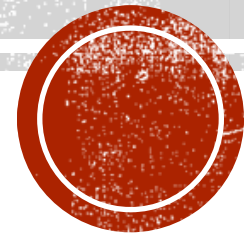


# COMMUNITY MODELS OF OST CARE



PA – CASE HISTORIES

# CASE HISTORIES

- **Nel** - was sexually abused as a child. On the street since age 14. Didn't quite finish grade 8. Just left an abusive relationship. He has been stalking her. **List some of the non pharmacological issues so far and suggest which community agencies might be envolved:**
- Childhood sexual abuse
- Lost adolescence
- No education
- Abusive relationship
- Stalking



# NEL

- Nel has been pregnant five times by five different men. She has 3 living children, all in care. She has been on methadone for 10 months but still struggles with cocaine use. She wants to get her kids back
- **List the issues and how they might be addressed:**
- Fetal wastage
- Children in care
- Persistent stimulus use



# LYNDA

- Lynda - 34 years old. Severe opioid and Ritalin use disorder. Lost custody of her daughter. Had to wait almost a year to get on the methadone program. Did very well and for six months urine tox results are good? Applies for custody of her daughter but is snubbed. Social Worker says, "too little, too late," and tells her they are petitioning the courts to have her daughter made a ward of the state.
- How should the methadone service respond?
- Who gets involved?



# LYNDA

- Sanity prevails and Lynda gets her daughter provisionally under SS scrutiny. She has scarring of her needle tracts which she sometimes scratches. SS interpret these as proof of injection. During an all afternoon visit by SS, Lynda dozes off while watching TV. This is interpreted as proof that Lynda is high and an unfit mother. Her daughter is apprehended
- How can the methadone service intervene?
- Who are the community players?

