



# T.L.C. NEWSLETTER

The Quarterly Newsletter of The Lennard Clinic

Winter-Spring 2007

## OUR MISSION

The mission of The Lennard Clinic is to assist opioid users in Essex and Union Counties to reduce illicit substance abuse, decrease criminal activities, enhance health conditions and improve socio-economic positions.

## CORPORATE VALUES (D.I.R.E.C.T.)

- **DIGNIFIED** - treating clients with human dignity and consideration for their individuality, encouraging staff to conduct themselves professionally, according to established ethical guidelines, both in and out of the workplace.
- **INCLUSIVE** - involving clients, staff and community members in the organizational and programmatic decision making process to assure that appropriate treatment is geared to meet client's needs.
- **RESPECTFUL** - motivating both clients and staff to show mutual respect for one another.
- **EMPATHETIC** - displaying a clear and real understanding for the feelings and experiences of individuals with opioid dependent disorders.
- **CARING** - attending to the needs and demands of both clients and staff alike with sensitivity to emotions, expectations and individual differences.
- **TENACIOUS** - using every available resource to insure high quality, comprehensive treatment by a motivated staff to produce the desired outcome in the client.

## Spotlight on a Star

### Tanya Laughinghouse, MA, LCADC

Tanya Laughinghouse currently serves as the Corporate Clinic Director of the Lennard Clinic (TLC). Tanya has the monumental task of overseeing clinical operations at both of the outpatient clinics. Tanya's large staff off frontline personnel is the benefactors of her skills and talents that ensure that each team member receives proper training and supervision.

Tanya's professional career began in the field of education after receiving a Bachelor of Arts degree in elementary education from Rowan State College. She worked in early education demonstrating a passion for the growth and development of youngsters, supervising assistants and establishing positive relationships with parents. Tanya's career change brought her to TLC then called Essex Substance Abuse treatment Center. Tanya began as a counselor, but quickly moved up the career ladder within the organization. Her career journey in the addictions field included serving as a case manager and primary care coordinator. After receiving her Masters Degree in Counseling from Jersey City State University she was promoted to Director of AIDS Services where she supervised a large unit, established linkage agreements with community agencies and engaged in public speaking events.

Many see Tanya as a role model, coming up through the ranks and becoming TLC's first Licensed Clinical Alcohol and Drug Counselor. She graduated from the Addiction Technology Transfer Center's Leadership program and has been creative in ways to boost employee morale. Some organization affiliations include: University of Medicine and Dentistry's Advisory Committee of Crossings, NJ Coalition on Disabilities Addictions and Communities Against Tobacco Coalition. Tanya also serves as second in command to the Chief Executive Officer who, along with her co-workers, has commended her for her hard work and dedication in carrying out the organization's mission.

## TLC highlights

- Lewis Ware appointed to the Division of Addiction Services' Professional Advisory Committee (PAC)
- David Clark and Kevin Simon are now NJAI Certified Recovery Mentors
- Ajibola Alli becomes a Licensed Clinical Alcohol and Drug Counselor (LCADC)
- Victoria Ogunkola receives agency recognition award at the annual Professional Advisory Committee on Alcohol and Drug (PACADC) conference
- TLC becomes a New Jersey Access Initiative (NJAI) Provider

## My Season with Lanore Holland (October 23, 2006-September 11, 2006)

Roxie Nash, Former TLC Employee

Lanore Holland passed on the morning of Monday, September 11, 2006. I was told that she was preparing for work. Lanore was the Medicaid billing clerk for all sites. Lanore's station was located at TLC II, Fiscal Department.

I was introduced to Lanore around November 2005. My first impression of her was that she was timid, However, that was not the case. As we engaged in conversation I found that Lanore had strong ambitions, spiritual beliefs and principles. Because of our similarities, what began as a coworker relations escalated to an unforgettable friendship.

Lanore and I often shopped, shared meals, monies and family analyze. It was easy embarking analytical conversation with her. She possess great listening skills and seem to know exactly what my raw antics really mask. Her optimism often extinguished my highly sensitive nature and allowed me the opportunity to see things from another point of view.

I respect Lanore and believe that she geniuilly care for me. She was my confidante, and I am a better person in knowing her. She will be greatly missed by all she touched.

## The Client Satisfaction Survey 2006

Michael Foster, Jannet Harper, Kyla Martin

The Lennard Clinic has completed its second client satisfaction survey, the first such survey being conducted in 2004.

As in 2004, the 2006 survey covered four key areas: Personal Therapy, Physical Environment, Client-Staff Interaction and Overall Outcomes. Blanchard Street and Frelinghuysen Avenue show a slight drop (of 0.07 per cent), while the Elizabeth Clinic, still growing, continues to be TLC's highest rated clinic.

### Client Satisfaction Survey 2004-2006.

Participation in the survey was significantly

lower at the Elizabeth Clinic. In 2004, 169 clients in Elizabeth participated, while in 2006, only 80 completed the survey. This was primarily due to the limited time of a Rutgers graduate student that we used to conduct the survey. Overall, the clinic's satisfaction ratings range from fair to good.

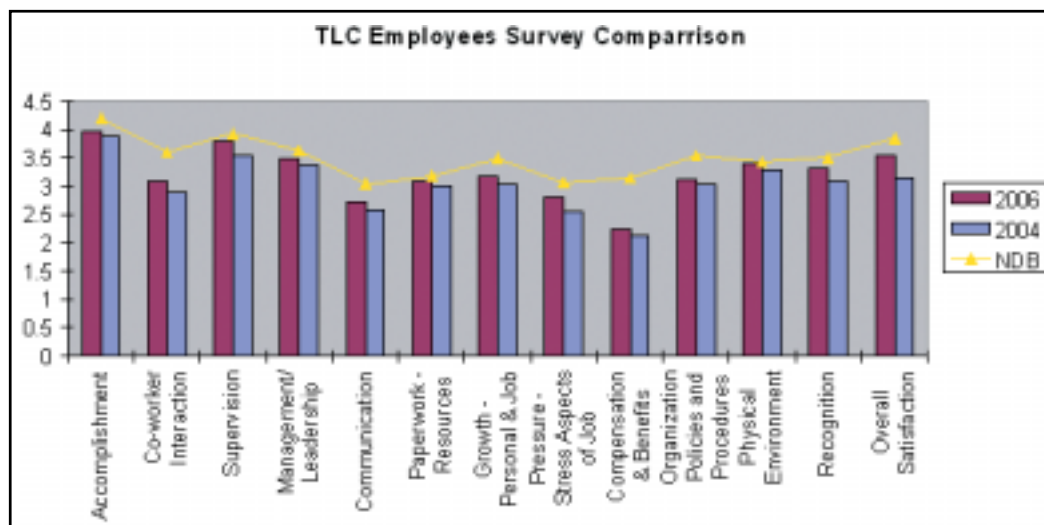
The areas that elicited the most satisfaction included the "ease of completing paperwork, the safety of the environment, the degree of confidentiality, and that the treatment helped deal with the problem / complaint."

The "inconvenience of location of facility" emerged as the largest source of

dissatisfaction for the Blanchard Street Clinic. The areas with the most room for improvement for the total organization include "the organization of weekend / holiday program schedule, the concern of staff, the courtesy shown to clients by staff, and the reputation of the organization in the community."

The Lennard Clinic management is disappointed with the results of the survey. Numerous improvement steps were taken since the last survey. Crowd control lines were implemented, audio and video tapes on drug use and methadone treatment were shown in the medicating areas to control noise levels, client advocacy panels were formed and met monthly, new counselors were hired, and three psychologists were added to the staff to support mental health services.

We have concluded that we need to have additional client surveys conducted more frequently to accurately evaluate the results of changes that we introduce. TLC is exploring smaller, internal surveys, performed at least quarterly, to address this issue. The Client Advisory Board and the Performance Improvement Committee will be asked to address the specific issues pointed out in this latest survey.



# The Lennard Clinic Joins NJ's 5<sup>th</sup> Annual Addiction Recovery Celebration

Samuel Roberson, MPA, Coordinator of Staff Development

Sunshine and pleasant temperatures greeted TLC team members as they participated in the Recovery Walk on Saturday, September 16, 2006. TLC's staff, clients, family and friends were among the 2,000-plus participants who embraced this year's recovery month theme: "Build a Strong, Healthier Community".

The Friends of Addiction Recovery –NJ invited New Jersey towns to send delegates to the Walk to represent "the fact and the hope of recovery from addiction". Samuel Roberson was honored to represent TLC as his name was called to walk across the stage and receive a Recovery Delegate Certificate. Roberson said, " he was part of a great company team that ensured the clients had transportation, lunch

and TLC T-shirts to show their enthusiasm towards the importance of recovery. The keynote speaker, Paul Williams, a renowned songwriter, was extremely open about his passion toward recovery. He urged people to "pass on" their message of recovery. Another dignitary on the program was Acting Director Raquel M. Jeffers who shared that her family was also affected by alcohol addiction.

The over arching message was that we must collectively raise our voices to spread the message of hope for all who are affected by the disease of addiction. The TLC team is looking forward to next year's Walk and is encouraging more staff and clients to join the team.

## Safety Concerns Cause East Ward Methadone Clinic to Close

Lewis Ware, MSW, Chief Executive Officer

The Lennard Clinic (TLC) has lost one of its methadone facilities. The closing of TLC's Blanchard Street location brings to an end a chapter in the history of TLC, formerly the Essex Substance Abuse Treatment Center. The Board of Trustees has reluctantly approved the closure due to costly structural damages that would have resulted in unsafe working conditions. On February 5, 2007, the Department of Human Services, Division of Addiction Services, gave final approval to implement TLC's meticulous closing and relocation plans, which was completed on March 31, 2007.

Since its inception in June 1984, the Blanchard Street location has served as headquarters, even after two other locations were opened. The late Dr. Errol L Lennard, CEO and Founder, transformed a warehouse into an outpatient methadone clinic that served as many as 800 patients

weekly. The second of three methadone clinics was opened in Elizabeth, NJ, in 1995. In 1997, the third clinic opened at 461 Frelinghuysen Avenue in Newark. TLC's new headquarters will remain in Newark, under the leadership of Lewis Ware, CEO.

The closing of the clinic was a labor-intensive project that required solid teamwork and input from many stakeholders. Relocation plans were initially developed in September 2006 and underwent countless revisions before receiving State approval. The plan became a living document to ensure that no client's treatment was terminated or transferred without a "client choice" approach for admission into one of our other locations or a nearby program. While plans were under way to close the East Ward clinic, renovation projects were simultaneously implemented to expand the treatment capacity at the two other locations. Although TLC could not accommodate every client's

wish and retain every staff position, the plan execution was carried out with great care and sensitivity to clients and employees.

Amidst all the headaches and excitement, TLC is tenaciously preparing for its August 2007 re-survey for accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF). In 2004, TLC was the first outpatient methadone program in New Jersey to have three facilities receive a three-year accreditation.

So, as one chapter ends, another begins. TLC will be smaller in size, but it will place more emphasis on performance improvement and customer satisfaction. Using best practices, sound financial planning, and enhanced technologies to carry out its mission will help TLC meet the challenges to ensure long-term survival. TLC looks forward, as always, to "Enriching the Quality of Lives."

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*Enriching the Quality of Lives*

# The Case of Alexia: The Use of Cognitive-Behavioral Therapeutic (CBT) Techniques with a Co-occurring Disorder (COD)

Dr. Linda S. Cameron, TLC Clinic Psychologist

The following is a fictional client who is a composite of some of the clients that are seen at TLC. This clinical profile is designed to highlight the issues pertinent to the treatment of the co-occurring client. It further attempts to show the interrelationship between substance dependency and emotional disturbance. The case study proves the effectiveness of the Cognitive Behavioral Therapy (CBT) with substance abusers who also manifest an independent, moderately severe mental disorder. Moreover, the literature supports the use of CBT intervention strategy as an effective and evidence-based modality for the treatment of both substance abuse and mental disorders.

Alexia is a 32-year-old African-American woman who has been admitted to TLC for her opioid dependence, cocaine use, and a long-standing history of moderate depression. Alexia reports that she has never been hospitalized for depression or any other emotional problems. She has in the past been prescribed an anti-depressant but cannot recall its name. She denies any current thoughts of suicide, but she also does not deny having had such plans in the past. She further denies any history of suicidal gestures or serious attempts.

Alexia's sense of despair focuses on her guilt about her use of illicit drugs and how it has caused her to become estranged from her family. She is the oldest of three siblings. Her parents, especially her father, had high expectations for her. He is a successful attorney, and he expected that Alexia would join him in the family firm. Instead Alexia started to experience negative moods that were accompanied by insomnia, fatigue, appetite loss, social isolation; she was tearful most of the time.

Her grades soon began to slip due to non-attendance and missing assignments. She eventually completely withdrew from school, refused to seek professional help, and began "hanging out." At the age of 22, Alexia started to sniff heroin and "once in a while" use cocaine. She frequently told her hanging buddies that she hoped "to get as high as her SAT score of 1675."

When Alexia first entered treatment, she constantly complained that she was "useless and a failure." She would question her counselor: "Why do you put all this effort into my case?" She seemed to judge herself critically most of the time and could never accept positive feedback.

In CBT terminology, Alexia demonstrates "all

or nothing" thinking, tends to over-generalize, and discounts the positives or any of her personal achievements and strengths. She also lacks understanding of clinical depression and thereby has personalized the limitations caused by the symptoms of this mental illness. Her counselor knew that she had to change Alexia's perspective from one of victimization to one of empowerment and personal control. She was advised to get a psychiatric evaluation to get the support of psychotropic medications.

Once her therapeutic range was reached with the introduction of medication, the counselor found that Alexia was better able to expand her way of thinking to include discussion of her life, accomplishments and personal strengths.

The outcome of the CBT intervention thus improved her overall treatment compliance with her methadone maintenance program. Alexia has maintained regular attendance to the Clinic for dosing, and she has actively engaged in her individual psychotherapy sessions. Her mood had lifted, her focus has become less directed towards her family's expectation, and she has begun to discuss her own life, goals and direction.