

GENERAL PROGRAM DESCRIPTION:

The Our Home Rediscovery Program is an intense 45-60 day program designed specifically to provide drug and alcohol treatment services to youth. There are three basic assumptions central to the program approach. They are:

1. Chemical addiction is a disease and entails the entire ramification of other health disorders
2. Treatment services are best provided in an atmosphere of care and concern.
3. Developing sound peer and other social skills are critical in the recovery process.

The program also acknowledges that youth with substance abuse disorders typically present with co-existing problems and multiple needs, which may or may not be the direct result of their substance use. Therefore, the treatment process must focus not only on the primary substance abuse disorder but also on the co-existing concerns that may exist.

The specific program philosophy and approach taken by the Rediscovery Program toward the treatment of the direct substance abuse disorder is specified in the following treatment philosophy and entailed assumptions. In conjunction with the treatment philosophy, the program offers certain guideposts to assist in the treatment and recovery process. These guideposts include assessment, treatment planning, individualization, progress review, case management and discharge planning. Youth participation shall participate in the development of and receive planned tasks, identified in a Master Treatment Plan or Phase Contract and are also attached.

THERAPUTIC TREATMENT PROCESS:

To facilitate the client's response to treatment, the treatment team shall insure that the new client become actively involved in the treatment process as quickly as possible. The treatment process begins with the nursing care or physical evaluation and treatment team interview. It concludes with follow-up interview. The following is a summary of those specific activities that the client should be guided through within the treatment process.

1. **The Nursing Care Evaluation:** This interview is conducted by a nurse or staff prior to the physical exam and within the first two hours of admission. It is designed to obtain pertinent medical/health information in regard to the client. The information from this interview is provided to the physician's office for his consideration while conducting the complete physical examination. The interview is crucial in that it serves as a screening device to forewarn staff of potential physical crisis and withdrawal possibilities. if the physical exam is scheduled in the initial eight hours, this evaluation may be done post the physical but the standard is still to complete the evaluation within the first two hours.
2. **The Physical Examination:** A physical examination along with admission lab work will be conducted within 72 hours after the admission of each client. It is preferable that the physical examination be scheduled in advance prior to client arrival and be conducted within the initial eight hours after admission. In no case shall the time

elapsed from admission to physical examination exceed 72 hours.

3. **Diagnostic Interviews Assessment:** Assessment post arrival is an ongoing process. Instruments used include: The **MAST**, the **MacAndrews**, the **Jellinek**, a **Treatment Team Interview**, and the **Treatment Needs Assessment**. Data obtained is compared to **DSM IV-R** criteria within seven days of admission. Data is considered by the **Treatment Team** including the **Medical Director**.
4. **The Treatment Needs Assessment:** The interview is conducted by the client's primary counselor. It is to be conducted within two days of the client's admission. This interview gathers more detailed information as to the nature and extent of the client's alcohol and drug use as well as other general life areas. The information gathered from this interview shall be utilized in the development of the client's treatment plan.
5. **Other Assessment:** Each client shall complete within the first five days of admission a **Kaufman Brief Intelligence Test**. This testing is to serve as a general indicator of intellectual functioning and serves as an indicator of any possible organist. Also, a **Beck Inventory**, and client questionnaire to screen for suicide potential is given. Physiological testing is conducted including the **Minnesota Multi-Phasic Personality Inventory**, **The Suicide Probability Index**, and the **Reynolds Adolescent Depression Scale**. All testing is reviewed by the staff psychologist for indications of pathology.

6. **Treatment Planning:** Each client shall be provided with a treatment plan, which will serve as a guide through the treatment process. The treatment plan shall have two components. First is the Master Treatment Plan (referred to as standard treatment services) which specifies the standardized treatment activities expected of all clients. The second is the Individualized Treatment Plan. The Individualized Treatment Plan shall identify the general and specific problems of the client and a plan of action to meet these problems. It shall also set the initial treatment problem priorities and specify client tasks to be accomplished by the client to aid in problem resolution. The clients assigned counselor is responsible for coordinating the treatment plan. The treatment plan shall include input from the client, the team, and the peer group. At this point, treatment planning becomes a process carried out during the entire treatment program.
7. **Treatment Plan Updates and Reviews:** The initial problems identified in the individual treatment plan are proved to the client in the form of "weekly change objective" will be reviewed by the client, the peer group, and the treatment team on a weekly basis. The team review shall be documented in the progress notes. Coordinating the team review is the responsibility of the assigned counselor and shall be conducted in a structural process inclusive of the American Society of Addiction Medicine continued service criteria.

8. **Discharge Planning:** Discharge planning technically begins at the time of admission when an initial plan identifies a tentative discharge alternative. A final discharge plan must be approved through referral parties and parents prior to implementation. Again, the individual's assigned counselor is responsible for the plan development in cooperation with the client and their family/guardian. Modification in advance to all parties involved is critical for successful implementation.

SPECIFIC DESCRIPTIONS OF SCHEDULED GROUP SCHEDULED GROUP COUNSELING AND SERVICES

- 1. Peer Group.** Peer Group is the primary counseling group utilized to initiate and support the program participants in the recovery process. Within this group, there is an emphasis on the peer group mutually providing assistance to each other in a process of caring, sharing, and inter-personal growth. More specifically, there is an emphasis on helping the group members confront and accept the reality of their chemical abuse and dependence, develop an active recovery program, work toward resolution of problems and problem behaviors associated with their substance use, and confess as well as live with feelings that have surfaced during the recovery process.

This group is based on the belief that it is through the mutual care and concern of peers and significant others that acceptance as well as growth in the recovery process occurs. Peer group meets six days a week for one and one half hours. The group is led by a chemical dependency counselor and is generally co-facilitated.
- 2. Education Group.** This group is primarily educational in nature but to the extent possible educational experiences is pragmatic and experimental so the group format involves a substantial amount of role playing, demonstration, client sharing and other such activities. The purpose of the group is two-fold. The first purpose is to provide specific drug and alcohol education (i.e. basic drug and alcohol information, substance abuse and the family, relapse, etc.) . The

second purpose is to teach social skills through education in a variety of areas related to chemical dependency such as values clarification, communications, relationship building, sexuality, self-esteem and so on. This group is led by Childcare Workers and meets for one hour, three days a week. The group may or may not be co-facilitated depending upon specific group need and availability of staff.

3. **AA/NA: Step Group.** The purpose of this group is to provide an introduction of the 12 steps of AA and NA to the program participants. It is also the purpose of this group to help the program participant implement the 12 steps during the course of treatment. The client's growth and progress in "living" the 12 Steps is monitored throughout the course of treatment. This group meets four days a week for one hour sessions. Childcare Workers facilitate the group.
4. **Task Group.** This group places an emphasis on allowing the group members the opportunity to carry out the planned activities identified with their individualized treatment plan. It allows for more detailed exploration and therapeutic work on those issues specific to the individual client. As with confrontation group, special group is based on the concept of mutual care and concern from both peers and staff member. Task group meets for one and one half-hours daily, three days a week. A chemical dependency counselor facilitates it.

5. **Spirituality Group.** The purpose of this group is to provide the program participants an opportunity to grow in their belief in a higher power and to facilitate the replacement of chemicals as being of central value in one's life with a belief in others and a higher power. This group meets for one hour each week and is conducted by a local clergy.
6. **Individual Counseling.** The Our Home Rediscovery Program allows for the provision of individual counseling as needed by individual clients. The program emphasis is, however, on peer and group oriented approaches to encourage the development of socialization and peer and peer skills.
7. **Family Counseling and Family Services.** Each client and his or her family unit shall be encouraged to participate in the family counseling services provided by the program. The Family Program includes one day of structured family programming. In recognition that some client families may be dysfunctional to the extent that family participation is not likely, no client will be denied program services based upon the unwillingness or absence of family members to participate in family programming. In cases where family units are functional, it may be a part of the admission requirements that family members agree to participate in this programming based upon the importance of the family in the recovery process. The family services are coordinated and provided by certified chemical dependency counseling staff.

8. Cultural Education. Clients are provided the opportunity to explore and develop an understanding of and appreciation of their own cultures while developing an appreciation of and acceptance of the ideas, attitudes, customs, language, and practices of other cultures. In doing so it is hoped that the clients recognize the strengths and resources within their cultures and utilize these as they develop their programs of recovery.

9. AA and NA. Although this service is not technically a direct service provided by the treatment program, it is important to recognize this valuable activity. The program participants are expected to participate in one AA or NA meeting outside of the residential program per week and on in-house AA meeting a week. The in-house meeting, to the extent possible, are open for and coordinated by community AA members.

THE PHASE BASED PROGRAMMING:

While services are provided according to continued stay criteria and review; experience has shown that the treatment process progresses through phases, each with assigned objectives that constitute a phase-based program. The three phases which are distributed across the client's participation in the program. It should be noted that the typical time required to progress through the phases is 45 days but individuals may require less or more time. The phase-based system helps emphasize clinical issues that typically present themselves with chemically dependency. The phase system also helps provide structure for the client while in treatment and it helps classify general program expectations for the individual. To a limited degree the individual's phase level effects the amount of privileges and responsibilities. The three phases and the criteria for advancement from one phase to the next, have been summarized below.

1. **Phase I.** The general purpose of this phase is to allow for client orientation, client assessment, and the development of a treatment plan and to allow for trust development. The primary objective for the client is to achieve an initial admission of the drug and alcohol problem. The criteria for advancement from the admission phase to phase I include the following:
 - a. Completion of required assessment tasks including a physical examination and required assessment interviews.

- b. The completion of required orientation and orientation materials.
- c. The development of the master and individualized treatment plan, with the counselor.
- d. Peer group approval for advancement.
- e. Staff approval for advancement.
- f. The development of continued treatment plan goals and objectives with input from the counselor, the peer group, and the treatment team.

As a guideline, the Phase I should be complete within two weeks.

2. **Phase II.** The client objectives for this phase include continued growth in admission and acceptance of the drug and alcohol problem, defeat of the defense system, and improved self-acceptance. Understanding and acceptance of AA/NA steps I through 4 and improved interpersonal social skills are also critical. The specific criteria for advancement to the third phase of treatment are as follows:

- a. The completion of assigned treatment plan tasks.
- b. A displayed worked of AA/NA steps I through 4 (including the written personal inventory).
- c. Peer group approval for advancement.
- d. Team approval for advancement.
- e. Peer group and team input for continued treatment goals.

As a guideline, Phase II should be completed in approximate 4 weeks in Duration.

3. **Phase III.** The primary objective of this phase is for the client to Complete the fifth step of AA/NA, and to make final preparations For discharge. Specific criteria to be achieved before discharge Include the completion of all treatment tasks.
 - a. The completion of AA/NA step 5.
 - b. The development of therapeutic discharge plan with the Counselor.
 - c. Peer group approval for discharge.
 - d. Treatment team approval for discharge.

As a guideline Phase III should be approximately 4-7 days duration.

Extension of any phase is possible provided the treatment team is in concurrence that the extension is in the client's best interest and that continued Service reviews indicate the need for services.

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