthening individuals by providing quality mental health and substance abuse treatment, education and prevention throughout southeastern Michigan.

For more information about any of these programs, please contact us at the phone numbers below:

Berkley 248-544-4004

Pontiac 248-858-7766

Rochester Hills 248-853-0750

Walled Lake 248-624-3812

Did you know you can have Federal Drug Court Appropriation news delivered to your inbox? Just sign up for GetActive on the NADCP website.

Follow the link below to register.

<http://ga4.org/drugcourts/faq.html>

ODCAP Contact Person:

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6th Circuit Court

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About ODCAP . . .

ODCAP (Oakland Drug Court Association of Professionals) was founded in March 2003 by 6th Circuit Judge Joan Young for the purpose of sharing information and ideas that would benefit all drug courts in Oakland County. It is not mandatory that a court have an operational drug court in order to attend ODCAP meetings. The meetings are open to anyone who is interested in learning about drug court and knowing what the drug courts in Oakland County are doing. The next meeting will be held on **Friday, August 22nd, at noon** in the 6th Circuit Court Judicial Conference Room.



Excuses We Have Heard

Submitted by 6th Circuit Court Probation

Perfect Solutions, Inc., Community Corrections, and Waterford District Court

"A defendant was taken into custody and the deputies found a bag of urine taped to her body. The defendant stated that she had a medical condition and can't provide urine when asked so she brought some with her. "

A client just left after his one-on-one, and five minutes later called back to let his therapist know he had to cancel his Individual session for next week because..... drum roll please

.....he had to go work for the Cleveland Indians.

Now, he said it with what sounded like a straight face. The therapist listened with a straight face. It would be interesting to know what his Probation Officer had to say about leaving the state.

The client informed the therapist, during his session, that since he had to fork out some extra money for car trouble this week that we would just need to put him on every other week sessions.

The trouble with clients trying to deal with those of us in the chemical dependency field, who have a past with said chemicals, just do not get it. Perhaps they think we have been living under a rock... no pun intended.

Defendant's response as to why she tested positive for cocaine: "Those crazy women I work with at Tim Horton's must have put cocaine in my coffee."

Defendant was asked if she was going to be clean on a drug screen, she stated what does that mean? Agent said "are you going to be positive for any drugs?" She stated "I had one of those rolls." Agent stated "What roll?" She stated "a Kaiser roll." Agent said "a Kaiser roll? What does that matter? Defendant said "I heard that if you eat a Kaiser roll, that you would test positive for drugs." Agent then asked "What kind of drugs?" She then replied " I don't know what drugs." Agent then asked "Marijuana?" Defendant said "YES!"