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REFLECTIONS REFLECTIONS on Substance Use Disorder

IN THIS ISSUE

- "Cumulative Trauma, PTSD, and Family Systems" on page 06
- "It Starts With You: Creating Affirming Spaces for the LGBTQI+ Community" on page 10
- "Four Great Tips for Supporting Clients in Legal Trouble" on page 16
- "Families and the Addiction Spiral" on page 20
- "Important Conversations: Medication Assisted Treatment, or MAT" on page 24

Four Great Tips for Supporting Clients in Legal Trouble

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As clinicians, most of us get it drilled into our heads in school or in supervisions that we must “stay within our scope,” “stay in our lane,” and “maintain our boundaries.” I had been working as a clinician in a treatment center and in private practice for several years before issues with the legal system suddenly entered my little therapeutic bubble. I wanted to help but was unsure how to stay in my lane ethically and focus on my treatment goals when all my clients could discuss was their future court dates and meetings with probation/parole officers, attorneys, and public defenders.

The articles printed under the heading “Professional Exchange” represent the views and opinions of the writers and do not necessarily reflect the attitudes or opinions of the California Association of Marriage and Family Therapists.

professional exchange

My first experience was “Celeste,” a 25-year-old female I had been seeing for several months for bouts of depression from unprocessed trauma who was suddenly arrested and incarcerated for a DUI (Driving Under the Influence). Another case popped up while I was working in a treatment-center setting: “Jonie,” a 37-year-old female admitted into long-term treatment as an alternative sentence, displayed what looked like exacerbated symptoms indicative of a mental health/co-occurring disorder for which she needed rehabilitation.

Soon, there were many Jonies and Celestes arriving in my office. I knew I needed more education and support to learn methods that would help me navigate the added layer of a foreign legal system while I continued to focus on treatment. Clinically speaking, I couldn’t treat Celeste outside my office, and certainly not while she was incarcerated, but I could offer resources that would expand our knowledge of the legal world. With Jonie, I was suddenly bombarded by unfamiliar correspondence, and I remained uncertain how to converse with her probation officer or the frightening attorneys, much less with the courts. However, over the past few years I have discovered some great tips for helping clientele facing legal trouble while staying within our boundaries and scope. Of course, as therapists we cannot offer legal advice or discuss legal strategy with clients, but we can be an advocate. Research shows that without the right resources mental health disorders go untreated and can even be criminalized.

Tip #1: Educate yourself.

The more you know about the legal system, courts probation, and legal statutes, the more you can advocate on behalf of the care of a client struggling with substance use or a mental health disorder. According to the National Alliance on Mental Illness (NAMI), “2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have a serious mental health condition.” And like my client Celeste, the majority have not committed violent crimes.

Celeste had hired an attorney who specializes in alternative sentencing. She continued to see me in private practice while she worked closely

with her attorney, and on occasion he and I would collaborate on further support that would assist her work with me while making sure she was compliant with what the courts needed. This also enriched our clinical work together. We could discuss accountability more in depth, which empowered her to have greater investment in changing her life. She worked hard to learn new coping strategies to manage her symptoms, and soon behavioral changes became apparent.

Jonie’s case was more complicated. The manifestation of her co-occurring disorder had led to failed interventions, which resulted in the court’s decision to mandate treatment. Jonie’s attorneys advised her (and, eventually, us as the treatment provider) that if treatment was unsuccessful, a longer incarceration period would be warranted. This is not what a clinician wants to hear when sitting with an impaired client who is struggling to thrive.

Jail was not going to be Jonie’s saving grace. She struggled with abandonment and substance use, which was a means for her to cope with the unresolved trauma of childhood abuse. Jonie could flourish in a treatment center environment, and luckily she now had that opportunity. Although it was a fear-based intervention, it may have been what Jonie needed to turn her fear into a fight to thrive.

Tip #2: Familiarize yourself with the terminology.

Legal terms and jargon can be intimidating, but you do not need to be a lawyer to understand them. Courts.ca.gov has a self-help glossary, and I recall going over terminology with Jonie and Celeste that they had heard in court from legal personnel that increased their feelings of anxiety and distress. In some cases, clients feel that they are the victims of a process they created for themselves, and this can produce feelings of helplessness. By breaking down the jargon into layman’s terms, clients can move through the process with clarity and ease. This newfound familiarity helps them feel that they are part of the process so they don’t suffer the traumatizing experience of having no control over their fate.

In my working with Jonie and Celeste, I found that they were better able to take ownership of

their behaviors once they understood the legal terms and ramifications. Some of the terms they learned were basic, while others, such as the following, were more complex:

- **Defendant** – The person accused of a crime (in this case, it’s Celeste and Jonie).
- **Guardian Ad Litem** – A court-appointed adult that represents and protects the interests of a minor or someone deemed legally incompetent.
- **Alternative Sentencing** – Provides an opportunity for rehabilitation as opposed to traditional punishments.
- **Drug Diversion Programs** – Instead of incarceration/jail, a defendant goes to a rehabilitation program.
- **PC1000** – Penal Code 1000 is considered a diversion program in which nonviolent drug offenders are able to obtain treatment and education in lieu of incarceration.
- **Prop 36** – California Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, is a statute that changed state law to permit nonviolent offenders to serve time in rehabilitation in lieu of incarceration.
- **Prop 47** – California Proposition 47 reduces certain drug possession felonies to misdemeanors.
- **California AB1810** – This law provides mentally ill defendants with opportunities to get the help they need.

Celeste, Jonie, and other clients in some cases have options for treatment and rehabilitation that could produce better outcomes for wellness than just serving jail time. In Jonie’s case, individual therapy served her well as she learned skills to manage her symptoms, boosted her consequential thinking tools, sought out recovery support through psychoeducation, and developed her coping skills. She also attended group therapy, where accountability to peers helped her gain insight into how she could improve her life circumstances. It’s likely none of this would have happened during a period

of incarceration, which may have led to the deterioration of her mental health. This also gave Jonie an opportunity to benefit from substance use treatment, where she learned how to gain and maintain sobriety while finding sober support in her community.

Tip #3: Engage strategic partners.

Familiarize yourself with the court, the lawyer, the probation office, the legal process, and other legal entities and roles. While initially I hesitated to take a call from an attorney, I soon realized that it was an added benefit to obtain records from the court/case proceedings. Suddenly, my sessions held more weight when clients brought up the details of their cases. Sometimes there can be denial, minimization, or an inability to recall, especially with clients who use substances. It's helpful to go over the harsh reality of the legal consequences, and you can provide a therapeutic place for the client to process the presenting reality. I found that if I could align with the client I could advocate for more treatment since the process was being supported and observed in the treatment milieu.

With consent and a signed "Release of Information" document, I had been able to consult with the attorney, obtain more information needed by the court, and write a letter on my client's behalf. In my letter to Jonie's judge, I advocated for more treatment since progress was being made. I asked the court to permit ongoing treatment without interruption (or jail time) so that Jonie could continue to make strides in her journey to wellness and recovery.

A letter like this must state the necessary facts: that your client is in treatment with you and that you are working to address mental health symptoms and/or substance use issues. To stay within your scope of practice, you cannot offer advice to the courts as a legal entity. But you can offer a clinical opinion stating, for instance, that a client may need a program that offers a higher level of care. You can propose that a client enter a program that offers a higher level of care to address intensive symptoms that are impairing his or her ability to live a functional or drug-free life. Sharing the client's individual gains, the goals and objectives you're working on, and any interventions being offered are all good

points to bring up. Most treatment centers implement rules about random drug tests, family education, and other services that not only help the client but also benefit their whole family system. This encourages growth towards healing, which in turn leads to a lower rate of recidivism.

Tip #4: Know your resources.

Websites of resourceful organizations such as SAMHSA, NIMA, and NAMI provide invaluable information. Doing a little research on community resources empowered my knowledge base, and I found collaborators for clinical interventions and client advocacy while offering my clients resources to advocate for themselves. There are also resources for working with specific populations such as women and the LGBTQ community.

Working with adolescents brings an added layer of complexity, as some minors become "wards of the state" when incarcerated or on probation if their arrestable behaviors are a result of untreated mental illness or a co-occurring disorder. Their families sometimes feel helpless, as if they've lost their ability to parent. These situations can sometimes foster strategic partnerships with entities beyond juvenile courts; for example, collaboration with the Department of Children and Family Services can develop in cases where there is suspicion of abuse.

Resources empower our ability to be more effective clinicians. Clinical settings can often feel like silos, with limited resources and information. Branching out and educating ourselves builds a much stronger knowledge base. In their lives, our clients, just like us, will experience many different systems: legal, medical, governmental, and others. Over the past few years, working with clients entangled in the legal system has become another specialty for me. It's a source of engaging collaborative work that bridges the legal and therapeutic worlds while I get to continue providing great care for clients.

Not all client cases are the same. Some are more complex than others. But with broader knowledge and skillful collaboration with the legal system, we can provide necessary, appropriate interventions for recovery

and mental wellness as alternatives to incarceration for non-violent, co-occurring, and mentally ill populations.

Where resources are not in place, mental illness continues to be stigmatized and criminalized. Clinical feedback can hold weight in court proceedings because we are among the few to obtain firsthand information that can explain and treat the underlying symptoms that led our clients to exhibit behaviors for which they were penalized. Rather than minimize or hide behind their mental health issues, clients can embrace treatments and support that aid their rehabilitation and symptom management. When clinicians take steps to educate clients and advocate for them using the resources we have in place, we can potentially help those like Celeste and Jonie to resume successful, functioning lives in our community. ☪



Sharon brings a broad range of experience to her role as Clinical Director of La Ventana's Thousand Oaks Chemical Dependency and Mental Health Programs. She has more than 20 years of experience working with at-risk youth, couples, families, and adults in the fields of mental health and addiction. With a diverse background that has involved working in many roles, Sharon understands the dynamics it takes to build and develop effective treatment for clients. At various rehabilitation centers, she has worked with youth and adults struggling with issues of addiction and their underlying psychological causes. Sharon has experience as a trainer and operator at a crisis suicide hotline. She tours on the national speaking circuit presenting on topics related to substance use, co-occurring disorders, and mental health. Sharon has worked directly with the homeless population to assist in stabilizing severe, persistent mental illness and substance dependence as well as to help them acquire housing and employment. Her approach is multi-modal: she addresses the biological, psychosocial, spiritual, and nutritional aspects of addiction and treatment with her clientele. She earned her Master of Science in Counseling with distinction from California State University, Northridge. She is co-leader of her daughter's Girl Scout troop to help young girls feel empowered and develop leadership skills.