Phoenix House

Integration of Evidence Based Treatment Approaches

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Assessment

- **Initial Assessment:**
  - American Society of Addiction Medicine (ASAM) Level of Care
  - Intake Screen
  - Adolescent Drug Abuse Diagnosis (ADAD) Assessment
    - An empirically validated survey tool
      - Bolognini, M., Plancherel, B., Laget, J., Chinet, L., Rossier, V., Cascone, P., & Halfon, O. (2001). Evaluation of the Adolescent Drug Abuse Diagnosis instrument in a Swiss sample of drug abusers. *Addiction*, *96*(10), 1477-1484.

Treatment Planning

- **Assigned a "Treatment Team," Consisting of:**
  - Case Manager
  - Educational Services Counselor
  - Therapist
  - Recovery Specialist
  - TBS Coach (when necessary for clients with significant behavioral problems)

Treatment Planning

- Case Manager and Therapist collaborate to perform a thorough assessment of the clients' needs.
  - The Client Care Coordination Plan is completed
    - The client is assigned to appropriate Evidence Based Groups as part of the Treatment Plan
  - The Needs and Services Plan is completed
    - The client's 9 major life domains are assessed, areas of clinical focus are determined, and linkages begin to community supports that will be able to assist after discharge.

Multidisciplinary Team Approach

- **When working with a criminal justice population, why is it important that treatment design and delivery be specified for offenders?**
  - Standard outpatient programs that don't address criminogenic need (1% INCREASE in recidivism)
  - Programs addressing criminogenic need (19% decrease in recidivism)
  - Programs with criminogenic and CBT/RNR approaches (32% decrease in recidivism)
    - Crime and Justice Institute and Wayne Scott (2008). Effective Clinical Practices in Treating Clients in the Criminal Justice System. Washington, DC: National Institute of Corrections.

Evidence Based Practices

- **Pathways to Change**
- **ART**
- **Seeking Safety**
- **Strengthening Families**
- **TCU Mapping**

Pathways to Change

- **Addresses criminality (criminal thinking and criminal behavior)**
  - Increases motivation to change
  - Connects criminal activity with substance use problems
  - CBT Based Curriculum
- **Empirical Evidence for Effectiveness:**
  - Selekman, M. D. (1993). *Pathways to change: Brief therapy solutions with difficult adolescents*. Guilford Press.

Aggression Replacement Training (ART)

- **ART addresses angry/aggressive behavior and the thought processes driving the behavior**
- **ART has three components**
  - Anger Control Training (affect regulation)
  - Moral Reasoning (new cognition patterns)
  - Skill streaming (new behavior acquisition)

Aggression Replacement Training (ART)

- **ART has been adopted by many Juvenile Justice programs as a major component of treatment**
- **Empirically Evaluated**
  - Goldstein, A.R., Glick, B., Reiner, S., Zimmerman, D., & Coultry, T. (1986). Aggression replacement training. Champaign, IL: Research Press.

Seeking Safety

- **Developed to deliver integrated treatment to co-occurring PTSD and substance abuse conditions.**
- **Trauma-focused, Based on CBT**
- **Focuses on developing coping skills and psychoeducation**
- **Evidence:**
  - Najavitis LM, Weiss RD, Shaw SR, Muenz L. (1998). "Seeking Safety": Outcome of a new cognitive behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. Journal of Traumatic Stress, 11:437-456

Prevalence of Trauma

- **Individuals with trauma histories from childhood onward make up the majority of clients with mental health and substance abuse issues**
  - • 75% of all clients receiving SA treatment report trauma histories (SAMSHA/CSAT, 2000)
- **Males are most likely to report witnessing violence, while females report being victims of violence**
  - (Hennessey et al., 2004)

Strengthening Families

- **Parenting and family strengthening program for high risk families.**
- **Found to significantly reduce problem behaviors and increase school performance**
- **Goal: Increasing personal resilience**
- **Three components (1 hour each)**
  - Family Meal
  - Individual Skills training (parents/teens separated)
  - Joint Skills training (families together)

Strengthening Families

- **Phoenix House begins treatment with discharge planning in mind. Our ultimate goal is to prepare the client and family for success after program completion, the SFP group assists with this aim.**
- **Evidence:**
  - Kumpfer, K.L., & Turner, C.W., (1990-1991). The Social Ecology Model of Adolescent Substance Abuse: Implications for Prevention. The International Journal of the Addictions, 25(4a), 435-463

TCU Mapping

- **Designed to help clients visualize problems and solutions more effectively**
- **Enhances motivation and counselor/client collaboration**
- **Addresses cognitive distortions and improves communication and relapse prevention skills**
- **Evidence:**
  - Collier, C.R., Czuchry, M., Dansereau., D.F., & Pitre, U. (2001). The use of node-link mapping in the chemical dependency treatment of adolescents. Journal of Drug Education, 31(3), 305-317.

Therapeutic Behavioral Services (TBS)

- **A supplement to Mental Health and Substance Abuse services, TBS works with the adolescent in their environment to resolve behavioral challenges.**
- **CBT-Informed approach focused on**
  - Preventing transition to higher level of care
  - Avoiding psychiatric hospitalizations
  - Facilitating transfer to lower level of care

Therapeutic Behavioral Services (TBS)

- Internal evaluations of TBS has shown that, although the highest-risk clients are enrolled in the service, completion rate of TBS clients are higher than average completion rates.
- Most clients receive at least 3 hours of intensive one-to-one behavior coaching a week.