

BEGINNINGS GROUP #1

Activity:

Treatment work and discussion relating to honesty and the beginning of treatment.

Purpose:

To increase understanding of the importance of being honest regarding usage and problems.

Materials Needed:

Pens
Paper
Board Marker
Handouts

Procedure:

Explain the meaning of group honesty, openness, and willingness.

Being honest with reporting usage and problems.

Willing to explore how usage has affected one's life.

Openness to talk about problems.

1. Begin list of problems that got them into treatment.
2. Talk about similarity of problems.
3. Talk about abuse, problematic usage and addiction and how they perceive each of these and where they would place themselves through completion of worksheet.
4. Complete worksheet "Honesty Equals New Life."

Gross, M., & De Matteo, R. (1997). *The Healing Workbook for Substance Dependency*. Available from Wellness Reproductions & Publishing, Inc., 1-800-440-4403, <http://store.guidance-group.com>.

BEGINNINGS GROUP #2

Activity:

Treatment work to help clients work through denial and increase their motivation to change.

Purpose:

To enable clients to identify what a problem is and how denial plays a role in this process.

Materials Needed:

Paper
Pencils/Pens
Board Marker

Procedure:

1. Have clients discuss and define what a problem is. List the characteristics of a problem.
2. Have each client identify how they view what a problem is and think of a problem that they currently have in their life. Note: This does not have to be a drug problem.
3. On a sheet of paper, have each client list the reason that makes their identified problem a problem to them.
4. Discuss what denial is and how it can influence one's ability to deal with a problem that he/she faces.
5. Have the clients list all the problems or characteristics of drug related problems that they have faced. Characteristics of drug problems.
6. Compare this list to the list in the initial problem that they identified and the definition of what a problem is.
7. Talk about how denial can affect treatment.

BEGINNINGS GROUP #3

Activity:

Watch video and process reactions.

Purpose:

To increase understanding of group process; to demonstrate denial, enabling, and the effects of using substances on families.

Materials Needed:

Video: "It Won't Happen To Me"

Procedure:

Show video and process the following:

1. Example of denial
2. Examples of enabling
3. Life problems that they are experiencing
4. How using affected Marty's family
5. What helped Marty see that using was a problem in his life?
6. How did the group members help each other?

Haislmaier, J. (producer), & Spina, L. (director). (1998). *It Won't Happen to Me* [video]. Available from the Phoenix Learning Group, Inc., 141 Millwell Dr., Ste. A, St. Louis, MO 63043, 1-800-221-1274, www.phoenixlearninggroup.com.

BEGINNINGS GROUP #4

Activity:

Treatment work and discussion related to powerlessness.

Purpose:

To increase understanding of the concept of powerlessness.

Materials Needed:

Handout

Pens

Procedure:

1. Have one group member share his/her drug history. Elicit feedback from other group members.
2. As a group, read and discuss handout.
3. Have group members interview recovering staff (or upperclassmen) using handout. Have group member complete handout for themselves.
4. Discuss their answers. Explore the concept of powerlessness. What does all of this have to do with using and recovery?

The Beginning (Step One)

We admitted we were powerless over alcohol, that our lives had become unmanageable.

The Twelve Steps are the path to chemically free and sober living. The beginning to recovery begins with taking the First Step. Until you are able to accept Step One, sobriety is not possible.

What makes acceptance so difficult? It's hard for any person to accept powerlessness and unmanageability. The task is even more difficult for chemically dependent people. Our judgment and behavior have been controlled for many years by alcohol or other drugs. We become defensive. Our ability to evaluate our own behavior has been destroyed. Feelings of shame, fear, and anger may further block the truth. Our ability to deny the results of our chemical use prevents us from drawing logical conclusions.

It is not surprising that we find defeat by chemicals difficult to accept.

POWERLESSNESS

“So many mornings I would wake up and say to myself, ‘Today I will not take a drink or smoke a joint; today I will stay on track.’ But by evening my hand was wrapped around a drink or I was lighting up.”

As we develop a thorough understanding of our disease, we will begin to identify our personal powerlessness over alcohol and other drugs. The first part of Step One – we admitted we were powerless over our chemical dependence – asks us to understand how our chemical use controlled our behavior and actions.

What is *powerlessness*?

When the urge to use alcohol or other drugs takes priority over the rest of your life, you are powerless.

When any part of your family, health, work, or social life are put aside because of your chemical dependence, you are powerless.

Whenever your chemical dependence interferes with your ability to manage your life – and you continue using – you are powerless.

ATTEMPTS TO STOP OR CONTROL

Often chemically dependence people have recognized their need to stop using or drinking long before seeking help. Our excuses for using chemicals point out that recognition. For example, we might use excuses like these:

I only drink after five o'clock.

Complete abstinence from cocaine is the answer for me. But using marijuana or alcohol once in a while won't hurt.

I only drink every other day.

I'll only smoke marijuana on weekends.

I only drink beer. It's not the same as hard liquor.

If I only drink when I'm with other people, I'll be okay. No more drinking by myself.

It's good discipline for me to stop drinking and using completely during the month of March.

If I spend only \$10 per week on alcohol it won't be enough to cause me any problems.

My weight is the real problem. So I'll quit drinking until I'm down to 120 pounds.

I'll buy one bottle of scotch per week. That's all.

I'll only do cocaine or crack on special occasions.

I won't smoke pot in the morning.

Give examples of how you have tried to "control" your use of alcohol or other drugs.

It seems simple. Yet refusing to accept your own powerlessness may be the biggest road block to your recovery. By working at understanding and accepting your powerlessness, you will overcome that roadblock.

How has your use of alcohol and other drugs placed your life or others in danger?

Give examples of how powerlessness has shown itself in your behavior.

What does admitting powerlessness mean to you?

BEGINNINGS GROUP #5

Activity:

Treatment work and discussion related to loss of control and unmanageability.

Purpose:

To increase understanding of loss of control and unmanageability.

Materials Needed:

Pens

Handout (Rock Bottom) from the Healing Workbook

Procedure:

1. Have another group member read her/his drug history.
 - Elicit feedback from other group members.
2. Have group members interview recovering staff (or upperclassmen).
3. Have group members:
 - Discuss responses.
 - What losses are common to people with substance abuse problems?
4. What does “unmanageable” mean to you?
5. Discuss handout.

Gross, M., & De Matteo, R. (1997). *The Healing Workbook for Substance Dependency*. Available from Wellness Reproductions & Publishing, Inc., 1-800-440-4403, <http://store.guidance-group.com>.

This page is a placeholder for the handout “Rock Bottom”, which is not available electronically. For additional information, please contact Dr. Susan Harrington Godley at sgodley@chestnut.org or Kelli Wright at kwright@chestnut.org.

BEGINNINGS GROUP #6

Activity:

Identifying where clients are in chemical dependence and where they are going.

Purpose:

To help clients see the progression of chemical dependency and where continued usage may lead them and where treatment may lead them.

Materials Needed:

Board Marker
Pens/Pencils
Paper
Chemical Dependency Curve

Procedure:

1. Begin by asking clients to share the problems that they have encountered with substance use: Social, school, legal, family, etc.
2. Pass out Chemical Dependency Curve and explain it.
3. Have clients identify where they think they are on the Chemical Dependency Curve and why they think they are at that point.
4. Have clients identify where they are headed on the Chemical Dependency Curve.
5. Discuss how to get where you want to go and how do you avoid slipping.

This page is a placeholder for the handout “Chemical Dependency Curve”, which is not available electronically. For additional information, please contact Dr. Susan Harrington Godley at sgodley@chestnut.org or Kelli Wright at kwright@chestnut.org.

BEGINNINGS GROUP #7

Activity:

Treatment exercises and discussion related to self-care and Step Four of AA (Moral Inventory).

Purpose:

To promote positive self-care and healing.

Materials Needed:

Handout: "How to Prepare an Inventory"
Paper, Pen/Pencils

Procedure:

1. Review Step Four. Make a searching and fearless inventory of ourselves.
 - Discuss the importance of self-honesty in a recovery program (i.e., looking at where we have been will help us to move forward. It will help us to look at who we are and see who we can become.).
 - Stress the fact that we will be looking at positive behaviors as well as negative behaviors (strengths and weaknesses).
2. Self-Care
 - Discuss feelings related to beginning Step Four – (i.e., fear, guilt, shame).
 - Generate a list of positive ways to cope with feelings that might arise.
 - Complete straight cards (need 3 (3 x 5) index cards for each member).
 - Card 1 – List names and phone numbers of straight friends.
 - Card 2 – List names and phone numbers of straight adults.
 - Card 3 – List names of safe places.

Option #2 – View video: "Top 10 Myths about Alcohol and Drugs"

Top 10 Myths about Alcohol and Drugs [video]. (2007). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

This page is a placeholder for the handout “How to Prepare an Inventory”, which is not available electronically. For additional information, please contact Dr. Susan Harrington Godley at sgodley@chestnut.org or Kelli Wright at kwright@chestnut.org.

BEGINNINGS GROUP #8

Activity:

Introduce clients to the AA format and its literature.

Purpose:

For clients to better understand the fellowship of AA and how to seek a sponsor.

Materials Needed:

AA literature and handout

List of AA/NA/CA meetings and sponsorship

AA booklet questions and answers on sponsorship

Procedure:

1. Ask clients to give feedback on any experience they might have had concerning AA.
2. Divide group (if large enough) into (two) teams and ask questions about AA from booklet.
3. Give handout and have clients complete.

BEGINNINGS GROUP #9

Activity:

Invite guest speaker from community AA or NA.

Purpose:

To acquaint clients with personal testimony of the dangers and harmful results of drugs and alcohol.

Materials Needed:

None

Procedure:

Introduce guest speaker and allow speaker 20 minutes to share experiences. Allow clients to ask questions 10 to 15 minutes.

BEGINNINGS GROUP #10

Activity:

Watch 1st part of “Bill W.”

Purpose:

To help clients better understand AA and its purpose.

Materials Needed:

Video: “My Name is Bill W.”

Procedure:

Watch first half of “Bill W.” video.

Petrie, D. (producer and director). (1989). *My Name Is Bill W.* [video]. Available from Warner Home Video, 400 Warner Blvd, Burbank, CA 91522.

BEGINNINGS GROUP #11

Activity:

Watch last part of “Bill W.”

Purpose:

To help clients better understand AA and its purpose.

Materials Needed:

Video: “My Name is Bill W.”

Procedure:

Watch last part of “Bill W.” and process the whole video.

Petrie, D. (producer and director). (1989). *My Name Is Bill W.* [video]. Available from Warner Home Video, 400 Warner Blvd, Burbank, CA 91522.

BEGINNINGS GROUP #12

Activity:

Attend an AA meeting at Cedar Lakes.

Purpose:

To expose clients to an actual AA meeting.

Materials Needed:

Transportation

Procedure:

Go to meeting at Cedar Lakes at 4:45pm.

Important:

This group needs to be coordinated a week in advance.
Counseling group on Monday will have to be modified to accommodate.

DRUG EDUCATION GROUP #1

Activity:

Video/discussion

Purpose:

To help youth understand the physical consequences of marijuana use on their bodies, specifically the research between cannabis use and cancer.

Materials Needed:

Video: “Think Twice: Marijuana and Cancer”

Procedure:

Show video and process/discuss with group.

Think Twice: Marijuana and Cancer [video]. (2002). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #2

Activity:

DVD/discussion

Purpose:

To help youth understand the harmful effects of marijuana, and to learn how marijuana has become more dangerous and potent over the years.

Materials Needed:

Video: “The New Marijuana: Higher Potency, Greater Dangers”

Procedure:

Show video and process/discuss with group. There is also a pre/post test that can be completed.

The New Marijuana: Higher Potency, Greater Dangers [video]. (2010). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #2
Alternative

Activity:

Discussion, treatment work, and video on cannabis.

Purpose:

To increase understanding of the psychological and physiological effects of cannabis.

Materials Needed:

Video: "Marijuana: The Burning Truth" video 16 min

Questions on the video

Procedure:

1. Show the video
2. Do the questions
3. Most of the questions will have to be done during the video
4. Discuss video and questions

Green, S. (producer), Holohan, E. (producer), & Kuvish-Summers, S. (director). *Marijuana: The Burning Truth*. [video]. Available from Sunburst Communications, 101 Castleton Street, Pleasantville, NY 10570, 1-800-431-1934.

Marijuana: The Burning Truth

- True False 1. According to the video, is it common to use marijuana and alcohol together.
- True False 2. There a possibility that marijuana may activate the same parts of the brain as cocaine and heroin.
- True False 3. For every 100 people who have tried marijuana, 28 of them try cocaine.
- True False 4. Marijuana physically addicting.
5. What percentage of high school graduates graduate without trying marijuana before they graduate?
- a. 40% b. 20% c. 60%
6. Were there any times you smoked before school, during school, or after school? _____
If so, how many _____?
7. Have you ever tried to stop using? _____ If so, why? _____

8. Name four effects marijuana has on the body.
- _____
- _____
9. What percentage of high school students try marijuana before they graduate?
- a. 40% b. 50% c. 60%
10. Describe a time when you felt out of control with your usage.
- _____
- _____
11. What is the main active chemical in marijuana? _____
12. How many chemicals are there in the typical marijuana plant?
- a. 100 b. None c. 350 d. 400+

FACILITATOR'S COPY

1. **40%** of high school teens try THC/marijuana before they graduate.
2. **60%** graduate high school without trying THC before they graduate.
3. There is a possibility that THC may activate the same parts of the brain as cocaine and heroin.
4. According to the video, is it common to use THC and ETOH. **YES**
5. Is marijuana physically addictive? **No, but chronic use may lead to dependence.**
6. **TRUE** For every 100 people who have tried marijuana 28 of them try cocaine.
7. Four effects from marijuana use

| | |
|-----------------------------------|------------------------------|
| Rapid heartbeat | Dilated blood vessels |
| Feelings of panic/paranoia | Chest colds |
8. The active ingredient is **tetrahydrocannabinol.** There are **400+** chemicals in the typical marijuana plant.

DRUG EDUCATION GROUP #3

Activity:

Handouts and discussion regarding cannabis.

Purpose:

To increase awareness and understanding of the effects of cannabis.

Materials Needed:

Live poll on THC
Learn about THC Handouts
Questions
Pencils

Procedure:

1. To discuss and complete Learn about THC questions.
OR
2. THC Facts and Puzzle.

Other Optional Material:

THC Basic Facts about Drugs

MARIJUANA FACTS

1. Marijuana is classified as a hallucinogen.
2. The active ingredient in marijuana is THC (delta-9-tetrahydrocannabinol).
3. Other names for marijuana include pot, weed, dope, grass, bud, chronic.
4. Other types of marijuana are: HASH-resin separated from plant material that is very potent—GANJA—made from tops of plants with pistillate flowers (female plant) very potent.
5. Users experience feelings of euphoria, calmness, sense of well-being.
6. THC is stored in the fat cells of the body, and therefore, is not eliminated immediately. It depends on fat content and metabolism how long the THC will remain in the system. It can last up to 30 days.
7. Marijuana use can be physically and psychologically addictive.
8. The effects of marijuana use include:
 - increase heartbeat
 - decrease in muscle coordination
 - memory loss and slower learning ability
 - 1 joint damages the lungs as much as an entire pack of cigarettes (since marijuana is usually smoked)
 - lowers hormone levels and sperm count
 - delays sexual development and can cause permanent infertility
 - decreases motivation, energy, concentration
 - can decrease hallucinations, psychosis
 - decreases reactionability, tracking, vision (all will impair driving ability)
 - alters mood
 - can impact behavior and consequently cause conflicts with parents and others
9. Possible therapeutic benefits:
 - anticonvulsant
 - reduces pressure of the eye in glaucoma patients
 - reduces tension headaches/migraines
 - reduces nausea caused by drugs used to treat cancer
 - increases appetite in AIDS/cancer patients so they can gain weight
 - Marinol
- 10 In 1992, the Department of Drug and Alcohol determined that there was insufficient evidence to warrant legalizing marijuana. They also determined that they would not hear “compassionate use” requests. The effects of the drug are more harmful than helpful, according to the DEA. The sale of marijuana is illegal.

* Use with Marijuana Puzzle

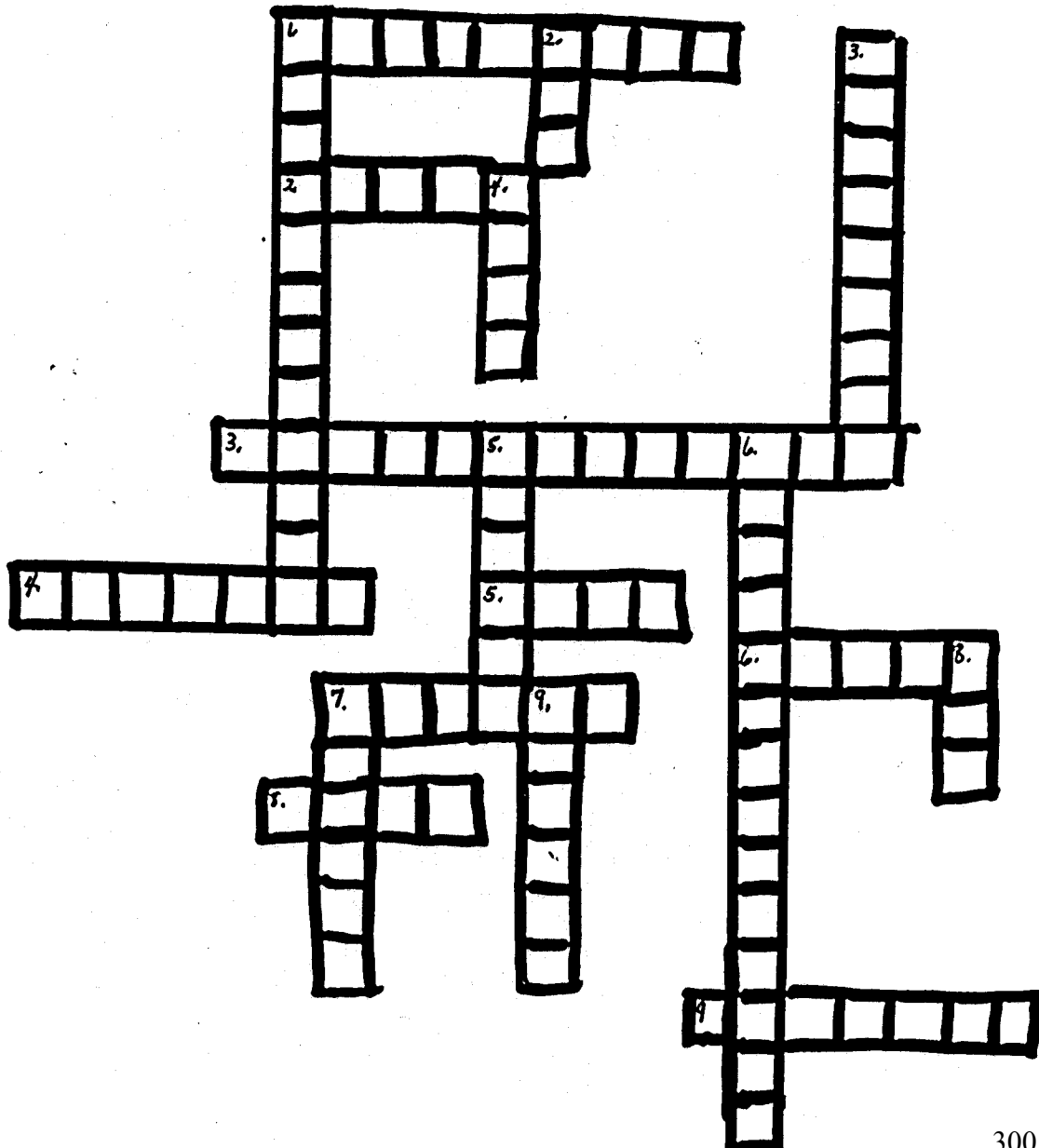
MARIJUANA PUZZLE

ACROSS

1. Marijuana increases _____
2. One joint damages the _____
3. Using marijuana to treat disease is called _____ use
4. Since marijuana impairs vision it is dangerous to be _____
5. Another name for marijuana is _____
6. Marijuana reduces sperm _____ in men
7. Marijuana is _____ in the fat cells
8. Marijuana can alter _____
9. Marijuana could cause conflict with _____

DOWN

1. Marijuana is classified as a _____
2. Another name for marijuana is _____
3. Marijuana can be physically and psychologically _____
4. The _____ of marijuana is illegal
5. Marijuana creates _____ learning ability and could impair school performance
6. Marijuana affects the brain and is an _____
7. Marijuana is usually _____
8. The active ingredient in marijuana is _____
9. Marijuana decreases _____



DRUG EDUCATION GROUP #4

Activity:

Watch/discuss video

Purpose:

To help youth understand the dangers of alcohol use/abuse

Materials Needed:

Video: "Alcohol Exposed"

Procedure:

Watch and process/discuss video with the group.

Alcohol Exposed [video]. (2002). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #4
Alternative

Activity:

Jeopardy game

Purpose:

To learn and review information about drugs and alcohol and how they impact the body.

Materials Needed:

Jeopardy board

Markers

Small prizes

Procedure:

1. Divide group into two teams.
2. Review the rules.
3. Play
4. Everyone who participated gets a prize.

| ALCOHOL | MARIJUANA | INHALANTS | COCAINE | HALLUCINOGENS | STIMULANTS |
|---|--|---|--|---|---|
| Alcohol is in this category of drugs? | THC, the active chemical in marijuana is stored in this, making it hard to get rid of? | What is another name for inhalants? | This popular beverage once contained cocaine? | How does a hallucinogen drug affect the body? | This stimulant is found in soft drinks, diet pills, and chocolate? |
| DEPRESSANTS | FAT | DELIRIANTS | COCA-COLA | CHANGES THE PERCEPTION OF WORLD | CAFFEINE |
| What is the number one causes of death in young adults? | One joint equals this many usual cigarettes? | Who are the common abusers of inhalants? | In what situations is cocaine commonly used? | A common name for PCP? | What does a stimulant do to the central nervous system? |
| DRINKING AND DRIVING | 20 | YOUNG PEOPLE UNDER 13 | PARTIES, SEX DRUG, STATUS SYMBOL, REDUCE FATIGUE | ANGEL DUST | SPEED IT UP |
| What is the only thing that makes you sober? | Three ways smoking marijuana affects our driving ability? | It is enough to do inhalants once for this to happen? | Cocaine has two properties that makes it particularly dangerous? | Two hallucinogenic drugs in the cannabis group? | This stimulant is found in a legal product that has a high potential for addiction? |
| TIME | SLOWS REACTION TIME, IMPAIRS TRACKING, SLOWS VISION-SIGNALS | BRAIN DAMAGE OR DEATH | STIMULANT AND ANESTHETIC | MARIJUANA AND HASHISH | NICOTINE |

| ALCOHOL | MARIJUANA | INHALANTS | COCAINE | HALLUCINOGENS | STIMULANTS |
|--|---|---|---|---|---|
| <p>What are the withdrawal symptoms of alcohol abuse?</p> <p>NAUSEA, IRRITABILITY, TREMORS (SHAKES), SWEATING, INSOMNIA</p> | <p>What damage can smoking marijuana do to your brain functions?</p> <p>MEMORY LOSS, SLOWS LEARNING, LOSS OF MUSCULAR COORDINATION</p> | <p>How long does an inhalant high last?</p> <p>A FEW SHORT MINUTES</p> | <p>How do cocaine users feel when the drug wears off?</p> <p>FEARFUL AND DEPRESSED</p> | <p>What are the most dangerous effects of hallucinogen use?</p> <p>BRAIN DAMAGE, SUICIDE, SUDDEN DEATH, PARANOIA, PSYCHOSIS</p> | <p>Name three illegal stimulants that act to speed up your brain?</p> <p>SPEED, ACID, COCAINE, CRACK</p> |
| <p>12 ounces of beer, 6 ounces of wine, a shot of hard liquor contains this much alcohol?</p> <p>1 OUNCE</p> | <p>What damage can marijuana use cause to the reproductive system?</p> <p>DISTURBED SEX HORMONES, LOWER SPERM COUNT, DISTURBED MENSTRUAL CYCLES, INFERTILITY</p> | <p>What are some symptoms of regular inhalant use?</p> <p>APPETITE LOSS, COUGHING, HEADACHES, SLURRED SPEECH, RASH</p> | <p>What parts of the brain does cocaine affect?</p> <p>THIRST/HUNGER, TEMPERATURE, SLEEP, SEX, FLIGHT OR FIGHT</p> | <p>Why can hallucinogens users experience flashbacks months or years later?</p> <p>THE DRUG IS STORED IN FATTY TISSUES WHICH MAKES IT HARD TO GET RID OF</p> | <p>What are some of the physiological effects of using stimulants?</p> <p>INCREASED PULSE, BLOOD PRESSURE, BREATHING, DECREASED APPETITE</p> |

DRUG EDUCATION GROUP #5

Activity:

Watch/discuss video

Purpose:

To increase awareness of the dangers of operating a motor vehicle while under the influence of marijuana and other substances.

Materials Needed:

Video: “Drugged Driving: The Road to Disaster”

Procedure:

Watch/discuss DVD. Incorporate curriculum/handout that came with DVD.

Drugged Driving: The Road to Disaster [video]. (2009). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #5
Alternative

Activity:

Discussion and treatment exercises on DUI and impaired driving

Purpose:

To increase awareness of driving under the influence as a problem and the consequences you can face.

Materials needed:

Pencils
Handouts
Quiz (T/F)
Test Your DUI Knowledge (Random Questions)

Procedure:

1. Handout T/F quizzes and complete.
2. Go over answers and review facts from DUI manual.

DRUG EDUCATION GROUP #6

Activity:

Watch/discuss DVD

Purpose:

To educate youth on the dangers of huffing and inhalant use.

Materials Needed:

Video: "Huffing: The Latest Facts about Inhalant Abuse"

Procedure:

Watch/discuss DVD. Incorporate curriculum/handouts that came with DVD.

Huffing: The Latest Facts about Inhalant Abuse [video]. (2007). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #6
Alternative

Activity:

Video and discussion on inhalants/deliriants.

Purpose:

To increase awareness and understanding of inhalants and the effects of inhaling chemicals.

Materials Needed:

Video: "Inhalants Exposed"
Inhalant use fact sheet
Tips for Teens pamphlet
Facts on Inhalants

Procedure:

1. Watch the video
2. Answer questions on inhalants
3. Discuss as a group

Young, J.G. (producer), Ferejohn, M. (producer), & Young, J.G. (director). (2000). *Inhalants Exposed* [video]. Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #7

Activity:

Watch/discuss video

Purpose:

To educate youth on the dangers of heroin and cocaine use.

Materials Needed:

Video: “Cocaine and Heroin: Still Here, Still Deadly”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with DVD.

Cocaine and Heroin: Still Here, Still Deadly [video]. (2008). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #8

Activity:

Watch/discuss video

Purpose:

To educate youth on the dangers of methamphetamine use and manufacturing.

Materials Needed:

Video: "Crank in the Heartland"

Procedure:

Watch/discuss/process video. This is a 54-minute video, so extra time will be needed.

Crank in the Heartland [video]. (2003). HBO Production. Available from Films Media Group, <http://ffh.films.com/id/5853/FFHCollections.aspx>.

DRUG EDUCATION GROUP #9

Activity:

Watch/discuss video

Purpose:

To educate youth on how substance use/addiction impacts the human brain. Included data on adolescent development, cognitive ability and memory.

Materials Needed:

Video: “Addiction and the Human Brain”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

Addiction and the Human Brain [video]. (2006). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #10

Activity:

Watch/discuss video

Purpose:

To educate youth on how print/TV/radio commercials target adolescent with alcohol and tobacco advertisements. Covers information on how the media portrays a certain “image” associated with cigarettes/alcohol that is different than the realities of using these substances.

Materials Needed:

Video: “Targeted: How Tobacco and Alcohol Companies Try to Get You Hooked”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

Targeted: How Tobacco and Alcohol Companies Try to Get You Hooked [video]. (2003). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #11

Activity:

Watch/discuss video

Purpose:

To educate youth on the dangers of abusing prescription medications.

Materials Needed:

Video: “Legal but Deadly: Abusing Prescription Drugs”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

Legal but Deadly: Abusing Prescription Drugs [video]. (2005). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #12

Activity:

Watch/discuss video

Purpose:

To educate youth on the dangers of steroid use. Focuses on the “sports culture,” and how teenage athletes often binge drink and use steroids to enhance their performance.

Materials Needed:

Video: “Athletes, Alcohol and Steroids: What’s Wrong with This Picture?”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

Athletes, Alcohol and Steroids: What’s Wrong with This Picture? [video]. (2005). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #13

Activity:

Watch/discuss DVD

Purpose:

To educate youth on the dangers of abusing over-the-counter medications.

Materials Needed:

Video: “Abusing Over-the-Counter Drugs”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

Abusing Over-the-Counter Drugs [video]. (2004). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #13
Alternative

Activity:

Watch/discuss DVD

Purpose:

To educate youth on the dangers of the “Choking Game”.

Materials Needed:

Video: “The Choking Game”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

The Choking Game [video]. (2006). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #14

Activity:

Watch/discuss video.

Purpose:

To educate youth on the dangers of abusing synthetic marijuana, aka “Spice” or K2.

Materials Needed:

Video: “High on Spice: The Dangers of Synthetic Marijuana”

Procedure:

Watch/discuss video. Incorporate curriculum/handouts that came with the DVD.

High on Spice: The Dangers of Synthetic Marijuana [video]. (2011). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #15

Activity:

Watch/discuss DVD.

Purpose:

To educate youth on the facts and risks of underage drinking.

Materials Needed:

Video: “High Underage Drinking: Know the Facts, Know the Risks”

Procedure:

Watch/discuss DVD. Incorporate curriculum/handouts that came with the DVD.

High Underage Drinking: Know the Facts, Know the Risks [video]. (2003). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #16

Activity:

Watch/discuss DVD: “Emerging Drugs of Abuse”

Purpose:

To educate youth on the facts and risks of new, “emerging” drugs of abuse.

Materials Needed:

Video: “Emerging Drugs of Abuse” (2013)

Procedure:

Watch/discuss DVD. Incorporate curriculum/handouts that came with the DVD.

Emerging Drugs of Abuse [video]. (2013). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

DRUG EDUCATION GROUP #17

Activity:

Watch/discuss DVD, “Buzz in a Bottle: The Dangers of Caffeine-Spiked Energy Drinks”

Purpose:

To educate youth on the facts and potential risks of energy drinks.

Materials Needed:

Video: “Buzz in a Bottle: The Dangers of Caffeine-Spiked Energy Drinks” (2010)

Procedure:

Watch/discuss DVD. Incorporate curriculum/handouts that came with the DVD.

Buzz in a Bottle: The Dangers of Caffeine-Spiked Energy Drinks [video]. (2010). Available from Human Relations Media, 41 Kensico Drive, Mounty Kisco, NY 10549, 1-800-431-2050, www.hrmvideo.com.

ATM Treatment Manual

Appendix D: Outlines for Family Night Sessions

Family Night Presentation

Topic: 12 Steps

I. Purpose

The presenter describes how the 12-step approach can help adolescents cope with the disease of addiction. Discussion topics include how the 12 steps work, how they have helped others address their addiction(s), and how someone can live successfully with an addiction.

II. Learning Objective

The objective of this session is to teach participants how the 12-step program can be helpful to those with addictions. The presenter will discuss how the addicted adolescent can suffer from irritability, restlessness, and discontent. 12-Step programs help relieve these symptoms and provide serenity and peace of mind.

III. Delivery Method

A lecture is given followed by a question and answer session.

IV. Time Frame of Delivery Method

Approximately 50 minutes.

V. Materials Used

Erase board; Past and present clients who speak about their experiences with 12-step programs.

VI. Summary

In this presentation, 12-step programs and how they work are outlined. Discussion consists of the following: what counselors expect of clients who are working in 12-step programs, how recovery literature is helpful, and how meetings can help with treatment and recovery.

Family Night Presentation

Topic: Communication

I. Purpose

During this session, six different styles of communication are reviewed. The presenter describes the styles, how they can be productive/unproductive, how they relate to substance abuse, and how these styles can be altered or changed to become more productive. The six styles discussed are planned v. unplanned, verbal v. non-verbal, and effective v. ineffective.

II. Learning Objective

The objective of this session is to raise awareness about various communication styles, to help families identify the type(s) of communication their children may use, and to provide guidance on how to interact appropriately with different communication styles.

III. Delivery Method

Several handouts are distributed followed by discussion. The handouts introduce the following topics: non-verbal communication, constructive communication, communicating acceptance, communicating anger, and communicating with your family.

IV. Time Frame of Delivery Method

Approximately one hour.

V. Materials Used

Handouts provided (see attached); participants may take notes if they choose.

VI. Summary

In this presentation, six different styles of communication are discussed. The styles are planned v. unplanned, verbal v. non-verbal, and effective v. ineffective. A detailed description is given of these communication types, including how they can be used positively or negatively. Discussion topics include the following: how these styles relate to substance abuse and how they may interfere with substance abuse treatment; how these styles can be changed or altered to produce more healthy behaviors and responses.

COMMUNICATION

Communication is very important, especially within the family. We are always communicating with each other. There are different types of communication:

- A. Planned vs. unplanned—sometimes unintentional
- B. Verbal vs. nonverbal—become inter-related
- C. Effective vs. ineffective ways to get our message across

Honestly, communicating with an adolescent is difficult! However, communicating with an adolescent when they are using substances becomes impossible.

VERBAL VS. NONVERBAL

- A. We are experts at one language—we can manipulate it well
 - Lie to someone's face without them knowing...
- B. But there are other things to watch...
 - i.e., not maintaining eye contact, rolling eyes, fidgeting, looking down, tone of voice, slouching, tapping shoe, rocking

EFFECTIVE VS. INEFFECTIVE

- A. Tips—Know the three Cs
 - 1. clear
 - 2. concise
 - 3. complete

Example: I need you to be home on time or there are going to be problems.
I need you to be home at 10:00 pm or you will be grounded for the weekend.

Never trap yourself! Outline everything specifically, or else the adolescent will push this limit.

- B. Constructive Communication
 - 1. "I" statements
 - addresses both the sender of the message and receiver of the message
 - difference between blaming when communicating
 - focusing on "YOU"—takes ownership of message
 - the "I" statements are used by the sender
 - 2. Active listening
 - reflecting what you hear as well as what you hear nonverbally
 - confirming what the sender of the messages said

3. Effective Communication
 - a. Sender—be clear, specific, concise, fact vs. opinion, tone of voice
 - b. Attending behaviors—give back information, clarifying question/information, paraphrasing, listening for feelings, nonverbal—nodding, uh-huh
 - c. Ways to improve
 1. Choose the right situation
 2. Stay positive
 3. Focus on the situation—do not get sidetracked; why are you getting sidetracked?
 4. Compromise!
 5. Own your own feelings—I feel... vs. you make me feel...
 - we control our feelings and must take responsibility
 6. Do not expect the receiver to know what you're thinking
 - d. Things to avoid
 - Blockers
 - Forgetting the original point to make
 - Sarcasm
 - Cutting another off
 - Globalizing (everyone would feel this way)
 - Defensiveness (cuts of communication)
 - Monopolizing
 - Telling others what to do vs. suggesting alternatives

COMMUNICATION ACCEPTANCE

- Positive reward
- Accept or value others
- Make them feel good

COMMUNICATING ANGER

- Fight fair
- READ your anger cues – how do you know when you're angry?
- Calm yourself sufficiently to communicate accurately and effectively, take deep breaths, take a walk, hit a pillow
- IDENTIFY
- CHOOSE
- ARRANGE
- USE
- WATCH
- REMEMBER
- AGREE

COMMUNICATION WITH FAMILIES

Remember, it's not easy – here are tools to assist you:
Think back on a time where communication was good.

Why was it good?

What did I do?

How can I do that again?

Many adolescents want better relationships, communication, and support from their families.

Meet them halfway.

Make them work at rebuilding.

Allow them to rebuild.

Change is inevitable—make it work for you.

4. Now, we'll try the reverse. Identify at least two possible meanings (remember – nonverbal messages can often be interpreted by different people) for the following nonverbal messages.
 - a. A high-pitched laugh (esp. when no joke has been told)
 - b. Not making eye contact (looking down or away)
 - c. Not sustaining eye contact (looking around, eyes dart around)
 - d. A sarcastic tone
 - e. Interrupting people or cutting them off
 - f. Very tense facial muscles
 - g. Talking very softly
 - h. Clenching fists
 - i. Standing close to someone
 - j. Standing “too” close to someone
 - k. Pointing your (index) finger at someone
 - l. Talking while you are standing up and your listener is sitting down
 - m. Touching someone’s hand
 - n. Coming up behind someone and touching them
 - o. Tapping your fingers or feet
 - p. Not talking
 - q. Not listening
 - r. Wearing wrinkled clothes
 - s. Putting your hand down your pants (in a public place)
 - t. Whistling
 - u. Rolling your eyes
 - v. Crying

- w. Leaving or walking out of a room without explaining yourself or your actions to the people in it.
- x. Stopping doing what you were doing to come closer to someone who is talking to you
- y. Looking at the clock/watch

CONSTRUCTIVE COMMUNICATION

The “I” Message or Statements:

“I feel (_____)
a congruent primary feeling

when (_____)
a non-blameful, non-judgmental description of behavior

because (_____).”
concrete, tangible effects on me (sender)

Effective “I” messages:

- Preserve both people’s (sender and receiver) self-esteem
- Communicate feeling constructively
- Invite the receiver to solve the problem
- Avoid “hitting and running,” which harms self-esteem and relationships
- Allow the sender to identify and “own” his/her feeling
- Set up the shift to Active Listening and then (mutual) solutions.

Family Night Presentation

Topic: Coping Styles

I. Purpose

This topic describes eight different “Coping Styles” for dealing with life situations. Discussion will include the description of the styles, how they can be productive/unproductive, how they relate to substance abuse, and how these styles can be altered or changed to become more productive. The eight styles discussed are blaming, anger, denial, depression, avoidance, energy, illness, and worry.

II. Learning Objective

The objective of this session is to raise awareness about the various different coping styles, to help the families identify the coping style(s) their children may use, and to show how to interact appropriately with these styles.

III. Delivery method

A lengthy handout is distributed followed by discussion.

IV. Time Frame of Delivery Method

Approximately 45-50 minutes.

V. Materials Used

Handouts provided (see attached); participants may take notes if they choose.

VI. Summary

In this presentation, eight different “Coping Styles” are discussed. The styles are blaming, anger, denial, depression, avoidance, energy, illness, and worry. A detailed description is given of these coping styles, including how they can be used positively or negatively. Discussion consists of the following: how these coping styles relate to substance abuse and how they may interfere with substance abuse treatment; how these coping styles can be changed or altered to produce more healthy behaviors and responses.

Coping Styles

The world can be a stressful place, and we all have different ways of coping with it. The trick is dealing with it appropriately!

This presentation discusses five different topics relating to “Coping Styles”:

1. We will describe eight different coping styles.
2. We will discuss how these coping styles can be good and bad.
3. We will see how these coping styles relate to substance abuse.
4. We will discuss how these styles may interfere with substance abuse treatment.
5. We will discuss how to change these styles and make them healthier.

The “Blaming” Style

Description

1. Basic belief that the life/world is a hurtful place
2. Doesn't trust people
3. Withdraws from people or interactions
4. Not very open to others about himself/herself
5. Feels like life is unfair
6. Suspicious and guarded
7. Keeps score—doesn't forget being wronged
8. “Don't get mad, get even” mentality

Advantages

1. Not easily fooled
2. Well prepared—examine all angles for things to go wrong
3. Good in non-emotional jobs
4. Cautious—less likely to take unnecessary risks

Disadvantages

1. Few close friends
2. Mistrusts easily
3. Tense interactions
4. Feels unable to let guard down

How is blaming connected to substance use?

1. May use to release tension
2. May find it easier to trust others when using substances
3. To be more open
4. To relax, let guard down

How can blaming interfere with substance abuse treatment?

1. Blames other people/things for his/her drug problem
2. Difficulty trusting—may not trust counselors or peers
3. Defensive—read things into what others are saying
4. Difficulty being open and honest
5. Too afraid to change

How can the Blaming Style change?

1. Take responsibility for self and actions
2. Take small risks
3. Start to trust others a little at a time
4. Learn to be more open—share a little
5. Handle anger more appropriately

The “Anger” Style

Description

1. Becomes angry instead of expressing his/her real feelings
2. Aggressive, explosive, intimidating
3. Low frustration tolerance—they want things “their way”
4. Low patience—they want it NOW
5. Trouble with authority—doesn’t like to follow rules or take orders
6. Impulsive
7. Manipulative—presents a good impression to get what he/she wants
8. Doesn’t feel guilt, but may fake it to get out of trouble
9. Feels that social norms don’t apply to him/her
10. Rebellious, act out

Advantages

1. Hard worker
2. Doesn’t give up—achiever
3. Makes people around him/her feel good
4. Doesn’t get taken advantage of

Disadvantages

1. Impulsive—leads to poor choices
2. Stormy relationships
3. Doesn’t learn from mistakes
4. Legal, school, work, family problems

How does anger relate to substance abuse?

1. May use substances as a form of rebellion—feel he/she is getting away with something
2. To blow off steam—may calm him/her down
3. Substances cover up other feelings
4. It’s an excuse to be angry—“I’m sorry I yelled at you, I was drunk...”

How does anger interfere with substance abuse treatment?

1. Doesn’t want to follow the rules or expectations—i.e., “I don’t need to go to AA meetings.”
2. Doesn’t learn from past mistakes—keeps digging himself/herself deeper into trouble
3. Blames others for his/her substance use
4. Makes excuses for his/her problems

How can the Anger Style be changed?

1. Look for other feelings—what are you feeling besides anger?
2. Work on assertiveness instead of aggression
3. Slow down and consider the consequences; don’t just react
4. Take responsibility for his/her choices
5. Get a different perspective—“Is this really worth getting angry about?”

The “Denial” Style

Description

1. Not aware of his/her own feelings and motivations
2. Denies problems or the extent of problems
3. Wear “rose-colored glasses”—“Life is fine, I have no problems”
4. Goal in life is to avoid problems and to gain approval, acceptance
5. Not aware of unpleasant feelings
6. Doesn’t like to argue
7. Peacemaker—smoothes things over
8. Energetic, enthusiastic, and friendly
9. Expresses anger indirectly—passive/aggressive

Advantages

1. Fun to be around
2. Doesn’t get caught up in worries
3. Hard worker
4. Makes others feel good

Disadvantages

1. Unaware of problems; doesn’t change
2. Shallow relationships
3. Deny own role in problems, so doesn’t learn from mistakes
4. Forgets easily, so problems reoccur

How does denial relate to substance abuse?

1. May use to push down unpleasant feelings more and more
2. To gain approval from peers
3. To like himself/herself better
4. To keep energy up

How can denial interfere with substance abuse treatment?

1. Refuse to admit problems
2. Only sees and hears what he/she wants to from counselor
3. Seeks approval—go through motions without learning
4. Overly sensitive to possible criticism

How can the Denial Style be changed?

1. Be honest with himself/herself
2. Become more aware of problems and consequences
3. Be more aware of own feelings and their effect on others
4. Be more assertive

The “Depression” Style

Description

1. Basic belief is that he/she can’t make it through life on his/her own
2. Uses depression to avoid anger and other emotions
3. Feels life is hopeless and will never get better
4. Life feels overwhelming and useless
5. Feels hopeless; wants to give up
6. Slow moving, sluggish
7. Quiet, withdrawn
8. Pessimistic
9. Indecisive

Advantages

1. Lowers his/her expectations in life
2. Never disappointed
3. Safe—doesn’t anger anyone
4. Good at repetitive jobs, doesn’t require a lot of stimulation

Disadvantages

1. Trouble seeing the positive things
2. Problems getting things done
3. Difficulty in relationships
4. People don’t like being around him/her

How does depression relate to substance abuse?

1. Uses to “perk up”; to look and feel more normal (uppers)
2. To feel better; to take the pain away
3. To meet responsibilities
4. May like himself/herself better while high
5. Afraid to have hope, so may use to stay depressed (downers)

How does depression interfere with substance abuse treatment?

1. No hope that treatment will work
2. “Yes, but…” to avoid change
3. Feels too hopeless to try new behaviors
4. Gives up easily
5. Little motivation to complete treatment work

How can the Depression Style be changed?

1. Become active; renew or develop interests
2. Try to find some hope; imagine things can be better
3. Look for positives in himself/herself and life
4. Don’t give up easily
5. Look into other feelings

The “Worry” Style

Description

1. Basic fear is that he/she won't do well enough
2. Fear of incompetence, inadequacy
3. To combat fears, he/she strives for perfection
4. Not aware of feelings
5. Thinks excessively; overanalyzes things
6. Sometimes feels out of control—can't stop worrying
7. So busy *thinking*, he/she hardly gets to *doing*
8. Afraid of failing, so he/she blows problems out of proportion and becomes too overwhelmed to try—“If I don't try, I can't fail”

Advantages

1. Very organized
2. Always prepared
3. Good in planning jobs
4. Hard workers, strive for good performance

Disadvantages

1. So busy planning things, he/she never actually does them
2. Out of touch with feelings
3. Unnecessary, constant worrying
4. Feels unable to turn off his/her brain

How does worry relate to substance abuse?

1. May use to make worries go away
2. To distract himself/herself from feelings
3. To continue avoiding action
4. To fight fears of inadequacy

How can worry interfere with substance abuse treatment?

1. Difficulty recognizing emotions—keeps getting caught up in worries
2. Hard to break through emotional paralysis and take action
3. Fear inadequacy in treatment—worried that he/she will fail
4. Too busy analyzing treatment to benefit from it

How can the Worry Style be changed?

1. Become more aware of other feelings
2. Allow yourself to express feelings
3. Learn to relax without drugs
4. Recognize own limitations
5. Become willing to make mistakes, accept imperfection

The “Withdrawal” Style

Description

1. When under stress, he/she either mentally or physically leaves
2. Mind wanders, daydreaming, imagining
3. Space out, have a blank stare
4. Basic fear that he/she can’t cope with reality
5. All he/she wants to do is “escape”
6. Believe that the world is painful
7. Avoidance is main coping strategy
8. Often may not see or hear what is going on around him/her

Advantages

1. Good imagination
2. Creative ways to solve problems
3. Good in creative jobs
4. Rarely bored

Disadvantages

1. Withdraws from relationships
2. Feels he/she can’t handle anything
3. Trouble accomplishing tasks
4. Little control over his/her life

How does withdrawal relate to substance abuse?

1. May use to avoid problems
2. To avoid feelings
3. To withdraw from others
4. To make fears go away

How does withdrawal interfere with substance abuse treatment?

1. May withdraw to avoid treatment
2. Doesn’t tune in to what is being said to him/her
3. Afraid to let counselor get close
4. Afraid he/she can’t handle reality; afraid to change

How can Withdrawal Style be changed?

1. Have structured time and activities
2. Don’t give himself/herself time to daydream—stay busy on “real” tasks
3. Be more independent—prove to himself/herself that he/she can handle things
4. Get skill training—make risks less scary

The “Energy” Style

Description

1. Avoids stress by getting involved in lots of activities
2. Acts without considering consequences; impulsive
3. Bored easily
4. Loses interest and jumps from task to task; hyper
5. May not finish what he/she starts
6. Constantly busy
7. Hates routines
8. Uses constant activity to avoid emotions and problems

Advantages

1. Energetic—gets lots done
2. Good in fast-paced jobs
3. Exciting—fun to be around
4. Tries lots of new things

Disadvantages

1. Impulsive—actions lead to trouble
2. Doesn’t look at consequences
3. Legal problems
4. Trouble relaxing and/or sleeping

How is energy related to substance abuse?

1. May use for excitement
2. May use to keep energy up (uppers)
3. May use to slow down or be able to sleep (downers)
4. May use to avoid problems without having to be active

How can energy interfere with substance abuse treatment?

1. Gets bored and doesn’t follow through with treatment
2. Trouble identifying emotions
3. Frustrated when the “cure” isn’t quick
4. Hard time focusing; changes the subject to avoid problems

How can the Energy Style be changed?

1. Learn to relax without using drugs
2. Think before you act; consider consequences
3. Learn to finish tasks before starting another
4. Identify emotions; don’t run from them

The “Illness” Style

Description

1. When anxious or upset, he/she experiences physical illness
2. Focusing on illness is an unconscious way to avoid looking at the real source of the problem
3. Person is only aware of feeling sick—doesn’t realize that it’s anxiety/stress
4. Examples of ailments: nausea, headaches, hives, intestinal problems
5. May also appear whiny, complaining, attention-seeking
6. Person may be critical, demanding, dissatisfied

Advantages

1. Gets taken care of
2. Gets lots of attention
3. Other people don’t expect much
4. Can avoid other problems

Disadvantages

1. Always sick
2. Eventually, people don’t want to be around him/her
3. Doesn’t deal with problems, so things don’t change
4. Others get tired of his/her complaints

How does illness relate to substance abuse?

1. May use drugs to “self-medicate”
2. May abuse prescription drugs, i.e., Vicodin, morphine, marijuana
3. May use so he/she feels better around other people without feeling sick

How does illness interfere with substance abuse treatment?

1. Tries to justify use by saying it helps him/her feel or function better
2. May deny the connection between illness and anxiety
3. May get sick to avoid treatment
4. May have lowered expectations for themselves

How can the Illness Style be changed?

1. Learn other ways of coping with stress instead of getting sick
2. Accept connection between anxiety and illness
3. Use relaxation techniques
4. Learn not to complain—continue on, even though not feeling well

These coping styles can be determined through a psychological tool, the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A), which all the clients take at CHS. If you’re interested in knowing what your child’s coping styles may be, please contact his/her primary counselor.

Family Night Presentation

Topic: Denial

I. Purpose

The purpose of this presentation is to answer the following questions:

- What is denial?
- What can denial do?
- What causes denial of a substance abuse problem?
- What are different types of denial?
- What can we do to help someone come out of denial?
- How will we know when someone is coming out of denial?

Each of these questions will be answered, and audience members are encouraged to share their experiences dealing with loved ones who are in denial of a substance about problem. The leader also aims to give parents hope that adolescents can work through denial and become willing to make changes, and to show them that other families/participants struggle with similar issues as well.

II. Learning Objective

The objective of this session is to help family members develop an understanding of the concept of denial and how it functions to maintain the substance use even when there might be serious life problems as a consequence of use. Participants are taught to identify different types of denial and that addressing denial (i.e., a high level of resistance to change) in treatment is a critical first step to recovery. The leader also explains how CHS attempts to decrease denial/level of resistance.

III. Delivery method

The leader provides an introduction that includes identifying goals of the program and expectations during that hour (topics). He or she may ask each family how long their son or daughter has been in treatment. They are asked if they have any questions, and are encouraged to ask questions at any time.

The presenter will follow the handout entitled “Denial” (see attached), and elaborate on each section. He/she will use many actual client examples and will ask for examples from the participants. After reviewing the handout, the presenter will review the goals of the session and ask for additional comments or questions.

IV. Time Frame of Delivery Method

Approximately one hour.

V. Materials Used

Denial handout provided (see attached).

VI. Summary

The Denial presentation begins with an introduction, identification of program goals, and expectations for the hour. The presenter asks for a show of hands to identify the parents of residential and outpatient children; he/she will ask each family the length of time their child has been in treatment and let them know they can ask questions at any time. The presenter follows the Denial handout and elaborates on each section using actual client examples. He/she will also encourage the participants to provide examples. In closing, the presenter will review the goals of the session and ask for additional comments or questions.




Denial and Substance Abuse



What is Denial?

- A psychological process – It is an unconscious process; we do not realize that we are experiencing denial
- A defense mechanism – A mental process of blocking something scary, threatening, or difficult from our minds or awareness
- A way of coping with a problem by avoiding that problem
- Something that is automatic - Denial is done without thinking
- Something that gets bigger and worse over time
- Something that can eventually kill us because we are blinding ourselves to serious problems and high-risk behaviors



When someone is in Denial, they can't see  that they have a problem. It's like being color-blind: it keeps you from being able to see things the way others see them, or the way they really are.

In relation to substance usage, this means not seeing things like: overuse of drugs and alcohol, harmful results or consequences of drugs and alcohol (like legal, home, school, health, and money problems), and the fact that usage may be making their life out of control. The substance abuser may not see their use as being a problem like others do.



What can Denial do?

- Change and distort reality – Someone in denial does not perceive reality in the same way other people do
- Blind someone to the fact that their view of the situation does not conform to reality
 - Impairs judgement – Denial results in self-delusion and keeps the substance abuser locked in a destructive pattern
 - Supports, enables and protects continued substance use. Recovery from substance abuse can never happen without admission to the problem. Denial keeps the problem going.



What causes Denial of a substance abuse problem?

Denial seems to be primarily motivated by **FEAR**.

- Fear of judgement or rejection: There is a social stigma attached to addiction. People with substance abuse problems may fear being labeled as “weak,” “crazy,” or “a bad person” if they admit that they have a problem.



- Fear of their own feelings: Many people experience conflicted feelings about their substance problems, i.e., guilt, shame, confusion, anger, etc. Denial prevents them from having to face and deal with these uncomfortable emotions.
- Fear of reality: If it weren't for denial, the pain and shame of the harmful consequences of substance abuse would be too much to bear – Denial protects them from having to face the “real world” and the consequences of their choices. They must either reject the substances or reject reality – some chose to reject reality.
- Fear of change: Truly admitting so a substance problem usually means having to do something about it, i.e. *stopping the usage and changing their lifestyle* – this is an extremely scary thought for most substance abusers.



Another factor that may lead to continued denial is **Enabling**. This means when people in the substance abuser's life see there is a problem, but don't say or do anything about it. This sends the message that there is not a problem, or that it's not a big deal.

What are different types of Denial?

There are many types of denial, but there are 7 common types:

1.) Minimizing

In this type of denial, someone makes something big seem small. They try to make the usage seem unimportant, or that it's “no big deal.” Common minimizing words are “only” and “just.”

Examples of Minimizing: A.) “I *only* smoke weed a *few times* a week.”
B.) “I *just* drink on the weekends.”
C.) “I *only* broke into your car *once*.”



What examples of *Minimizing* have you heard?

2.) Rationalizing

Rationalizing is a type of denial in which someone offers “reasons” or “excuses” to use substances. When we rationalize, we tell ourselves things that make us think it's OK to abuse drugs and/or alcohol.

Examples of Rationalizing: A.) “Today is my birthday, so it's OK to get drunk.”
B.) “I've had a hard day, so I'll relax with some weed.”
C.) “Well, I'm going to rehab, so I might as well use!”
D.) “Everyone at my school uses!”

What examples of *Rationalizing* have you heard?

3.) **Blaming**



Blaming means avoiding responsibility for our choices and actions by “pointing the finger” at someone else. When we blame, we try to make it seem like other people or factors *cause* our problems, or that our substance usage is not our fault.

- Examples of Blaming: A.) “I get high because my parents won’t stop nagging at me.”
B.) “It’s my friends fault because they got me started using.”
C.) “My parents and my P.O. are too strict on me. They drive me to usage!”

What examples of *Blaming* have you heard?



4.) **Lying**

Lying is dishonesty. This is a simple type of Denial because it’s really easy; even little kids know how to lie! Substance abusers tend to lie about their usage, and often tend to weave a confusing and complex web of lies to cover their tracks.

- Examples of Lying: A.) When we come home drunk, we say, “No, I haven’t been drinking!”
B.) When we are high, we say, “No, I’m not high!”
C.) When we were at a using party, we say, “I was just at a friend’s house!”

What examples of *Lying* have you heard?

5.) **Intellectualizing**, or **Comparing**

This type of denial means that we compare ourselves and our usage to others in an attempt to make our problem seem smaller.



Examples of Intellectualizing/Comparing:

- A.) “I don’t smoke as much weed as him!”
B.) “I don’t have a problem – I’m not a homeless junkie on the street!”
C.) “I’m not like these other people in rehab! I’m different.”

What examples of *Comparing* have you heard?

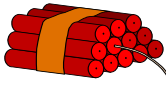
6.) **Diverting**

Diverting means changing the subject. When someone Diverts, they change the topic when someone asks about their usage. They don’t want to talk about it, and avoid direct answers to questions.

- Examples of Diverting: A.) You ask, “Were you using last night?” and they say, “Hey, what time is dinner?”
B.) You say, “You came home pretty late last night,” and they say, “Did anyone call for me?”



What examples of *Diverting* have you heard?



7.) Anger

Sometimes, when someone is confronted about substance usage, they explode with anger. We just focus on the anger and try to ignore the actual issue, which is the substance usage. In fact, substance abusers often express many of their feelings as anger – their anger pushes other people away with fear and intimidation.

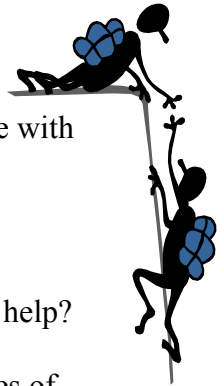


Examples of Anger: A.) You find drugs in your child's room, and they scream at you, "You went through my stuff? I hate you!!"
B.) You confront them about smelling like alcohol, and they respond by swearing and punching the wall.

What examples of *Anger* have you seen or heard?

What can we do to help someone come out of Denial?

The good news: It *is* possible to overcome denial. The first step to helping someone with a substance abuse problem is *exposing denial*. Remember, an addict will not do anything to change the problems if they are not convinced the problem exists!



The substance abuser must take responsibility and ownership for their choices and behaviors in order for there to be any changes. They must face reality. How can we help?

1.) Consistent, assertive confrontation – Now that you are aware of the different types of Denial, you can point it out when you hear and see it. This confrontation must be consistent, but assertive - our job is to attack the denial, not the person.



You can help confront denial statements when you hear them by identifying them and correcting them. For example:

* Minimizing statements can be changed into honest, non-minimized statements. Remove words like "only" and "just."

Example: "I just smoked a little weed." Change to: "You smoked weed."

* Rationalizing statements can be confronted:

Example: "It's New Year's Eve, so it's OK to drink."

Change to: "Just because it's a holiday doesn't make it OK."

* Blaming statements can be caught and corrected:

Example: "It's your fault I use." Change to: "No, you make your own choice to use."

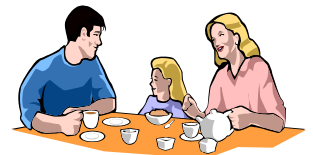
* Lying statements can be confronted, and honesty encouraged.

Example: "You expect me to believe *that*? Just tell me what really happened."

* Intellectualizing or Comparing statements can be recognized and altered:

Example: "I don't smoke as much marijuana as him."

Change to: "It doesn't matter how much he smokes – *you* still smoke."



* Diverting statements can be identified and confronted – stick to the topic and try not to get sidetracked by diversion statements. *Example:* “We’re not talking about what’s for dinner – were talking about your choice to drink yesterday.”

* Anger as a form of denial can also be recognized. If someone explodes when confronted, say, “It seems like this may not be a good time to discuss this – we’ll try again after we’ve all calmed down because this is very important.”



2.) Substance abuse treatment can also help someone come out of denial.

- Being removed from their using lifestyle may give the substance abuser a chance to gain a different perspective. For some, being removed for a few hours a week can help (i.e. outpatient treatment), and for others, being removed for several weeks may be necessary (i.e. residential treatment).
- During treatment, they can be heavily confronted about their usage, while still being in a setting that promotes care, understanding, and concern.



• They can consistently be presented with facts and “evidence” about their usage from several different sources: counselors, family members, p.o.’s, other clients, and members of the recovering community. Quite often, this degree of repetitive confrontation is needed for the substance abuser to see the connection between their choices and the negative life consequences that result.

• Clients in treatment can also be educated on the different types of denial so they can recognize it when they use them.

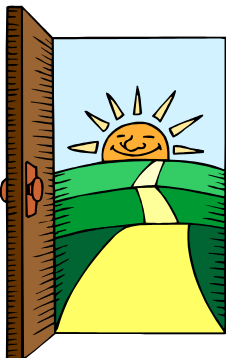


• Remove the stigma associated with substance problems.

3.) As the substance abuser starts to recognize their problems, it is then essential to emphasize the need TO DO SOMETHING ABOUT IT!! This requires *action*.

The client is encouraged to consider the advantages of a substance-free life, and to start taking steps to remove themselves from the using culture.

How will we know when someone is coming out of Denial?



- Openly acknowledges existence of the substance abuse problem
- Accept responsibility for their choices and behaviors – no more blaming
- Less defensive and more open
- Sees connection between usage and life problems
- Volunteers information about their usage – increase in honesty and truth
- Deals with problems with continued positive action and lifestyle changes

Some ideas in this handout are adapted from the article, “Why Do Alcoholics Deny Their Problem?” by Jon R. Weinberg, Ph.D., in Hazelden Press.

Family Night Presentation

Topic: Drug Education

I. Purpose

The purpose of the Drug Education presentation is to provide to our clients' guardians and other significant supporters information they need to become better educated about illicit drugs their young person uses, procures, sells, or is otherwise involved with in their daily lives.

II. Learning Objective

Participants are to learn the classifications of drugs, chemical/brand/street names for drugs, short and long term effects of usage, how various drugs may be procured or ingested, and what types of drugs may be used by young people at various stages of adolescent chemical dependency.

III. Delivery Method

Delivery is accomplished through the use of verbal and visual presentations, handouts, videos, question-answer sessions, and the introduction of speakers.

IV. Time Frame of Delivery Method

In a typical presentation, the hour-long presentation usually includes the following: Introductions, 5 minutes; didactic presentation, 20 minutes; speakers, 15 minutes; question/answer period, 10 minutes; wrap-up remarks, 5 minutes; and handout distribution, 5 minutes.

V. Materials Used

Materials used include handouts (see attached) and wipe-erase board/markers/erasers.

VI. Summary

During the Family Night Drug Education presentation, guardians and other supporters of our clients gather in a room to listen and participate in a session in which they gain needed knowledge and understanding of drug usage among adolescents. Participants learn from handouts and interactions with clients, presenter(s), or speakers about drug usage and drug effects as experienced by adolescents in various stages of chemical dependency.

“Effects of Alcohol Intoxication”

Online source: www.drugs.indiana.edu/druginfo/intox.html

“Facts on Inhalants”

“Straight Facts About Alcohol”

InTouch (The Illinois Network to Organize the Understanding of Community Health)

“Tips for Teens About Hallucinogens”

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

“Frequently-Seen Stages in Adolescent Chemical Addiction”

Compcare Publications, 2415 Annapolis Lane, Suite 140, Minneapolis, MN 55441

“A Chart of Alcohol Addiction and Recovery”

Reprinted from The British Journal of Addiction, Vol. 54, No. 2

Chart can be obtained from the National Council on Alcoholism

“Adolescent Chemical Dependency Progression”

Ohlms, David and Ohlms, Terri

Mid County Physicians, Inc., South New Ballas Road, St. Louis, MO 63141

“Marijuana Facts”

Provided by Susan Dalterio, Ph.D., University of Texas at San Antonio, Pharmacology/Drug Education

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“Rophies – Rophynol”

National Institute on Drug Abuse. Epidemiologic Trends in Drug Abuse, Community Epidemiology Work Group, June, 1993.

National Institute on Drug Abuse. Epidemiologic Trends in Drug Abuse, Advance Report, Community Epidemiology Work Group, June, 1995.

Up Front Drug Information Center. Dade/Monroe Drug Fax, Information for Action: Drug Surveillance News, February 28, 1994. Florida Department of HRS, District Office of ADM.

“FactLine on Amphetamines”

Online source: www.drugs.indiana.edu/publications/iprc/factline/ampet.html

“FactLine on Cocaine”

Online source: www.drugs.indiana.edu/publications/iprc/factline/coke.html

“FactLine on Non-Medical Use of Ritalin (methylphenidate)”

Online source: www.drugs.indiana.edu/publications/iprc/factline/ritalin.html

Indiana Prevention Resource Center © 1995 Trustees of Indiana University

“A Self-Test for Nicotine Addiction”

“When Smokers Quit”

American Cancer Society, Centers for Disease Control and Prevention

Family Night Presentation

Topic: Enabling, Detachment, and Parenting Styles

I. Purpose

Parents, family members, and friends are often at a loss about how they can help the adolescent who is in treatment. Many have tried to help the adolescent in the past, but when adolescents are actively using substances, they are less likely to accept help. While they are using, adolescents often do not take responsibility for their behaviors and blame others for their problems. These Family Night sessions help families understand how they might help the adolescent overcome their substance abuse problems.

II. Learning Objective

The learning objectives of this program are:

1. To develop an understanding of enabling and how enabling can actually prolong the substance use and strengthen the adolescent's denial system. Enabling is defined as any action taken by a concerned person that removes or softens the effect of a harmful consequence of chemical use upon the user.
2. To explain how parents/guardians can stop enabling, by detaching on both an emotional and behavioral level.
3. To develop an understanding of detachment and learn how they can detach yet be caring parents ("tough love" approach is similar).
4. To develop an understanding of how detachment is an appropriate parenting style for any parent, but especially with adolescent substance abusers.
5. To review CHS theoretical foundations (Rogerian, behavioral, cognitive and reality) with the objective being to help parents understand the implications for parenting styles founded on these theories.

III. Delivery Method

The presentation begins with an introduction that includes an explanation of the program goals and outlines the types of questions participants will be asked to answer.

The leader's presentation follows three handouts: (1) "Denial", (2) "Dealing With Detachment", (3) "CHS Theoretical Foundations" (see attached). The CHS Theoretical Foundations handout is not always utilized, largely depending on time constraints. When this handout is reviewed during the presentation, it is used to explain the similarities between CHS theoretical principles and basic parenting techniques.

The presenter uses examples from actual clients to illustrate the concepts and asks the group participants to share examples. The leader encourages parents to express their feelings related to their son or daughter's behaviors. Participants often talk about their anger, frustration, guilt, and

inclination to give up on their child. The group discusses how it is normal to enable, but that doing so is counter-productive to helping stop the adolescent's substance use. The presenter encourages participants to give each other feedback.

To end the session, the presenter summarizes the group's goals and the topics discussed. The participants are encouraged to follow up with the presenter or their son's or daughter's primary counselor if they have questions in the future.

IV. Time Frame of Delivery Method

Approximately one hour.

V. Materials Used

The participants are given the three handouts noted above (see attached). The presenter will use the dry-erase board to explain concepts or ideas.

VI. Summary

The presenter discusses how parents can adopt a parenting style that mirrors the CHS intervention approach. This approach is one that does not enable the adolescent's substance abuse by making excuses for him or her, stays emotionally detached (i.e., not feeling responsible for consequences suffered by the user; caring but not becoming preoccupied or overwhelmed in one's concern for the user), being consistent with rewards and punishments, providing structure/rules and clearly defining house rules, accepting that the client is responsible for his or her behavior, and accepting that one cannot control others. Parents are encouraged to discuss the Family Night topics with their son or daughter. The presenter "normalizes" enabling to avoid any feelings of guilt. The presenter provides the participants with the knowledge and encourages them to change how they interact with the adolescent.

CHS THEORETICAL FOUNDATIONS
(as related to parenting skills)

| | | |
|-----------------|---|---|
| ROGERIAN | Unconditional positive regard Acceptance Rapport Empowerment | Encouraging talking about feelings; caring, increasing self-esteem; responsibility; honesty; hope |
| BEHAVIORAL | Learning and skill building Behavior modification, management Habit control | Rewards for positive behavior modeling They are responsible for their behavior |
| COGNITIVE | Rational emotive therapy Changing thinking Reframing Cognitive restructuring | Think of consequences; importance of attitude Defining expectations and goals |
| REALITY THERAPY | Choices and consequences Therapeutic cause and effect | Clear rules; setting limits; consistency; <u>we</u> make choices; relax, you cannot control them |

Clients act in ways available to them to meet their needs. If we want them to change, they must experience sufficient negative consequences (and believe they will continue to do so) to desire to change to avoid them. To promote change, we empower, show dysfunctions of current cognitions, teach new skills and behaviors, and allow people to experience the consequences.

Dealing with Detachment

Detachment is not a “cure all” or “catch all.” It can be used a good deal of the time, but not all the time. It can be a friendly tool to help us in dealing with our chemically dependent loved ones. We also can misuse it as a deadly weapon and, in turn, hurt ourselves. Detachment is meant to help us in our own recovery; it is not meant to be torture that we inflict on our loved ones. We use detachment for ourselves and our own sanity. If there is a secondary positive effect on our loved ones, it is an added feature, but not the purpose.

Detachment occurs on two levels:

1. What we do
2. What we feel.

Many times, we are better able to accomplish behavioral detachment than emotional detachment. However, if we practice doing it enough, our feelings will follow.

Behavioral detachment means not doing things to prevent or create a crisis, not trying to control our loved one’s drug use or other behavior, and not trying to manipulate the environment to bring about the results we want. It is the physical application of letting go of the problem or giving it up to fate, God, or whatever. In reality, it is putting into practice the belief that we have no control over drugs, people, places, or things.

Emotional detachment is bit more complicated. It does not mean emotionally divorcing oneself from the chemically dependent person. It *does* mean that we feel enough compassion for him/her to let the person experience the consequences of his/her own actions. We may feel a bit sad or angry, but we do not feel these emotions in an overpowering sense, nor do we feel any responsibility for the consequences that are about to happen to our loved one. In a sense, we become emotionally autonomous, in that we care for our loved ones in a very real sense, but we do not become preoccupied or overwhelmed with our concern.

Detachment is:

- Letting go of the behavior and drug use of the loved one and separating them from the person.
- Simply not letting life revolve around the loved one.
- Detaching the person from the problem.
- Not preventing a crisis or creating one.
- Detachment is implicit in the first step (Alanon, Alateen, Families Anonymous): recognition of powerlessness over drug use and the drug user and attempts to control make own life unmanageable.
- Not suffering because of the actions or reactions of another.
- Not allowing ourselves to be abused by someone else.
- Not doing for others what they should do for themselves.
- Not covering up for another’s mistake.
- Neither kind nor unkind: it’s neutral.
- Tough love: allowing the consequence to happen.

Pitfalls to detachment:

- It sounds cruel, cold, and uncaring.
- Many think that it is not feeling—being emotionally numb.
- Some use it as punishment; the purpose is to help us, not “fix” them.
- Some use it as an excuse not to care.
- It sounds so hard; some of us choose not to try.

Part of detachment is limit-setting:

- We cannot/should not detach from everything; we need to have limits set for what we will not tolerate. Remember: these are limits and not threats!

Final point:

- Detachment is not a secret; it can be discussed openly with your loved one.

Denial

The inability or unwillingness to acknowledge loss of control of substance use or consequences of use when they are present.

Types of denial:

- Simple denial—just denying or not realizing the idea of loss of control.
- Minimizing—downplaying or not acknowledging the full extent of usage and/or consequences of usage.
- Blaming—“I only drink because of my nagging wife”—blaming other people or situations for one’s own substance use.
- Hostility—becoming aggressive with any exploration of one’s own substance use.
- Diversion—shifting attention away from exploring substance use.
- Rationalizing—coming up with rational reasons why substance use is OK and not a problem.

Enabling

Is the illness of chemical dependency

It’s not what it appears to be

“Enabling” describes any action taken by a concerned person that removes or softens the effect of a harmful consequence of chemical use upon the user. Enabling prolongs the illness of chemical dependency by hiding the symptoms (i.e., harmful consequences) from the afflicted person. Like fighting fire with gasoline, enabling seems like it should help, but it only makes things worse. Some examples are:

- Bailing out of jail
- Giving “one more chance,” then another, and another...
- Ignoring the chemical use to avoid arguments
- Joining in the drug usage
- Joining in the blaming of others for bad feelings
- Lying or making mistakes for others

It’s part of the illness

As a person becomes chemically dependent, he or she develops an uncanny ability to deny the problem. This ability is rooted in a sincere delusion that there is no problem. A victim of this illness can say (and believe), “I can quit anytime,” when it is obvious to you that he or she cannot. This denial system is the most baffling part of chemical dependency. The enabling actions of others strengthen the denial system of the user. It’s part of the disease process.

It’s automatic

We begin to enable spontaneously and naturally when a person we care about develops chemical dependency. Most of us want to help our family members or friends. When we enable, we assume that the caring and good intentions behind our actions will get to the user and persuade him or her to stop using chemicals. That’s what *should* happen. Unfortunately, we don’t realize that. Unlike other people, the chemically dependent person has a system of denial and elusion that is strengthened, not diminished, by well-meaning attempts to remove or soften the inevitable damage caused by his or her continued drug use. We continue to enable because we fear the loss of the user’s love if we should question the pattern of chemical use.

It becomes your habit

Enabling is habit forming. The chemically dependent person helps you maintain the habit because he or she needs you to support the denial system. The dependent person becomes very skilled at using your guilt, fear, and love to maintain your habit of enabling. Here are some examples:

User

Enabler

Guilt: “I was loaded the whole weekend. How about letting me copy your answers? I’ve done you a lot of favors.”

Friend shares answers. This helps the dependent person avoid the harmful consequence of attending class without the completed assignment.

Fear: “If you don’t stop nagging me, I’m going to smoke even more dope!”
the harmful consequences of sanctions at home due to drug use.

Parents stop reporting their concern and applying restrictions. This helps their child avoid

Fear: “There’s nothing wrong. You’re making a big deal out of nothing.”

Teacher, fearful of being mistaken, allows student to stay in class even though drug use is suspected. This helps student escape the harmful consequence of an assessment interview at school or possible disciplinary action.

Love: “If you love me, you’ll call the boss and tell her I’ve got the flu.”

Wife calls boss. This helps him escape the harmful consequence of disciplinary action on the job.

It has to stop or they won’t

Enabling must be stopped. It sounds crazy, but every time you take away a harmful consequence from a chemically dependent person, you are depriving him or her of an opportunity to see the problem. You are keeping them sick!

It’s not easy to stop enabling. How do you quit?

- *Get outside help for yourself* on a regular basis. Many concerned people have been helped by Alanon, Alateen, Families Anonymous, treatment centers, and other resources.
- *Educate yourself* by seeking out knowledgeable people and reading all you can about the illness and how it affects you.
- *Give yourself time* to break the enabling habit. Don’t be too hard on yourself if you can’t find the courage to stop enabling at once. Remember, a dependent person has a better chance of getting well if you’ve stopped your enabling.

Steps for Treatment and Recovery of Alcoholism for Family Members

Stop

- You no longer have to run from the disease.
- You no longer have to blame the alcoholic.
- You no longer have to control the alcoholic.
- You no longer have to rescue the alcoholic.
- You no longer have to be concerned with the alcoholic's reasons for drinking.
- You no longer have to threaten.
- You no longer have to accept or extract promises.
- You no longer have to seek advice from the uninformed.
- You no longer have to hide the fact that you are seeking help.
- You no longer have to nag, preach, coax, and lecture.
- You no longer have to allow the alcoholic to assault you or your children.
- You no longer have to be a puppet.

Start

- Start learning the facts about alcoholism.
- Start concentrating on your own actions; they are what will make you or break you.
- Start concentrating on his/her need for treatment and start offering treatment.
- Start letting him/her suffer and assume responsibility for each and every consequence of drinking.
- Start resuming normal living pattern.
- Start saying what you mean and doing what you say.
- Start rejecting them.
- Start your commitment to treatment and long-range goals of health.
- Start telling the alcoholic that you are seeking help.
- Start reporting his/her inappropriate actions to them.
- Start protecting yourself.
- Start detaching yourself.

Family Night

Topic: Family Sculpture

I. Purpose

The purpose of this session is to familiarize the family with the different roles family members take on when there is a dependent person in the family. This approach helps family members understand how addiction/dependence affects the family members.

II. Learning Objective

The learning objective is to help educate the family about the different roles family members adopt (i.e., dependent, enabler, hero, scapegoat, lost child and mascot) when there is addiction in the family. Once they have an understanding of these roles it becomes possible for them to try and change the role they play in the family. It also helps families to see the importance of talking about the problems that go on in the family so the family life can improve. Once the family learns about the different roles, it helps them to see how they have played a part in the dependent's addiction. From there, they learn new coping styles that can help them to better deal with the dependent in the family and to improve communication with all family members.

III. Delivery Method

The group leader facilitates audience participation through role-plays and discussion. At the end of the session, a handout¹ is distributed that includes more detail about the various roles. Family members are also encouraged to identify roles adapted in their own family.

IV. Time Frame of Delivery Method

Approximately one and a half to two hours.

¹ Abstracted from the following source:

Wegscheider-Cruse, Sharon. Another Chance: Hope and Health for the Alcoholic Family. Palo Alto, CA: Science and Behavior Books, 1989.

V. Materials Used

Materials used include props for the role-play i.e. stickers, yarn, scissors, books, bag, tablet, crayons, noisemaker, puppet. These props are used by the role players. For example the hero is given stickers, tablet and crayons go to the lost child, noisemaker to the scapegoat, and puppet to the mascot. The yarn/scissors are used to attach each child to the mother, and the bag is given to the mother. As she covers up her feelings books are added to the bag to signify stuffing feelings. The handout is the other material used.

VI. Summary

The group begins with a brief introduction about Family Sculpture and the presenter will ask for six volunteers to participate. Once the volunteers have been selected, the role-playing begins. The remaining people become the commentators and are asked to comment at different times during the role-play to talk about what they see going on. The role-play is about a family spanning twenty years. It begins with a couple going on a blind date that leads to falling in love and marriage. They have four children during the twenty-year span and as each child emerges they are assigned a role. Throughout the role-play, the leader asks questions of both the role-players and the audience. At the end of the role-play, a discussion takes place about the different roles that the volunteers portrayed and how each one is affected by the dependent family member. The handout is also discussed at this time.

Family Night Presentation

Topic: Relapse

I. Purpose

The purpose of this presentation is to teach parents about signs of relapse, so that they will be alert to the signs, and be able to help avert further relapse by their teenager.

II. Learning Objective

The learning objectives of this session are to give the parents an idea of questions or suggestions they can give their adolescent to help them stay on track. Parents are also supposed to learn that relapse is a process that can be interrupted.

III. Delivery Method

One of the adolescent clients presents their recovery plan and then there is time for questions and group discussion.

IV. Time Frame

Delivery of the recovery plan takes about forty minutes and the remaining twenty additional minutes of the session is used for questions and discussion.

V. Materials Used

The client uses a poster for his or her presentation; there is nothing else needed.

VI. Summary

The client brings a poster of his/her recovery plan to present to the parents. The top of the recovery plan lists the needs met through using, which is followed by a list of new ways to meet these needs. The middle of the poster contains a schedule of activities, continuing care plan and support people. The bottom of the recovery plan has a list of attitudes, feelings and behaviors that could lead to relapse. The other half of the poster has a list of twenty ways to get back on track. The client presents this to the parents one section at a time and the presenter asks the adolescent to explain some of the skills that may not be clear to the parents. The presenter requests that the client explain about meetings and sponsors. The parents are invited to ask questions throughout the presentation.

ATM Treatment Manual

Appendix E: Clinical Forms

Referral, Assessment, and Admission

Screening Data

GAIN-Q Version 02.04

GAIN-I Version 5.2.1

Treatment Recommendations

Initial Treatment Plan (ICP)

Admit, Transfer, and Discharge Form (AT&D)

Consent to Treatment

Financial Intake Information

Financial Assistance Determination

Payment Policy

Rights as a Client of CHS

Patient Acknowledgements

Substance Abuse Confidentiality

Confidentiality and Consent for Services

Outpatient Behavioral Contract

Outpatient Family Involvement Contract

Activity/Medical/Transportation Releases

HIV/AIDS Education and Testing Letter

Disclosure Authorization Letter

CHS Disclosure Authorization – General

CHS Disclosure Authorization – Criminal Justice System Referral

CHS Disclosure Authorization – Educational

Family History Questionnaire

Collateral Assessment Form (CAF-I) Version CI 0599

Transfer and Discharge

Outpatient Discharge Form

Admit, Transfer, and Discharge Form (AT&D)

CHS Disclosure Authorization – General

CHS Staffing Form

CHS Progress Notes Form

Thank you for calling Chestnut Health Systems. How may I help you? Are you interested in a substance abuse evaluation? If no, provide referral/information.. Have you ever been convicted of a DUI (this will help us determine what kind of evaluation is necessary? If so, when? _____)

Client Name: _____ **SSN#** _____ **DOB:** _____ **Sex:** _____

| | |
|---|--|
| Currently in crisis? N Y | Currently intoxicated? N Y |
| Currently suicidal? N Y Current plan? N Y | IF yes, history of DTs, seizures, hallucinations during withdrawal? N Y Comments: |
| History of attempts? N Y | When was last usage? What drugs did you use? |
| Medications: (they need 28 day supply for residential treatment) | Medical concerns? N Y Comments: |

Address: _____ City _____ ST ZIP _____

County: _____ Home # _____ Perm to call _____ Work # _____ Perm to call _____

Guardian Name: _____ Home #: _____ Work #: _____ Relationship: _____

Address (if different): _____ City _____ ST ZIP _____

“We are required to provide priority treatment to individuals that meet specific criteria. I’m going to ask you some questions to see if you meet any of the criteria.” (Priority Populations are in order)

| | | |
|---|--------------------------|--------------------------------|
| Are you currently pregnant? | N | Y |
| Have you given birth within the past 90 days? | N | Y Delivery Date: [_____] |
| Are you a current IV drug user ? (Assessment within 14 days) | N | Y |
| Are you currently eligible or trying to be eligible for TANF benefits? | N | Y |
| Is substance abuse treatment one of your TANF goals (assessment within 48 hours)? | N | Y |
| Are you being referred by DCFS? | N | Y |
| If a woman, do you have children under 18 living with you? | N | Y |
| Have you recently been released from a DOC treatment program? | N | Y |
| Are you being referred by TASC? | N | Y |
| Legal Status | [] On Court Supervision | [] On Probation [] On Parole |
| Comments: | | |

Referral made by: _____ of _____ (ph# _____)

Agency type: _____ (see agency type description options)

IF OASA agency, agency name: _____

Previous C.D. treatment: _____ # of _____

| | | |
|---------------|--------------|-----------------------|
| Insurance [] | Insurance: | Phone # |
| Self Pay [] | Medicaid [] | Grant [] Unknown [] |

Does your insurance or employer (MMMoA or ADM) require you to access EAP services prior to obtaining any treatment? If so, indicate: _____

| |
|--|
| Disposition: Detox [] Res. assess/admit [] Referred out [] Information only [] O/P Adult Blm [] Mad [] |
| O/P Youth Blm [] Mad [] Case management [] Service Request Category [] Emergency [] Urgent [] Routine [] |

First offered appointment: _____ Placed on waiting list for: _____

Appointment scheduled with: _____ on _____ at _____ Duration.: _____

| |
|-----------------|
| Other Comments: |
|-----------------|

Date: _____ Time (to-from) _____ Screening Staff Name: _____

This page is a placeholder for the GAIN-Q and the GAIN-I assessments, which are not available electronically. For additional information, please visit www.chestnut.org/li/gain/index.html.

ASAM DIMENSIONS

I: Most recent use ---
Withdrawal symptoms ---

II: Health problems ---

III: Home behaviors ---

Legal involvement ---

School problems ---

Job problems ---

Previous psychiatric diagnosis ---

Medication ---

Suicide/Homicide ---

Abuse ---

Previous treatment ---

IV:

V: Dirty screens ---

Continued use despite ---

Using at home ---

Level of motivation to stop using ---

VI: Peer group ---

Family dynamics ---

Gang ---

Dealing ---

Family recommendation ---

Client Name _____ Date _____

| | |
|--------------------------------|--------------------------------------|
| CHESTNUT HEALTH SYSTEMS | INITIAL TREATMENT PLAN/PART I |
|--------------------------------|--------------------------------------|

Level I Level II (IOP: Day Night) Level II (Day Treatment) Level III (ECP) Level III (Residential)

PROBLEM(S)/DIMENSIONS TO BE ADDRESSED:

| |
|--|
| |
| |

IDENTIFIED SPECIAL NEEDS: NA If yes, specify:

DISCHARGE PLANNING/CONTINUING CARE PLANNING:

DISCHARGE TARGET: Home Other:

CONTINUING CARE PLAN:

INITIAL GOALS

1. Attend to medical needs and psychiatric needs as recommended by staff.

| | To Do | Staff Assigned | Date Completed | Initials |
|---|-------|------------------------|----------------|----------|
| Complete Health Hx Questionnaire within 7 days of admit. | | | | |
| Complete physical exam and lab within 7 days of admission. | | Medical staff | | |
| Psychiatric evaluation within _____ days of admission. | | | | |
| Sign OP refusal form with 7 days of admission. | | Primary staff | | |
| <u>NURSING ASSESSMENT</u> | | Other Recommendations: | | |
| DIET: <input type="checkbox"/> Regular <input type="checkbox"/> Special: _____ | | | | |
| ACTIVITY LEVEL: <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted | | | | |

2. Become oriented to substance abuse treatment and treatment expectations within first 7 days of treatment. Complete the following tasks:

| | To Do | Staff Assigned | Date Completed | Initials |
|--|-------|----------------|----------------|----------|
| READ YOUR RIGHTS within 24 hrs of admission | | | | |
| READ TREATMENT INFORMATION with 24 hrs of adm | | | | |
| READ TREATMENT WORKBOOK/TIME FOR CHANGE | | | | |
| WATCH ORIENTATION VIDEOS WITHIN ___ DAYS OF ADM. | | | | |
| WRITE DRUG HISTORY within _____ days of admission | | | | |
| MEET WITH HOMEBOUND COORDINATOR | | | | |
| ATTEND ALL SCHEDULED GROUPS | | | | |
| MEET FINANCIAL COUNSELOR within 72 hours | | | | |
| MEET PRIMARY COUNSELOR within 24 hrs of adm. | | | | |
| MEET DETOX COUNSELOR within 24 hrs of admission. | | | | |
| MEET ACTIVITY THERAPIST within 5 days of admission. | | | | |
| DEVELOP GOALS/OBJECTIVES within _____ days of adm. | | | | |
| ATTEND AA/NA/CA MEETINGS: # times to attend weekly: | | | | |
| BEGIN FIRST STEPWORK: | | | | |
| INVITE FAMILY/SIGNIFICANT OTHERS TO FAMILY NIGHTS within 7 days of admission into treatment. | | | | |
| BEGIN JOB SEARCH | | | | |

3. Complete the assessment process to further assess needs.

| | To Do | Staff Assigned | Completed | Initials |
|---|-------|----------------|-----------|----------|
| COMPLETE ASSESSMENT | | | | |
| COMPLETE TESTING <input type="checkbox"/> MMPI <input type="checkbox"/> SASSI <input type="checkbox"/> GAIN | | | | |
| OTHER: | | | | |
| INITIAL URINE SCREEN: | | | | |
| FREQUENCY URINE SCREENS: | | | | |
| FREQUENCY BACS: | | | | |

Axis I: (RANK IN ORDER OF Primary, Secondary, Tertiary) No Diagnosis or Diagnosis Deferred

| Alcohol | Cannabis | Cocaine | Nicotine |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Abuse | Abuse | Abuse | Abuse |
| Dependence | Dependence | Dependence | Dependence |
| Early Partial Remission | Early Partial Remission | Early Partial Remission | Early Partial Remission |
| Early Full Remission | Early Full Remission | Early Full Remission | Early Full Remission |
| Sustained Partial Remission | Sustained Partial Remission | Sustained Partial Remission | Sustained Partial Remission |
| Sustained Full Remission | Sustained Full Remission | Sustained Full Remission | Sustained Full Remission |
| Physiological Dependence | Physiological Dependence | Physiological Dependence | Physiological Dependence |
| w/o Physiological Dep | w/o Physiological Dep | w/o Physiological Dep | w/o Physiological Dep |
| In Controlled Environment | In Controlled Environment | In Controlled Environment | In Controlled Environment |
| On Agonist Therapy | On Agonist Therapy | On Agonist Therapy | On Agonist Therapy |
| | | | |
| Abuse | Abuse | Abuse | Abuse |
| Dependence | Dependence | Dependence | Dependence |
| Early Partial Remission | Early Partial Remission | Early Partial Remission | Early Partial Remission |
| Early Full Remission | Early Full Remission | Early Full Remission | Early Full Remission |
| Sustained Partial Remission | Sustained Partial Remission | Sustained Partial Remission | Sustained Partial Remission |
| Sustained Full Remission | Sustained Full Remission | Sustained Full Remission | Sustained Full Remission |
| Physiological Dependence | Physiological Dependence | Physiological Dependence | Physiological Dependence |
| W/o Physiological Dep | W/o Physiological Dep | W/o Physiological Dep | W/o Physiological Dep |
| In Controlled Environment | In Controlled Environment | In Controlled Environment | In Controlled Environment |
| On Agonist Therapy | On Agonist Therapy | On Agonist Therapy | On Agonist Therapy |

OTHER: _____

AXIS II: No Diagnosis _____

AXIS III No Diagnosis _____

AXIS IV:

- Problems with primary support group:** Death of a family member Health problems in family Separation Divorce Estrangement of relationship
 Sexual Abuse Physical Abuse Family overprotective/enabling Neglect of children Family concerned about usage Other: _____
- Problems related to the social environment:** Death/loss of friend Inadequate social supports Living alone Client dealing with discrimination
 Adjustment to life-cycle transition Other: _____
- Educational Problems:** Illiteracy Academic Problems Need for GED Discord with teachers or classmates Inadequate school environment
 Interruption of education due to usage Other: _____
- Occupational Problems:** Unemployment Threat of job loss Stressful work schedules Difficult working conditions Job dissatisfaction Job change
 Discord with boss or co-workers Other: _____
- Housing Problems:** Homelessness Inadequate Housing Unsafe neighborhood Living environment not conducive to recovery Other _____
- Economic Problems:** Extreme poverty Inadequate finances Need for financial support (type): _____
 Other: _____
- Problems with access to health care services:** Transportation to health care facilities unavailable Inadequate health insurance Other: _____
- Problems related to interaction with legal system/crime:** Recent arrest Recent incarceration Victim of crime Facing possible revocation of probation
 History of non-substance related legal problems DCFS involvement Children removed from home/threat of termination of parental rights Legal problems related to substance use Other: _____
- Other psychosocial and environmental problems:** Discord with nonfamily caregiver (indicate whom): _____
 Unavailability of social service agencies (explain): _____ Other: _____

AXIS V: **Current GAF:** _____

Highest GAF in Past Year

Patient Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

INITIAL/SIGNATURE KEY:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

**Chestnut Health Systems
Admit, Transfer, and Discharge
Central Region Chemical Dependency Services**

Client ID: _____

Name: _____ **DOB:** _____ **Date:** _____

****Is Client Pregnant?** Yes No **Projected Length of Stay** _____ **Room #:** _____

| | |
|---|--|
| <p style="text-align: center;"><input type="radio"/> Admission to C.D. Services OR <input type="radio"/> Client Currently Active (Transfer To)</p> <p>Youth Chemical Dependency Services Select Program:</p> <hr/> <p><input type="radio"/> 1. Outpatient Assessment Only (132) <input type="radio"/> 2. Outpatient (132) <input type="radio"/> 3. Level II Services-Day (133) <input type="radio"/> 4. Level II Services-Night (133) <input type="radio"/> 5. Short Term Residential (134) <input type="radio"/> 6. Long Term Residential (135)</p> | <p style="text-align: center;"><input type="radio"/> Completed Current Program (Transfer From) OR <input type="radio"/> Close Case (Discharge Completely)</p> <p>Youth Chemical Dependency Services Select Program:</p> <hr/> <p><input type="radio"/> 1. Outpatient Assessment Only (132) <input type="radio"/> 2. Outpatient (132) <input type="radio"/> 3. Level II Services-Day (133) <input type="radio"/> 4. Level II Services-Night (133) <input type="radio"/> 5. Short Term Residential (134) <input type="radio"/> 6. Long Term Residential (135)</p> |
|---|--|

Counselor Assigned: _____

***Client to Remain Open (Transfer From):** Yes No

****Closing Status:** As Planned (AP) At Staff Request (ASR) Against Staff Advise (ASA)

****Reason for Discharge:**

Completion of Treatment /Eval Left Against Staff Advice Disciplinary No Show
 Completed CJS Mandate Arrest Death Other

Referrals: _____

Full signature of counselor (with credentials and employee number): _____

Consent to Treatment

I am voluntarily seeking services from Chestnut Health Systems, Inc., for the purpose of diagnosis and treatment and do hereby consent to such diagnostic procedures and treatment as may be deemed necessary for myself or, in my capacity as a guardian, for the minor. I am aware that mental health and substance abuse counseling is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of diagnosis, treatment, tests, or examination. The undersigned certifies that I have read the foregoing and am the patient or am duly authorized as the patient's agent to execute the above and accept its terms.

Client Guardian Witness Date
(if needed)

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by Chestnut Health Systems is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose information identifying a patient as an alcohol or drug abuser unless

- 1) the patient consents in writing; or
- 2) the disclosure is allowed by a court order; or
- 3) the disclosure is made to medical personnel in a medical emergency or qualified personnel for research, audit, or program evaluation; or
- 4) the patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violations of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Authorization for Medical and Dental Treatment in the Absence of Parents or Guardians

While participating in the treatment program, should the occasion arise that the minor needs immediate medical or dental care, I hereby authorize Chestnut Health Systems, Inc., to seek medical or dental treatment as deemed appropriate and necessary by the Chestnut Health Systems staff. I fully understand that medical and dental services represent an additional cost and that my responsibility is a matter between the provider of the above-described medical and dental services and myself.

Client Guardian Witness Date
(if needed)

NAME, ADDRESS, PHONE
OF EMERGENCY CONTACT

| | |
|---------------|-----------------|
| Patient Name: | Patient Number: |
|---------------|-----------------|

Date Completed: _____ **Chestnut Staff Member:** _____

| | | |
|------------------|-------------------|-----------------------|
| Client Last Name | Client First Name | Client Middle Initial |
|------------------|-------------------|-----------------------|

| | | | |
|----------------|--------|-------|----------|
| Street Address | City | State | Zip Code |
| Home Telephone | County | | |

| | | |
|---|--------------------------|------------------------|
| <input type="checkbox"/> Male <input type="checkbox"/> Female Gender | Date of Birth | Social Security Number |
| <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-Married Marital Status | Ethnic Background (Race) | |

| |
|---|
| How were you referred to Chestnut? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Radio Ad <input type="checkbox"/> Radio News <input type="checkbox"/> TV Ad <input type="checkbox"/> TV News <input type="checkbox"/> Word of Mouth (Family or Friends) <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Direct Referral Only <input type="checkbox"/> Other (Please Explain) |
|---|

In Case of an Emergency, whom may we contact for you?

| | | |
|--|-----------------------------------|----------------------|
| Name | Address | City, State Zip Code |
| Relationship to Client <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> State Appointed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spouse | | |
| Home Telephone Number: () | Work Telephone Number: () | |

(for Office Use Only)

| | |
|--------------------|---------------|
| Client Name | Client Number |
|--------------------|---------------|

Financial Assistance Determination

I hereby request a determination of my eligibility to have my treatment services subsidized by the Illinois Department of Alcoholism and Substance Abuse according to established criteria based on my income and family size. I take full responsibility for all fees not covered by these subsidies. I certify that I am/am not currently employed. My current family income is _____, and I am responsible for _____ dependent(s), including myself. I understand that misrepresentation of this information may make me responsible for all treatment charges. I further understand that my social security number is required (SSN: _____) and will be used to determine eligibility for service, identification, detection, and possible prosecution for fraud. I certify that I am/am not currently receiving medical assistance under the Medicare or Medicaid program. I certify that the above information is truthful and accurate. I understand that giving false information may make me legally responsible for all treatment charges.

Authorization to Release Information to Third Party

I authorize Chestnut Health Systems, Inc. (hereafter called "Chestnut"), to release to the third party payor or funding source listed on the attached form any client treatment information/records that are necessary to file claims for reimbursement, and for the discharge for the legal or contractual obligations of the third party payor or funding source. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

Assignment of Interests

I hereby assign to Chestnut any and all benefits payable, up to the amount of my bill accruing to me in connection with my treatment, beginning with the date of admission. In the event that payment is received from more than one source, causing overpayment for this period of treatment, I authorize application of the overpayment to any Chestnut bill for which I am legally responsible that has not been paid in full at the time of the receipt of the overpayment.

Agreement for Payment

The undersigned agrees, whether signing as agent or as client, that in consideration of the services to be rendered to the client, the undersigned hereby is obligated to pay the account of Chestnut in accordance with the regular rates and terms of Chestnut. The undersigned further agrees the account is to be paid in full within 30 days of the date of discharge unless arrangements are made that are satisfactory to Chestnut. Should the account be referred to any attorney or collection agency for collection, the undersigned shall pay all reasonable attorney fees, court costs, and collection expenses. Further, Chestnut is authorized to release information concerning my financial obligation owed to Chestnut and information deemed relevant for the purpose of collecting my overdue account to any collection agency, credit bureau, attorney, or court.

I am signing under the following conditions:

- a. my judgment is not impaired by any chemical, and
- b. this continuing disclosure is effective for the entire treatment episode and until all claims are filed and processed.

The undersigned hereby acknowledges receipt of this instrument.

Signature of patient

Signature of guarantor

Signature of insured person

Date

Witness

| | |
|--------------------|----------------------|
| Client Name | Client Number |
|--------------------|----------------------|

Chestnut Health Systems

PAYMENT POLICY

In order to provide you and every client of Chestnut Health Systems with the best professional service, we ask that all charges be paid upon receipt of your statement. Payment may be made in the form of cash or check. Checks should be made payable to Chestnut Health Systems. For your convenience, we also accept Visa and MasterCard.

Chestnut Health Systems can help those who qualify to secure a loan from a local banking institution.

INSURANCE COMPANY PAYMENTS

Your insurance policy is a contract between you and your insurance carrier. Chestnut Health Systems will assist you in billing your carrier, but you are responsible for any charges not paid by insurance.

STATE OF ILLINOIS FINANCIAL ASSISTANCE

Should you meet certain financial qualifications, you may be eligible for state-funded financial assistance through the Illinois Department of Human Services.

PAYMENT ARRANGEMENTS

Should you be unable to pay your bill in full within 30 days, please contact our Accounts Receivable Department in order to make other arrangements.

FOR MORE INFORMATION

Please contact Chestnut Health Systems' Accounts Receivable Department at (309) 827-6026. One of our experienced financial counselors will be happy to help you.

HOURS

Monday through Friday
8:00 a.m. to 5:00 p.m.

YOUR RIGHTS AS A CLIENT OF CHESTNUT HEALTH SYSTEMS:

1. You have the right not to be discriminated against in any way on the basis of race, gender, national origin, religion, ancestry, age, economic condition, HIV status, sexual orientation, or disability. Every client has the right to be treated humanely and with dignity.
2. Chestnut Health Systems is a totally voluntary treatment program. You have the right to be treated in the least restrictive clinically appropriate setting. Any client consenting to treatment must agree to follow the conditions established by the program for participation.
3. Every client has the right to refuse or discontinue treatment at any time with the understanding that Chestnut Health Systems is not responsible for the consequences for leaving treatment against staff advice. You have the right to apply for readmission to the program following discharge from the program.
4. All clients and their families/guardians are eligible to receive services irrespective of their current ability to pay for such treatment. Installment plans are available to clients whose financial resources are limited. Clients and their families/guardians have the right to be fully informed as to all charges and all sources of reimbursement and any limitations placed on treatment by funding sources and/or third party payors.
5. All clients and their families/guardians have the right to be informed as soon as possible as to the clinical staff person who has primary staff responsibility for their treatment. You and your family have the right to participate in the process of developing your goals and individualized treatment plan. Copies of current treatment plans are available upon request.
6. You as well as your family/guardian have the right to ask and receive explanations and rationales for any method of treatment used by Chestnut Health Systems' staff member. You and your families also have the right to request and receive information from staff members regarding alternative treatment programs, methods of treatment, and the availability of outside consultation from other treatment professionals.
7. Every client and their family has the right to confidentiality. Confidentiality at Chestnut Health Systems is maintained in a manner consistent with the Federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 CFS 2 (1987)). The client (and guardian when appropriate) must give his or her consent in writing for Chestnut Health Systems to obtain or release any written or oral information concerning current or past medical, psychiatric, or addiction treatment. In addition, the policy regarding confidentiality includes the following:

a. Incoming calls to residential clients:

Adult Residential Clients: Incoming calls will be forwarded to adult residents on the basis of signed disclosure authorizations. In the absence of a signed disclosure authorization, staff will not indicate that you are here or involved with Chestnut Health Systems in any way.

Adult residents have access to a pay phone for private calls and the number of the pay phone may be given to callers whom you wish to have call you directly. The pay phone is not answered by staff.

Youth Residential Clients: Youth residential clients will establish an approved callers list with their counselor and only individuals on that list will be allowed to make phone contact with you. Additional phone privileges are dependent upon your status in treatment.

b. Exceptions to Confidentiality Regulations:

1. In life threatening situations or when a client's condition or situation precludes the possibility of a written consent, pertinent medical information may be released to medical personnel responsible for the individual's care without the consent of the client, the guardian, or the clinical or unit director.

The client and/or guardian is informed of what information was released as soon as possible after the event.

2. In situations involving state mandated reporting such as cases of suspected physical or sexual abuse or neglect of a child (this exception applies only to the initial reporting of the incident or suspected incident).
3. With an authorizing court order only if a) it is necessary to protect against a threat to life or of serious bodily harm, b) it is necessary to investigate or prosecute an extremely serious crime or, c) it is in connection with a proceeding at which the client has already presented evidence concerning confidential communications.

c. When Chestnut Health Systems receives a request for information from other agencies:

If a release of information has been signed by the client, we will provide specific information requested. Chestnut Health Systems staff may summarize answers to specific questions.

d. Information needed to coordinate services between Chestnut components may be released by the service coordinator to the cooperating component. Your voluntary participation in the program shall constitute consent.

- e. All statistical data collected for reporting purposes to funding and monitoring agencies shall be processed in a way that protects your identity. Under no circumstances will lists of client names be made available to outside agencies or individuals.
 - f. All information regarding HIV status, including HIV testing, will not be documented in your client records. This information will not be released to other agencies or shared with other Chestnut staff members without explicit authorization from you to release such information.
8. All clients and their families or guardians have the right to be informed of and have the opportunity to consent, refuse to consent, or withdraw consent to participation in audio-visual processes and/or research projects conducted by the program. You have the assurance that the decision to consent will not affect your treatment status. Such participation and the future disposition of the materials involved shall be fully explained in writing.
 9. All clients have the right to privacy with respect to visitors to the facility. Educational or other individual or group tours of the facility will be preceded by adequate notice so that clients may remain anonymous if they so desire.
 10. You have the right to be assured that physical restraints and seclusion will not be used at Chestnut Health Systems. If at any point your condition or behavior requires physical restraints or seclusion, it will immediately be determined that services of Chestnut Health Systems are inappropriate for your particular needs. Staff will assist in coordinating a referral to a more suitable service provider.
 11. All clients and their families are encouraged to express opinions, recommendations, or grievances to any Chestnut Health Systems staff member, either orally or in writing. Any grievances with regard to the program, staff, treatment, etc., may be taken to the Director of the appropriate unit. You have the right to be assured that each written comment will receive the prompt attention of and, on request, a prompt response from the Chestnut Health Systems staff. You have the right to have each written grievance immediately investigated. The findings and appropriate actions taken will be available to the individual(s) filing the grievance.

Grievance Procedure

Any client or family member with a grievance against Chestnut Health Systems policy, procedures, or staff may register their complaint either verbally or in writing with any Chestnut Health Systems staff person. If the grievance is with a staff member, then it is appropriate for the client to communicate their concern to the appropriate Unit Director. If the concern is with the Unit Director, then they may communicate their concern to the Clinical Director. If the issue is with the Clinical Director, then they may communicate their concern to the President and Chief Executive Officer.

All complaints expressed to staff will be reviewed at the earliest possible opportunity during regularly scheduled staff meetings. Emergency complaints will be dealt with

immediately through consultation with the appropriate clinical and administrative staff. Recommendations for dealing with the issues will be offered by the staff and the outcome communicated to the person filing the complaint.

12. Chestnut Health Systems provides minimal direct medical services. It is preferred that you have a personal physician who will agree to provide follow-up medical care and will refer you to a Chestnut Health Systems physician for medical supervision while you are in treatment. Residential clients with local personal physicians may continue to see their local physician during treatment. We do not provide any direct dental services to clients. It is preferred that you have a personal dentist who will agree to provide necessary dental care. Emergency dental services may be arranged through the nursing office.

Additional Rights of Residential Clients:

All clients shall have the right to private communication with family and friends. Clients can send and receive letters; however, you must provide your own postage. Restrictions for youth clients will be explained on an individual basis. All residents shall have the right to speak privately by telephone to family and friends unless this is contraindicated by the treatment plan. Adult residents may use the pay phones located within the facility. Youth clients may use the agency telephone with permission from unit staff. Any restrictions on phone privileges will be explained to you and your family. All residents have the right to receive outside visitors to the facility in accordance with established visitation policy unless otherwise indicated by the treatment plan. Any restriction on visitation will be explained to you and your family.

REASONS FOR DISCHARGE

1. A client is discharged successfully from Chestnut Health Systems when the established treatment goals and objectives have been accomplished.
2. A client may be discharged successfully upon demonstrating significant progress toward treatment goals and demonstrated evidence of the ability to continue progress toward recovery without additional formal treatment.
3. A client may be discharged when, in the opinion of treatment staff, the client is not making adequate progress toward accomplishing the treatment goals.
4. Refusal to cooperate with the treatment policies or to follow treatment recommendations may result in discharge.
5. Violent or threatening behavior directed toward staff, other clients, or Chestnut Health Systems property may result in discharge.
6. An illegal act, such as theft or property damage, committed against Chestnut Health Systems property or Chestnut Health Systems staff property may result in discharge.
7. Bringing alcohol or illicit drugs into the treatment facility may result in discharge.
8. Behaviors which significantly detract from the treatment experience of other clients may result in discharge.

RIGHTS

I have been informed and I understand my rights as a patient of Chestnut Health Systems.
 I have been provided a copy of those rights.

I have also been informed and understand the behaviors and actions on my part which might
 Lead to discharge from Chestnut Health Systems services.

CONFIDENTIALITY

I have been informed and given a copy of the Confidentiality Law and regulations governing
 Alcohol and Drug Abuse records.

| | |
|--|------|
| Patient Signature | Date |
| <p>*Is client under the influence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, client must sign below when no longer under the influence.)</p> | |

| | |
|--------------------|------|
| *Patient Signature | Date |
|--------------------|------|

| | |
|----------------------------------|------|
| Guardian Signature (if required) | Date |
|----------------------------------|------|

| | |
|---------------|------|
| Staff Witness | Date |
|---------------|------|

| | |
|---------------|-----------------|
| Patient Name: | Patient Number: |
|---------------|-----------------|

Client Name _____

Date _____

| | |
|--------------------------------|--|
| CHESTNUT HEALTH SYSTEMS | SUBSTANCE ABUSE CONFIDENTIALITY |
|--------------------------------|--|

The confidentiality of alcohol and drug abuse patient records maintained by Chestnut is protected by Federal law and regulations. The patient (and guardian, when appropriate) must give consent in writing for CHS to obtain or release any information, either in writing or verbally, concerning current or past medical, psychiatric, or addictions treatment. Generally, Chestnut staff may not tell anyone outside of Chestnut that a patient attends Chestnut, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is required by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at Chestnut or against any person who works for Chestnut.

Violations of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

State of Illinois law requires the reporting of suspected child abuse or neglect to the Department of Children and Family Services. The reporting of this information is not prohibited by Federal Law.

I/We are voluntarily participating in services at Chestnut Health Systems. I/We recognize that chemical dependency is a problem, which affects not only the dependent persons but also those in close relationship with them. We know that addiction to alcohol and/or other drugs results in disrupted relationships with family members and friends and may affect the emotional, physical, spiritual, and psychological lives of all persons involved. We feel it is important for family and friends of a chemically dependent person to gain education about various aspects of substance abuse; to learn about the treatment process; and, most important, to have the opportunity to talk with others who are experiencing something similar in their own lives.

It is important that all who participate in services from Chestnut Health Systems realize the importance of confidentiality. All Chestnut Health Systems staff and support people are bound by Federal confidentiality regulations, which prohibit them from acknowledging any identifying information about patients without written consent. Patients attend services with family members and friends trusting that they also will respect their right to confidentiality and not disclose any information about them to anyone outside of Chestnut Health Systems. To violate a patient’s confidentiality may seriously impact their treatment and their future. Please keep this in mind at all times:

“WHAT’S SEEN OR HEARD IN HERE—STAYS IN HERE!”

My signature below indicates my consent to receive services from Chestnut Health Systems and my understanding of the importance of confidentiality.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Patient Name:

Patient Number:

OUTPATIENT BEHAVIORAL CONTRACT

I agree to participate in Chestnut Health Systems' (CHS) Youth Outpatient Treatment Program to assist in my recovery from substance use/abuse and I agree to the following conditions:

1. I will attend all expected activities of the treatment program.
2. I will be involved in all program activities and groups by sharing, confronting, and giving feedback.
3. I will bring no substances into the Lighthouse building. I understand that violation of this rule may result in being discharged from treatment.
4. I will remain substance free while participating in treatment. I understand that violations of this rule will be dealt with in a group session of all staff and all program participants. I understand that continued violation by the same person may result in discharge from the Outpatient Program with a possible recommendation for admission to the Residential Program. I understand that once discharged, the person may request to be considered for readmission.
5. I will discuss in group any problems I am having in remaining substance free.
6. I will help develop my goals of treatment and participate in my treatment planning.
7. I will follow through with the commitments as stated on my treatment planning.
8. I will not develop any romantic relationships with other participants of the program while I am a participant of this program.
9. I will not be involved in any physical violence, verbal abuse, or destruction of property during my treatment experience.
10. I will attend AA/NA as part of my treatment and provide verification of attendance as required by my treatment plan.
11. I will abide by all the rules of the CHS Youth Outpatient Program.
12. I will abide by rules of the Residential Unit when on the unit.
13. I have read and been provided a copy of the CHS Client Rights and Responsibilities and a copy of the Description of the Content and Expectations of the Three Phases of Outpatient Treatment.

I understand that I may be terminated from CHS Outpatient Youth Program if I do not comply with all the provisions of the Outpatient Behavior Contract.

Client Signature

Date

Counselor Signature

Date

OUTPATIENT FAMILY INVOLVEMENT CONTRACT

Chestnut Health Systems (CHS) has a commitment to helping young people and their families develop an understanding of addiction and to encouraging the recovery process. The involvement of family members and/or guardians has proven to be an essential component to encouraging long-term recovery. Therefore, we ask you to agree to the following treatment contract.

I, (parent/guardian name) _____,
have read and understand the contents of the Chestnut Health Systems Client Behavioral Contract. To assist the staff in (youth's name) _____ Treatment, I agree to the following:

1. I will encourage the youth's continued sobriety.
2. I will inform the CHS staff of any behavior that does not support sobriety.
3. I will participate in the initial assessment process and attend individual and/or family counseling sessions.
4. I will participate to the best of my ability in Family Night groups while the youth is in treatment. I have been informed of the Family Night Program.
5. I will participate in activities for family members and youth when appropriate.
6. I will participate in the treatment planning process for the youth.
7. I have read and received a copy of the Client's Rights and Responsibilities, including what behaviors may result in a client's discharge.

Parent/Guardian Signature

Date

Staff Signature

Chestnut Health Systems

ACTIVITY PERMISSION SLIP

I, _____, hereby grant permission for
(Parent/Guardian)

_____ to attend the Chestnut Health Systems
(Client's name)
activity on _____.
(Date)

By signing this consent, I agree to hold harmless, Chestnut Health Systems, its property, and agents acting on behalf of Chestnut Health Systems from any liability as long as the activity is sponsored and supervised in good faith.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

MEDICAL PERMISSION SLIP

I, _____, give consent for my child to receive
(Parent/Guardian)
emergency medical attention in case of accident and/or illness.

In case of emergency, the following contact person could be reached at:

1. _____ (Contact Person) _____ (Area Code + Phone #)
2. _____ (Family Physician Name) _____ (Area Code + Phone #)

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

TRANSPORTATION RELEASE

I, _____, hereby grant permission for Chestnut
(Parent/Guardian)
Health Systems to transport _____ in an agency vehicle to meetings,
appointments, recreational activities, etc., while client is receiving Chestnut Health Systems
services.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

HIV/AIDS INFORMATION LETTER

Dear Parent/Guardian,

For the past three and one half years, Chestnut Health Systems has been providing HIV/AIDS/TB education and testing to adolescent and adult clients in residential treatment. With some additional grant money from the Office of Alcohol and Substance Abuse (OASA), we are now able to extend this program to our adolescent outpatient clients.

Your young person will meet our HIV/AIDS counselor to receive information on HIV transmission and how to reduce their risk of infection. All information shared is confidential. In order to add these services to the regular outpatient program, your adolescent will be asked to arrive at Chestnut Health Systems, Adolescent Chemical Dependency Unit one hour earlier or to stay one hour later on a day that they would regularly be in attendance for groups.

With the Centers for Disease Control and Prevention identifying AIDS as the leading cause of death in those between the ages of 25 and 42, we feel strongly that education and awareness are vital for today's teenagers.

Questions about the program can be directed to myself or Ms. Judy Miller, HIV/AIDS/TB Counseling and Testing Program Coordinator. We both appreciate your support.

Sincerely,

Richard A. Risberg, M.A., C.R.A.D.C., L.C.P.C.
Youth Outpatient Program Coordinator

RAR/mpr

Date:

Name:

Address:

City, State, ZIP:

Re: Name:

DOB:

Dear _____:

_____ is participating in a substance abuse evaluation at Chestnut Health Systems. As a part of our evaluation procedure, we contact various people who may be able to assist us in more effectively assessing the clients we serve.

I would appreciate any information that you might have in this case. I am sending you this disclosure authorization signed by _____ and/or his/her parent/guardian.

We are interested in the client's treatment episode between _____ and _____.

(Date)

(Date)

Sincerely,

Addiction Therapist

_____/____

Enclosure

Chestnut Health Systems, Inc.
DISCLOSURE AUTHORIZATION

I, _____ authorize _____
(Name of Patient) (Individual)

and/or designees of Chestnut Health Systems to obtain from and/or release to:

(Name of Person Receiving Information)

(Address of Person Receiving Information)

_____ information concerning my current evaluation and treatment experience(s) and/or
_____ previous evaluation and treatment experience(s) from _____ to _____.

Do you authorize release of psychiatric/mental health information? ___ Yes ___ No

Do you authorize release of chemical dependency information? ___ Yes ___ No

The following information is requested or authorized for release:

| | | |
|-----------------------------------|--------------------------|----------------------------------|
| ___ Attendance/Lack of Attendance | ___ Evaluation Report | ___ Psychiatric Evaluation |
| ___ Treatment Progress | ___ History and Physical | ___ Diagnostic Testing |
| ___ Laboratory and X-rays Reports | ___ Breathalyzer Results | ___ Drug Screens |
| ___ Treatment Plan | ___ Progress Notes | ___ Discharge/Transfer Summaries |
| ___ Diagnosis | ___ Consultation Reports | |
| ___ Service Request | ___ Other _____ | |

for the purpose(s) of:

| | | |
|--------------------------------------|---------------------------|--------------------------|
| ___ Completing Evaluation | ___ Coordinating Services | ___ Continuing Treatment |
| ___ Application for Driver's License | ___ Testifying in Court | ___ Other _____ |

I understand that information received from outside this Agency may be incorporated into the formulation of my treatment recommendations and treatment. This information may therefore be re-disclosed within the contents of the reports. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it. Unless sooner revoked, this consent expires:

You must specify date, event, or condition of expiration: _____

It has been explained that if I refuse to consent to this release of information, that the consequence of refusal will be that no information will be disclosed. I also understand that any disclosure made is bound by Part 2 of Title 42 of the code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the Mental Health and Developmental Disabilities Confidentiality Act and a general authorization for the release of information is NOT sufficient for this purpose. I also have a right to inspect and copy the information that is to be released.

Signature of Patient Date Patient's Birth Date

***Is client under the influence?** Yes No
(If yes, client must sign below when no longer under the influence.)

*Signature of Patient Date

Signature of Parent/Guardian Date Signature of Staff/Witness

1. If patient is under 12, the parent/guardian signs. If patient is 12-17, the parent/guardian and patient sign. If the patient refuses consent, there shall be no disclosure unless the therapist feels it is in the best interest of the patient.
2. A copy of this consent will be kept in the patient's records and a note made as to action taken.

Chestnut Health Systems, Inc.

EDUCATIONAL DISCLOSURE AUTHORIZATION

I, _____ authorize
(Name of Patient)

Dr. Charles Hartseil and/or designees of McLean County Unit District #5, 1809 W. Hovey, Normal, Illinois 61761,

_____ **and/or designees of Chestnut Health Systems, Inc., 1003 Martin Luther King Drive,**

Bloomington, Illinois, 61701,

to ___ obtain and/or ___ release information to/from each other concerning my ___ current evaluation and treatment experience(s) and/or ___ previous evaluation and treatment experience(s) from _____ to _____, as it pertains to my educational participation and development.

Do you authorize release of psychiatric/mental health information? ___ Yes ___ No

Do you authorize release of chemical dependency information? ___ Yes ___ No

Information regarding the following may be exchanged:

- | | | |
|---|--|--|
| <input type="checkbox"/> Attendance/Lack of Attendance | <input type="checkbox"/> Evaluation Report | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Diagnostic Testing |
| <input type="checkbox"/> Drug Screen Results | <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Individualized Education Plan |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Discharge/Transfer Summaries |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> School Information and Schoolwork |
| <input type="checkbox"/> Current Behavioral/Emotional Issues Impacting School/Treatment Participation | | |
| <input type="checkbox"/> Other _____ | | |

For the purpose(s) of:

- | | | |
|---|--|--|
| <input type="checkbox"/> Completing Evaluation | <input type="checkbox"/> Coordinating Services | <input type="checkbox"/> Providing Educational Follow-up |
| <input type="checkbox"/> Developing Individualized Education Plan and Identifying Special Educational Needs | | |

I understand that information received from outside this Agency may be incorporated into the formulation of my treatment recommendations and treatment. This information may therefore be re-disclosed within the contents of the reports. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it. **Unless sooner revoked, this consent expires 60 days following termination of Chestnut treatment services.**

It has been explained that if I refuse to consent to this release of information, the consequence of refusal will be that no information will be disclosed, which may impact my participation in school or treatment. I also understand that any disclosure is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the Mental Health and Developmental Disabilities Confidentiality Act and a general authorization for the release of information is NOT sufficient for this purpose. I also have a right to inspect and copy the information that is to be released.

Signature of Patient

Date

Patient's Birth Date

Signature of Parent/Guardian

Date

Signature of Staff/Witness

1. If patient is under 12, the parent/guardian signs. If patient is 12 to 17, the parent/guardian and patient sign. If the patient refuses consent, there shall be no disclosure unless the therapist feels it is in the best interest of the patient.
2. A copy of this consent will be kept in the patient's records and a note made as to action taken.

Dear Parent, Legal Guardian, and/or Significant Other:

We at Chestnut Health Systems, Inc. believe that it is important to gather as much information as possible in order to best serve our clients and their families. Please help us by completing the following information as best as you can:

Person completing this form:

Relation to client:

FAMILY HISTORY

Natural Parents: Mother _____ Father _____

Married _____ Separated _____ Divorced _____ Living Together _____

Please provide dates _____; if never married, please check _____

Reason for separation or divorce: _____

Other children born to this union (names, ages, present living situation)

- 1. _____
2. _____
3. _____
4. _____
5. _____

Other marriage(s) or significant other(s) of mother Yes _____ No _____

If yes, please list, give dates of relationship, and reason for separation or divorce.

- 1. _____
2. _____
3. _____

How does he/she get along with immediate family members?

Mother—

Father—

Brother(s)—

Sister(s)—

Has the Department of Children and Family Services (DCFS) ever been involved with your family?

Yes _____ No _____

If yes, explain:

Has DCFS, probation, other family members, or friends of the family ever had guardianship of this young adult? Yes _____ No _____

If yes, please list and provide dates and reasons for transfer of guardianship:

- 1. _____
- 2. _____
- 3. _____

CHESTNUT HEALTH SYSTEMS FAMILY HISTORY QUESTIONNAIRE

Alcohol/drug dependency on mother's side of the family Yes _____ No _____

If yes, please identify who and if he/she is recovering or actively using.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Alcohol/drug dependency on father's side of the family Yes _____ No _____

If yes, please identify who and if he/she is recovering or actively using.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Family history (immediate, mother's, or father's side) of emotional difficulties

Yes _____ No _____

General Circumstances:

Family history of religious or spiritual involvement (denomination, importance in family's life):

Other significant family history:

CHESTNUT HEALTH SYSTEMS FAMILY HISTORY QUESTIONNAIRE

Children born to these unions? (names, ages, present living situation)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other marriage(s) or significant other(s) of father Yes _____ No _____

If yes, please list, give dates of relationship, and reason for separation or divorce.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Children born to these unions? (names, ages, present living situation)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Significant losses and/or deaths of family members Yes _____ No _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Alcohol/drug dependency in immediate family Yes _____ No _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

This page is a placeholder for the “Collateral Assessment Form (CAF),” which is not available electronically. For additional information, please visit www.chestnut.org/li/gain/index.html.

_____, a minor, is hereby discharged from outpatient care on _____.
Date

Type of Discharge:

_____ Against Staff Advice (01) Comments:
_____ At Staff Advice (02)
_____ As Planned (03)

Basis for Discharge:

_____ Completed Treatment (01) _____ Not in Need of Treatment (03)
_____ Transfer to Residential (02) _____ Not Amenable (04)
_____ Refer Out (05) _____
_____ Other (06) _____

Recommendations:

_____ Abstain (01) _____ Psychiatric Services (08)
_____ Attend AA/NA (02) _____ Medical Treatment (09)
_____ Seek Substance Abuse Tx (03) _____ Ed/Voc Services (10)
_____ Seek Psychological Tx (04) _____ Legal Obligations (11)
_____ Follow Family Rules (05) _____ Participate in Continuing Care (12)
_____ Family Counseling (06) _____ Recreation Activities (13)
_____ Individual Counseling (07) _____ Case Management (14)
_____ Other (15) _____

**The above recommendations were reviewed by us. We understand that should _____
and/or _____ fail to follow these recommendations, _____
is at high risk for additional life difficulties related to substance abuse.**

Parent, Guardian, Legal Custodian

Client

Staff Member

Client ID

**Chestnut Health Systems
Admit, Transfer, and Discharge
Central Region Chemical Dependency Services**

Client ID: _____

Name: _____ **DOB:** _____ **Date:** _____

****Is Client Pregnant?** Yes No **Projected Length of Stay** _____ **Room #:** _____

| | |
|--|---|
| <input type="radio"/> Admission to C.D. Services OR <input type="radio"/> Client Currently Active (Transfer To) Youth Chemical Dependency Services Select Program: <hr/> <input type="radio"/> 1. Outpatient Assessment Only (132) <input type="radio"/> 2. Outpatient (132) <input type="radio"/> 3. Level II Services-Day (133) <input type="radio"/> 4. Level II Services-Night (133) <input type="radio"/> 5. Short Term Residential (134) <input type="radio"/> 6. Long Term Residential (135) | <input type="radio"/> Completed Current Program (Transfer From) OR <input type="radio"/> Close Case (Discharge Completely) Youth Chemical Dependency Services Select Program: <hr/> <input type="radio"/> 1. Outpatient Assessment Only (132) <input type="radio"/> 2. Outpatient (132) <input type="radio"/> 3. Level II Services-Day (133) <input type="radio"/> 4. Level II Services-Night (133) <input type="radio"/> 5. Short Term Residential (134) <input type="radio"/> 6. Long Term Residential (135) |
|--|---|

Counselor Assigned: _____

***Client to Remain Open (Transfer From):** Yes No

****Closing Status:** As Planned (AP) At Staff Request (ASR) Against Staff Advise (ASA)

****Reason for Discharge:**

Completion of Treatment /Eval
 Left Against Staff Advice
 Disciplinary
 No Show
 Completed CJS Mandate
 Arrest
 Death
 Other

Referrals:

Full signature of counselor (with credentials and employee number): _____

Chestnut Health Systems, Inc.
DISCLOSURE AUTHORIZATION

I, _____ authorize _____
(Name of Patient) (Individual)

and/or designees of Chestnut Health Systems to obtain from and/or release to:

(Name of Person Receiving Information)

(Address of Person Receiving Information)

_____ information concerning my current evaluation and treatment experience(s) and/or
_____ previous evaluation and treatment experience(s) from _____ to _____.

Do you authorize release of psychiatric/mental health information? ___ Yes ___ No
Do you authorize release of chemical dependency information? ___ Yes ___ No

The following information is requested or authorized for release:

- | | | |
|-----------------------------------|--------------------------|----------------------------------|
| ___ Attendance/Lack of Attendance | ___ Evaluation Report | ___ Psychiatric Evaluation |
| ___ Treatment Progress | ___ History and Physical | ___ Diagnostic Testing |
| ___ Laboratory and X-rays Reports | ___ Breathalyzer Results | ___ Drug Screens |
| ___ Treatment Plan | ___ Progress Notes | ___ Discharge/Transfer Summaries |
| ___ Diagnosis | ___ Consultation Reports | |
| ___ Service Request | ___ Other _____ | |

for the purpose(s) of:

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| ___ Completing Evaluation | ___ Coordinating Services | ___ Continuing Treatment |
| ___ Application for Driver's License | ___ Testifying in Court | ___ Other _____ |

I understand that information received from outside this Agency may be incorporated into the formulation of my treatment recommendations and treatment. This information may therefore be re-disclosed within the contents of the reports. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it. Unless sooner revoked, this consent expires:

You must specify date, event, or condition of expiration: _____

It has been explained that if I refuse to consent to this release of information, that the consequence of refusal will be that no information will be disclosed. I also understand that any disclosure made is bound by Part 2 of Title 42 of the code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the Mental Health and Developmental Disabilities Confidentiality Act and a general authorization for the release of information is NOT sufficient for this purpose. I also have a right to inspect and copy the information that is to be released.

Signature of Patient Date Patient's Birth Date

***Is client under the influence?** Yes No
(If yes, client must sign below when no longer under the influence.)

*Signature of Patient Date

Signature of Parent/Guardian Date Signature of Staff/Witness

3. If patient is under 12, the parent/guardian signs. If patient is 12-17, the parent/guardian and patient sign. If the patient refuses consent, there shall be no disclosure unless the therapist feels it is in the best interest of the patient.
4. A copy of this consent will be kept in the patient's records and a note made as to action taken.

| | |
|--------------------------------|----------------------|
| CHESTNUT HEALTH SYSTEMS | STAFFING FORM |
|--------------------------------|----------------------|

LEVEL OF CARE:

| | | | | |
|---------------------------------------|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> CM SCREENING | <input type="checkbox"/> OP EVAL | <input type="checkbox"/> DUI/SOS | <input type="checkbox"/> DETOX | <input type="checkbox"/> SERVICE REQUEST |
| <input type="checkbox"/> LEVEL I OP | <input type="checkbox"/> LEVEL II-DAY | <input type="checkbox"/> LEVEL II-NIGHT | <input type="checkbox"/> LEVEL III.1 | <input type="checkbox"/> LEVEL III.7 |

STAFFING TYPE:

| | | | | |
|---|-------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> INITIAL INTAKE | <input type="checkbox"/> ASSESSMENT | <input type="checkbox"/> ADMISSION | <input type="checkbox"/> READMISSION | <input type="checkbox"/> NON-ADMISSION |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> RESTAFF | <input type="checkbox"/> DX CHANGE | <input type="checkbox"/> MTPD <input type="checkbox"/> PROGRESS |

TREATMENT RECOMMENDATIONS:

| | | | | |
|---------------------------------------|---------------------------------------|--|--|--|
| <input type="checkbox"/> CM SCREENING | <input type="checkbox"/> OP EVAL | <input type="checkbox"/> DUI/SOS | <input type="checkbox"/> DETOX | <input type="checkbox"/> SERVICE REQUEST |
| <input type="checkbox"/> LEVEL I OP | <input type="checkbox"/> LEVEL II-DAY | <input type="checkbox"/> LEVEL II-NIGHT | <input type="checkbox"/> LEVEL III.1 | <input type="checkbox"/> LEVEL III.7 |
| <input type="checkbox"/> LOS _____ | <input type="checkbox"/> TRANSFER | DISCHARGE <input type="checkbox"/> AP <input type="checkbox"/> ASA <input type="checkbox"/> ASR | <input type="checkbox"/> PASS APVD, # HOURS _____ | <input type="checkbox"/> JEP |
| <input type="checkbox"/> CHECKLIST | <input type="checkbox"/> PSYCH | <input type="checkbox"/> AA MEETINGS | | |

REFERRED TO:

ASAM JUSTIFICATION: DIM 1 DIM 2 DIM 3 DIM 4 DIM 5 DIM 6
 **CLIENT MEETS DSM-IV DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE TX

STAFF SIGNATURE:

DATE:

SUPERVISED BY:

DATE:

CHS STAFFING FORM
CLIENT NAME
CLIENT #

ATM Treatment Manual

Appendix F: Youth Outpatient Services Handbook

YOUTH OUTPATIENT SERVICES HANDBOOK

including the

OUTPATIENT TREATMENT PROGRAM

INTENSIVE OUTPATIENT TREATMENT PROGRAM

DAY TREATMENT PROGRAM

Introduction

Welcome to Youth Outpatient Services at Chestnut Health Systems (CHS), Adolescent Chemical Dependency Program. This handbook is designed to meet the following goals:

1. To give you an understanding of what outpatient treatment is about and what the general guidelines and expectations are of program participants.
2. To give you information about recovery so that you can use it throughout your treatment and your life.

We hope that you find this handbook helpful while you are in treatment. If you have any questions, please ask one of the outpatient counselors or senior group members.

TREATMENT PHILOSOPHY STATEMENT

Recovery from addiction or substance use is difficult. There are no easy answers, no quick-fix solutions. For many, it is a lifelong process. We are committed to helping you in your recovery efforts. In order for your life to be healthy, happy, exciting, and satisfying, we believe you will need to continue to not use alcohol and/or drugs.

There are many things, people, and circumstances that may stand in your way and make sobriety difficult, and often, you are your own worst enemy. You are at a choice point in your life and will continue to face many more important choices. Remember that many are succeeding in recovery and we believe that you can do the same.

Substance abuse and addiction to alcohol and drugs is a very complex problem. It often results from an interaction between biological, personal, social, family, and spiritual components. These areas must all be addressed in order to begin working toward sobriety and long-term recovery. It has been found that one key ingredient of sobriety is continued involvement with others who are also staying sober. We believe this is necessary for your growth and survival.

Although each person in our program is unique and has his/her own difficulties, there are also many similarities that unite clients. Therefore, we try to provide all clients with experiences that are both group and individually oriented. Our purpose is to help you develop the recovery skills to remain clean. This includes alcohol, drug, and health education; personal development and growth; and opportunities to develop the social and life skills necessary to face life substance-free.

To accomplish these goals, we believe that it is important to combine both self-help and counseling approaches. The Twelve Step program of Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) is important in your long-term sobriety and growth because it gives you the “what” to do to stay clean. Counseling approaches are also important because they give you the “how” to do it. Both are necessary and work together as one.

MISSION STATEMENT

“Making A Difference: Improving the Quality of Life Through Excellence in Service.”

CONFIDENTIALITY

Confidentiality is very important to the treatment process at CHS. We recognize that you need to trust CHS staff and peers in order for CHS to be a safe place for you to talk and learn. It can be very difficult to talk about personal problems, but it is easier if we trust the person or persons with whom we are talking. One important way we can help to build this trust is to recognize your right to confidentiality. By this we mean that what you say is held in confidence. By law we cannot tell others what you tell us. There are a few exceptions to this law and when these exceptions occur, we are bound by law to break this confidence, but only to a specific person, not just anyone. These are the exceptions:

1. If you indicate that you might hurt yourself or someone else. We are obligated to do what is necessary to keep you or the other person safe.
2. If we (treatment team) feel that you need hospitalization due to a medical or psychiatric emergency.
3. If there is evidence of physical abuse, emotional abuse, sexual abuse, or neglect in your home. We are required by law to report suspected abuse or neglect to the Department of Children and Family Services.
4. If you have given us written permission to release information to someone. This written permission (disclosure authorization) is usually valid for one year. You may be asked to sign new disclosure forms after designated time has passed.
5. If we are ordered by the courts to provide specific information.

In all of these instances, only information that is relevant to that particular concern is provided.

Confidentiality extends to group and family counseling. While we cannot guarantee that other clients in the group will respect your confidentiality, we do talk with group members about the meaning of and importance of confidentiality. As a treatment team, we believe that it is our responsibility to do whatever we can to ensure that CHS is a safe place and that the confidentiality of all group members is respected.

As a treatment team, we often discuss issues that clients have presented in group, individual, or family counseling. This is not considered breaking confidentiality because the information is shared with other CHS staff in an attempt to develop the best possible course of treatment for you. This allows us to use each other's talents and skills to provide you with the most helpful and productive treatment plan.

We want you to feel safe and comfortable when you participate in counseling activities. We stress the importance of confidentiality because we want you to utilize the many opportunities that are available by sharing your thoughts and feelings without fearing that this information will be misused.

YOUTH OUTPATIENT SERVICES

Referral Process

Each client must first participate in a screening and/or assessment that is completed by a case manager or a primary counselor. The results are used to determine if there is a need for treatment, to identify the appropriate level of care, and to identify the needs to be addressed in treatment. Clients are treated in the least restrictive environment that staff feels will meet your treatment needs. A client can be transferred from level to level based upon their individual needs and progress toward established treatment plan goal areas. In other words, we are obligated to recommend the least amount of treatment groups that we believe will support and help you maintain sobriety.

Treatment Readiness Groups (TRG) and Drug Education Groups

The purpose of these programs is to address the needs of adolescents who are at high risk for developing a substance abuse problem and/or whose lives are impacted by the substance use of significant others. The focus is primarily upon drug and alcohol education as well as decision-making and self-esteem. Children of alcoholic parents (COA) issues are also addressed when appropriate. The staff will continue to evaluate the needs of the participants and will make appropriate recommendations such as substance abuse treatment, mental health counseling, etc.

Level I-Outpatient Treatment (OPT)

Outpatient treatment provides a variety of programming opportunities designed to achieve permanent changes in the client and their family. Services are typically provided in fewer than nine hours per week, including individual, group, and family counseling.

Level II-Intensive Outpatient Treatment (IOPT) and Day Treatment

Clients participating in IOPT require a more intensive level of intervention than OPT, but are not in need of Day Treatment. Treatment hours typically range from nine to twelve hours per week. Day treatment is offered to clients who are in need of a greater intensity of treatment than IOPT, but are not in need of residential treatment. Day treatment clients typically participate in a minimum of 25 treatment hours per week. Day clients may participate in a combination of residential groups and outpatient groups based on treatment needs and issues such as transportation, work, and school schedules. The length of stay in Level I and Level II treatment varies from two weeks to twelve months, based on the client's needs and progress in treatment.

YOUTH OUTPATIENT GROUPS

A total of 25 skills and counseling groups are provided each week, Monday through Thursday. There are different "tracks" of groups for clients. Outpatient clients may attend groups on Mondays, Tuesdays, and Wednesdays. Intensive outpatient clients attend groups on Mondays, Tuesdays, and Thursdays. Aftercare clients (typically a client who has recently successfully completed residential treatment) attend groups on Wednesdays. This schedule allows for grouping clients who tend to be more similar with the issues they are addressing. While the three tracks provide a framework to assign clients to groups that are considered more appropriate for their attitude toward and understanding of recovery, group assignments can be tailored to a client's specific needs. For example, some clients attend school or work during the hours that would typically be assigned to them. In these cases, we may assign them to the groups that they can attend.

Following is a schedule of the skills and counseling groups and description of the content of each group.

Each client is given an “Outpatient Group Checklist” (see example on previous page) each week. Clients rate their level and quality of participation for each group attended. A counselor in the group also rates the client’s participation and behavior. Each week, the client’s counselor summarizes the client’s progress at the bottom of the form. The Outpatient Group Checklist is then mailed to parents, probation, and/or anyone else interested in the client’s progress (assuming disclosures are completed).

GROUP DESCRIPTIONS

Monday - Counseling Group
Tuesday
Wednesday
Thursday

Counseling groups provide opportunities for clients to bring up personal issues. Clients are encouraged to focus on how they can effectively deal with problems/issues in their lives. This sometimes involves looking at what has been helpful to them in the past. Peers are asked to give feedback and relate the issues to their personal experiences. Gender counseling groups are also provided.

Monday - Anger Management

Anger management addresses normal and problem anger responses and explores how anger affects one’s life. Specific issues addressed are anger triggers, holding on to anger (resentment), physical, emotional, and behavioral responses to anger, anger styles, and forgiving.

Monday - Emotions/Communication
Thursday

These groups are designed for clients at various stages of substance use. The groups enlarge one’s emotional vocabulary and help identify the history of one’s basic emotions. Also addressed are appropriate ways to communicate unpleasant as well as pleasant emotions and how using affects emotional expression.

Monday - Stress Management

Because we all experience stress, it is essential that healthy coping styles are developed. Issues addressed are: physical causes of stress; family, environmental, and employment stressors; identification of personal stressors; identifying physical, emotional, and behavioral reactions to stress; stress relievers; coping skills; goal setting; and time management.

Monday - Relapse Prevention
Thursday

Relapse prevention is an essential part of treatment. This group is geared toward identifying problem situations and using triggers that occur in each client’s daily life. Clients then develop survival plans that are customized to their own needs, so that they can maintain their pattern of recovery. The concepts of relapse, using triggers, peer pressure, and relapse prevention are introduced, and each client ultimately develops his/her personal recovery plan based on what they learn about their own patterns of usage and abstinence.

Monday - Beginnings

HOW (Honesty, Openness & Willingness)

These groups serve as orientation groups for clients who have had little or no prior treatment experiences. Clients will obtain an overview of treatment including how to behave in group counseling situations, how to bring up issues, how to assertively confront and support peers, how to be introduced to recovery groups outside of CHS, and concepts such as acceptance, powerlessness, denial, unmanageability, and spirituality. An example of how spirituality might be explored is having local youth ministers discuss the difference between spirituality and religion; or discussing “alternative” concepts of spirituality, including Eastern religions and Native American spirituality. Group members will be encouraged to explore their cultural roots by completing family spirituality histories and considering how they have shaped their current beliefs.

The HOW group is targeted at clients who are resistant to treatment. The client will progress through their resistance to the point where they are able to recognize and acknowledge the life difficulties caused by their substance usage. Members will develop a list of problems related to usage and consequences resulting from usage, identify a pattern to their usage, identify substance triggers, write a drug history, and rate self and peer usage. A recovering substance abuser will be a guest speaker. Group members will be encouraged to confront other members’ lack of honesty.

Tuesday - Decision-Making

Decision-making is an important aspect of everyone’s lives. It is difficult to avoid using substances if one is not able to make positive, recovery-oriented decisions. Decision-making skills are addressed and practiced including how to make recovery-oriented decisions, set goals, and avoid unnecessary risks.

Tuesday - Drug Education

This group is targeted at clients who have had minimal prior substance abuse education. Topics covered include drug and alcohol education, specific behavioral and emotional effects of chemical usage, and DUI. Clients will view treatment videos, complete written treatment work, and participate in therapeutic games, such as Trivial Pursuit, Jeopardy, etc., designed to increase their knowledge of substances and substance use and abuse.

Tuesday - Relationships

Relationships group addresses relationship issues and explores how these change throughout the recovery process. Issues addressed include how to rebuild family, peer, and dating relationships that have deteriorated due to using.

Tuesday - Leisure Education

Because many of the group members will spend a good deal of time at CHS on Tuesday evenings, a meal is provided. After dinner, group members participate in therapeutic recreational activities to build the following skills: self-esteem and self-awareness enhancement, positive risk taking, appropriate self-disclosure, cooperation and team work, assertiveness, communication, feelings, and stress management. This is an activity-based group.

Tuesday - Family Night Program

For the first half of this group, the clients are in Leisure Education group while family and friends attend the Family Night Program. Specific issues addressed during the first hour of Family Night may include: family roles, drug education, relapse signs, denial, coping styles, enabling, detachment, parenting skills, goals and objectives, adolescent development, and AIDS education. Family education about addiction and recovery is an essential part of the recovery process for young people. Addiction is a family illness and needs to be treated as such. Participation in the Family Night is strongly encouraged.

The second half of Family Night consists of group family counseling for the family and the adolescents for an hour of sharing, processing, and problem solving. Specific topics addressed will vary depending on the needs of the families present. For example, if a parent presents or identifies a communication problem, under close supervision of all therapists present, the family member will be encouraged to share feelings, switch roles, and then share and give feedback. Others present will also be encouraged to share and offer feedback.

Families are encouraged to utilize additional community supports such as school counselors, teachers, coaches, religious leaders, probation officers, family, relatives, doctors, psychiatrists, and many community-based programs designed to meet specific needs (such as pregnancy, housing problems, financial problems, recreational needs, and medical needs).

Wednesday - Self-esteem

Self-esteem is essential to the recovery process and is a developmental issue for adolescents. This group is designed to increase members' self-awareness, improve self-esteem, and build healthy coping strategies. Issues addressed include: definition of self-esteem, values clarification, goal setting, and moral development.

Wednesday - Working Recovery

This group is for more advanced clients who have learned many of the skills and concepts of recovery. Clients in the working recovery group address how to utilize the skills they have learned and implement their plan of recovery into everyday life. Topics include utilizing support networks and AA/NA; breaking a habit; developing a new "clean" image; and dealing with using friends and family and using situations.

Wednesday - Lifeskills

This group is targeted at all outpatient clients and will address the following topics: STD education, nutrition, job-hunting, budgeting, and educational/vocational issues. This will be an interactive group which may employ outside guest speakers, role-playing, and interviewing. During the unit on job hunting, clients will complete interest inventories, complete applications, and participate in a discussion on dressing for success with community experts.

Thursday - Art Therapy

This group is for clients at all stages in their recovery efforts. It introduces a pleasant and creative way to learn new skills and provides additional opportunity for self-expression.

Special activities: Clients can participate in therapeutic recreational activities in the community. These activities may include sport events and community service activities. In addition to having fun, clients will learn cooperation skills, assertiveness, organization and planning skills, communication, and sportsmanship; will increase their self-esteem by trying new things; and will increase their knowledge of appropriate recreation and leisure activities. The scavenger hunt is a good example of a therapeutic recreational activity.

Family Counseling: The families of adolescent chemical abusers are often quite frustrated, angry, afraid, and ill-prepared to help their son or daughter develop a recovery lifestyle. While Family Night addresses many issues, it is often helpful to schedule individual family sessions. For some clients, only one or two family sessions will be able to be scheduled. Other families may seek weekly sessions.

Another way that contact with the family is maintained is through the Outpatient Group Checklist. Each week, a copy of the client's Outpatient Group Checklist is mailed to the family and others interested in the client's progress (i.e., probation officer). This provides information about what groups were attended, how the client did in each group, and a short synopsis of the client's progress that week.

Individual Counseling: Although our program model is based on group/peer counseling, individual sessions are also important in most clients' treatment. Individual time is spent with clients when reviewing treatment plans, discussing treatment assignments, discharge planning, or just checking in with them.

GROUP PHILOSOPHY

Groups provide you with the opportunity to get the help that you need and to help others. The benefit of participating in a group is often the “shared experience.” These shared experiences include knowing that you are not alone, that others can relate with you. Groups provide the opportunity to learn about yourself, to learn how others see you, and to learn how you can do things differently. Groups provide experiences where you can deal with issues such as trust, responsibility, and stress management, and give you the chance to practice the skills you are learning. As a group member, you will have the chance to not only grow and become the person that you want to be, but also to develop deeper, lasting friendships and help others become the persons they want to be.

A group can be a positive or negative change force. For it to be positive, a group has to have agreed-upon goals and some form of structure for members to work within. The success of the group is largely dependent upon your willingness to work within this structure and create the most opportunities for change and growth.

HOW TO MAKE TREATMENT GROUPS WORK FOR YOU:

Be Honest - Be honest first with yourself so that you can be honest with others.

Be Open - Be open to new ideas. Be open to the feedback you get from others. Be open to trying it someone else’s way.

Be Willing - Be willing to participate and practice the skills you are learning in your life outside of treatment. Be willing to take risks and confront others when needed.

HOW OPT CAN HELP YOU

Your Primary Therapist

Your primary therapist will help you decide what things or issues in your life need changing and how you can make those changes. Your treatment plan describes these issues. Each client is assigned to one therapist. A therapist's job is to assess (gather information about you), diagnose (determine the problem areas), treat (determine how to help you stop using chemicals and feel better about yourself), and chart your progress. They do this by talking with you individually, giving you treatment work, leading counseling and skills groups, and providing family counseling. Your primary therapist also maintains contact with other significant people in your life such as your school guidance counselor, your probation officer, etc. (with your permission, of course). Many of your treatment plan goals will involve tasks and behaviors that you will need to continue in your life outside of treatment. Your primary therapist needs to be in contact with the significant people in your life in order to better measure the progress you are making on your treatment plan goals.

Master Treatment Plan

When you start in treatment, you will meet with your primary therapist who will ask what you want to work on or achieve during treatment. Common goals include complying with probation terms, decreasing family conflict, increasing self-esteem, leaving clean screens, etc. Your therapist will also ask for the input of others who are involved in your treatment such as your family, school guidance counselor, probation officer, other counselors, etc. Your treatment plan will identify problem areas in your life and will identify goals and methods for addressing the problem areas. Your primary therapist will review your treatment plan with you every two weeks (if you are in IOPT or Day Treatment), or at least every 30 days if you are in OPT. Revisions to your treatment plan will be made as needed.

Progressing Through Treatment

Your progress in treatment is measured by completion of goals outlined on your treatment plan. When you accomplish your goals, you will be successfully discharged ("As Planned") from that treatment level. You may be transferred from one level of treatment to another based on your treatment needs and progress. For example, if you are not able to abstain from using drugs or alcohol while in OPT, the treatment team may recommend that you be transferred to IOPT for more intensive services. Typically, as you complete your goals and progress through treatment, your treatment schedule will gradually be reduced to allow you to transition out of treatment.

RULES

GROUP EXPECTATIONS

1. Attend all groups as scheduled and be on time. You cannot make progress on your treatment plan goals if you are not here. Being on time and attending groups as scheduled is essential to group cohesion or closeness. The other group members need to know that they can count on you to be here when you are supposed to be here. If you know you are going to miss a group or be late, please contact your primary therapist as soon as possible.
2. Be ready to participate by completing the group exercise, relating it to yourself, and giving and receiving feedback.
3. Be respectful of peers and staff by using appropriate language (i.e. no swearing, no name calling, no threatening or intimidating language or behavior).
4. Be respectful of peers and staff by listening and paying attention while others are talking.
5. Help us make CHS a safe place for everyone by:
 - Not wearing any gang related clothing (including caps and jewelry).
 - Not wearing anything that depicts violence or is drug or alcohol related.
 - Not hanging out in front of CHS without staff present. Please come inside and use the designated waiting room and break area.
 - Not going onto the residential unit unless you have permission from outpatient staff.
 - Not engaging in physical aggression at any time for any reason. Failure to follow this rule could result in discharge and/or possible legal charges.
 - We encourage you to form close friendships with other group members. We DISCOURAGE you from forming romantic or sexual relationships with other clients for the following reasons:
 1. Substance abusers have a strong tendency to become involved in relationships that are harmful to themselves and their treatment/recovery. Treatment needs to be an opportunity to explore past difficulties and tendencies without being involved in romantic/sexual relationships.
 2. Many people in treatment have been sexually hurt or abused in some way. Most have engaged in sexual or interpersonal behaviors that have been harmful. Treatment needs to be a safe place physically and emotionally to explore the past and begin the process of healing and recovery. In addition, treatment needs to be a place where people learn healthier ways to relate to one another.
 3. It is important that you focus on yourself.

EXPECTATIONS OF CHESTNUT HEALTH SYSTEMS

On the following page is a behavioral contract that counselors ask all clients to review and sign. We want Chestnut to feel like a safe environment for all our clients.

URINE SCREENS

We typically ask that you provide weekly or bi-monthly urine screens. As you progress through treatment, you may be required to leave them less often. We also reserve the right to request, at any time, that you provide a urine screen or breathalyzer if we suspect that you have been or are currently using. Significant others (i.e., parents, school officials, probation officers) may also request that you leave a urine screen or breathalyzer. If you test positive, it means that some level of chemical was found in your system. We typically test for seven different substances, but can request specific tests when necessary. Positive urine screens are treated as a treatment issue. We generally require you to notify the significant people in your life about any positive urine screens. We believe that taking responsibility for your behavior is an important part of the recovery process. We will work with you on developing a plan for telling these individuals. To leave a urine screen, ask a therapist or counselor to assist you. Urine screens can be left before groups begin each day. On Mondays and Tuesdays, urine screens can be left between groups and after groups are done. On Wednesdays and Thursdays, urine screens can be left only between the first and second groups (in addition to before groups). You may leave screens at other times, but you need to call before you come in to make sure that there is staff available to take your screen. Also, if you call first, staff will be expecting you and may begin to prepare some of the necessary paperwork.

TRANSPORTATION

We can generally transport you to and from treatment groups provided arrangements have been made and we have enough notice. This service is provided for those clients who have no other way to get to groups. If you are going to need a ride to group, please contact your therapist before 2:30 PM so that we can make the necessary arrangements. If CHS staff transport you to group, we must also transport you home after group unless we have permission from your parent/guardian stating otherwise.

TOBACCO POLICY

Tobacco is an addictive drug. All clients who use tobacco are strongly encouraged to stop using tobacco, as they are with all drugs. Skills groups directly address tobacco addiction and how to develop a lifestyle free of tobacco. Medical staff is utilized when clients are interested in “the patch” or trying Zyban. Clients are taught that tobacco addiction can be dealt with in the same ways as other drugs.

Clients are not allowed to use any tobacco products while at CHS. Clients on probation are typically ordered by the courts to not use tobacco. In fact, it is against the law in Illinois to purchase tobacco products unless one is at least 18 years of age. It is illegal to use tobacco in Bloomington/Normal if one is not at least 18 years old.

CONTRACT FOR GROUP BEHAVIORS

These rules are meant to promote feelings of safety, trust, and respect for each other.

I agree to:

1. Not violate someone's confidentiality by talking about what someone said or did in treatment groups. What and who said it stays in group.
2. Show up and start on time. Urine screens are to be completed before groups begin at **4:00 p.m.** or after groups have ended at **6:55 p.m.**
3. Respect others, listen to them, and not cut them off. I agree to respect their space and their beliefs. I agree to talk one at a time, not get into side conversations, and stick with the issue and be honest.
4. Not to be involved in any verbal, physical, or sexual harassment.
5. Not engage in kissing, prolonged hugging, or any inappropriate touching behaviors.
6. Not eat or drink in treatment groups.
7. Try to give feedback or bring up an issue in every treatment group.
8. Not to swear, cuss, or use obscene gestures while at CHS.
9. Not to lean back in chairs, sit on tables, or damage CHS property.
10. Not to wear sports teams clothes or hats in groups or in the building. Sports team shirts and coats will need to be worn inside out. I agree to not to wear clothing which does not adequately cover the body or fails to cover the midsection (tube tops, halter tops, shirts, tops or dresses with narrow straps or low-cut fronts, or any other clothing items that result in excessive or inappropriate exposure). Clothing is not allowed that advertises drugs, alcohol, or tobacco products. No clothing can display words or pictures which are sexually explicit or offensive.
11. Not to go on the residential units without being accompanied by staff.
12. Not to bring pagers, beepers, or telephones into the CHS building.
13. Not to make phone calls at CHS without outpatient staff permission.
14. Not to leave the outpatient group area. I will get permission from staff to leave the outpatient area (for example, going to the bathroom).
15. Not to smoke cigarettes on CHS property or adjoining properties. I agree to not possess tobacco items while at CHS. Probation and parents will be notified if you are caught smoking.
16. Follow all staff instructions related to fire and tornado procedures. These are serious, life-threatening situations. Not following staff instructions will result in immediate discharge.

Client _____ Date _____

If these rules are broken, consequences may include lowered group scores, being kicked out of groups, treatment length extended, or being kicked out of treatment. Probation and parents/guardians are notified.

ADDITIONAL SOURCES OF SUPPORT

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA)

Participation in AA/NA/CA may be a recommended part of your treatment. These self-help groups can provide life-long support and guidance in your recovery. You may be required to attend AA/NA/CA meetings in order to complete your treatment goals. If so, you will be provided with meeting verification slips to be dated and signed by the meeting chairperson.

Sponsor

A sponsor is another AA/NA/CA participant who can provide you, on a more personal level, the bridge between learning about sobriety and living a life of sobriety. A sponsor's primary purpose is to guide you through the Twelve Steps of recovery as they relate to you. At the end of this handbook, you will find a list of AA/NA/CA meetings.

AL-ANON

AL-ANON is a fellowship (group) of relatives and friends of alcoholics and addicts who meet to share their experience, strength, and hope in order to solve their common problems. Addiction is a family problem that affects every family member. The purpose of AL-ANON is to help family members and friends of alcoholics and addicts. There is a list of AL-ANON meetings at the end of this handbook.

Family Night at Chestnut Health Systems

Family Night is for your friends and family members and includes support people for both residential and outpatient clients. It meets from 6 - 8:15 PM on Tuesday nights. The first hour typically includes a presentation by staff on various topics related to addiction. The topics include: denial, enabling, detachment, parenting styles, family roles, AIDS education and prevention, self-esteem, treatment goals and objectives, coping styles, Twelve Steps, and relapse prevention. The second hour is generally a counseling group, including parents and young people from residential and outpatient treatment. Family education about addiction and recovery is an essential part of the recovery process for most young people. Addiction is a family illness and needs to be treated as such. Participation in Family Night is strongly encouraged.

Families are encouraged to utilize additional community supports such as school counselors, teachers, coaches, religious leaders, probation officers, family, relatives, doctors, psychiatrists, and many community-based programs designed to meet specific needs (such as pregnancy, housing problems, financial problems, recreational needs, and medical needs).

BLOOMINGTON-NORMAL
ALCOHOLICS ANONYMOUS MEETING SCHEDULE

BNAA Intergroup Office, 510 East Washington St., Suite 103, Bloomington, Illinois 61701
Hours M-F 9:00 AM – 5:00 PM, Sat 9:00 AM – 1:00 PM, 24-Hour Hotline (309) 828-7092

CODES: C=Closed meeting, O=Open Meeting, SP=Smoking permitted, NS=No smoking,
W=Women's meeting, M=Men's meeting, G=Gay Meeting, BB=Big Book meeting, 12&12=12 Steps and 12 Traditions

Sunday Meetings

| | | | |
|--------------------|---|-----------------------------|-----|
| 8:00 AM C/SP | Big Book Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 10:00 AM O/SP | Sunday Fellowship Group (Cedar Lake) | 401 East empire Street | BLM |
| 10:30 AM O/C/NS/BB | Sunday Eye-Opener (BroMenn Conference Center) | Franklin Avenue at Virginia | NML |
| 2:00 PM Spanish | Grupo Nuevo Despertar | 1920 East Oaklawn | BLM |
| 7:00 PM C/NS | Calvary Methodist Church | 814 Jersey Avenue | NML |
| 7:30 PM C/NS | C.H.S. (Lighthouse) (New Building) | 1002 Martin Luther King Dr. | BLM |
| 8:00 {PM C/SP | Sunday Night Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |

Monday Meetings

| | | | |
|---------------------|--|-----------------------------|-----|
| 12:00 PM C/SP/12&12 | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM C/SP | II Traditions (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 4:45 PM O/SP | Cedar Lake Fellowship | 401 East Empire Street | BLM |
| 5:30 PM C/SP | Evening Street Parkers (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 5:15 PM C/SP | Back Room Bunch (Illinois Wesleyan Chapel) | 401 East Empire Street | BLM |
| 7:00 PM C/NS | McLean County Jail (must have clearance) | 104 West Front Street | BLM |
| 7:30 PM C/SP/W | Women's A.A. (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 8:00 PM C/NS | C.H.S. (Lighthouse) (New Building) | 1002 Martin Luther King Dr. | BLM |
| 8:00 PM C/NS | M&M Group (St. Mary's Church – Basement) | Jackson & Mason Street | BLM |
| 8:00 PM C/SP | Monday 449ers (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 8:00 PM C/NS | So-Bear Group (ISU Campus Religious Center) | 210 West Mulberry Street | NML |
| 8:00 PM C/NS | St. Patrick's Church (Towanda Barnes Road) | Rt. 9 East | BLM |

Tuesday Meetings

| | | | |
|--------------------|--|--------------------------|-----|
| 12:00 PM C/SP | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM C/SP | II Traditions (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:00 PM C/SP | Cedar Lake Fellowship | 401 East Empire Street | BLM |
| 5:15 PM C/NS/G | Saga Lynx Center (across from Bistro) | 313 North Main Street | BLM |
| 5:30 PM C/SP | Evening Street Parkers (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 8:00 PM C/NS | Our Redeemer Lutheran Church | 1822 East Lincoln Street | BLM |
| 8:00 PM C/SP | 12 & 12 Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 8:00 PM C/NS/12&12 | St. Mary's Church – Basement | Jackson & Mason Street | BLM |

Wednesday Meetings

| | | | |
|----------------|--|-----------------------------------|-----|
| 12:00 PM C/SP | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM C/SP | II Traditions (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:00 PM C/SP/W | Women's Open Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:00 PM C/NS | ISU Campus Religious Center | 210 West Mulberry Street | NML |
| 5:00 C/SP/M | Cedar Lake (Side Room) – Men's | 401 East Empire Street | BLM |
| 5:15 PM C/SP | Wednesday Night Downtowner Group | 505 North Center Street | BLM |
| 5:30 PM C/SP | Evening Street Parkers (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 7:30 PM C/SP | Bloomington Oaks (St Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 8:00 PM O/NS | C.H.S. (Lighthouse) (old building) | 702 West Chestnut Street | BLM |
| 8:00 PM C/NS | So-Bear Group (ISU Campus Religious Center) | 210 West Mulberry Street | NML |
| 8:00 PM C/SP | Back to Basics BB Study (New Freedom Fellowship) | 505 N. Center (Backdoor-Upstairs) | BLM |
| 8:00 PM C/SP | H.O.W. Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 8:00 PM C/NS | C.H.S. (Lighthouse)(New Building) | 1002 Martin Luther King Dr. | BLM |

Thursday Meetings

| | | | |
|---------------|--|-----------------------------|-----|
| 12:00 PM C/SP | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM C/SP | II Traditions (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:00 PM C/NS | How & Why Group (BroMenn Conference Center) | Franklin Avenue at Virginia | NML |
| 5:00 PM C/SP | Cedar Lake Fellowship | 401 East Empire Street | BLM |
| 5:30 PM C/SP | Evening Street Parkers (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 7:30 PM C/SP | Thursday Night Candlelight (St. Matt's Rectory) | 1920 East Oakland Avenue | BLM |
| 8:00 PM C/SP | Searching for Serenity (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 8:00 PM C/NS | Thursday Night Clean & Sober Group (Our Redeemer) | 1822 East Lincoln Street | BLM |
| 8:00 PM C/NS | Thursday Night Closed Group (Epiphany Rectory) | 1006 East College Street | NML |

| | | | |
|--------------|---|-----------------------------------|-----|
| 8:00 PM C/SP | Flame of Freedom (New Freedom Fellowship) | 505 N. Center (Backdoor-Upstairs) | BLM |
|--------------|---|-----------------------------------|-----|

Friday Meetings

| | | | |
|---------------|--|-----------------------------------|------|
| 12:00 PM C/SP | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM C/SP | II Traditions (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:00 PM C/SP | Happy Hour Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 5:30 PM C/SP | Evening Street Parkers (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 8:00 PM C/NS | C.H.S. (Lighthouse) (New Building) | 1002 Martin Luther King Drive | BLM |
| 8:00 PM O/NS | Grotto Group (St. Mary's Church) | Jackson and Mason Streets | BLM |
| 8:00 PM O/SP | Friday Night Open Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 8:00 PM C/NS | Winners & Beginners (BroMenn Conference Center) | Franklin Avenue at Virginia | NML: |
| 10:30 PM C/SP | New Freedom Fellowship | 505 N. Center (Backdoor-Upstairs) | BLM |

Saturday Meetings

| | | | |
|-----------------|---|-----------------------------------|-----|
| 8:00 AM C/SP | Big Book Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 10:30 AM C/NS | Early Bird Group (C.H.S. (Lighthouse) (New Building)) | 1002 Martin Luther King Drive | BLM |
| 12:00 PM C/SP | Noon Time Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 12:00 PM O/SP/W | Cedar Lake Fellowship – Women's Meeting | 401 East Empire Street | BLM |
| 5:30 PM C/SP | St. Matthew's Church Rectory | 1920 East Oakland Avenue | BLM |
| 7:30 PM C/SP | 4th Dimension Group (St. Matt's Church Rectory) | 1920 East Oakland Avenue | BLM |
| 7:30 PM C/SP | New Freedom Fellowship | 505 N. Center (Backdoor-Upstairs) | BLM |
| 8:00 PM C/NS | Winners & Beginners (BroMenn Conference Center) | Franklin Avenue at Virginia | NML |
| 8:00 PM C/SP | Saturday Night Live Group (Cedar Lake Fellowship) | 401 East Empire Street | BLM |
| 10:30 PM C/SP | New Freedom Fellowship | 505 N. Center (Backdoor-Upstairs) | BLM |

Other Area Meetings

| | | | |
|-----|----------------|---|-------------|
| SUN | 10:30 AM O/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| SUN | 7:00 PM O/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| SUN | 7:00 PM C/NS | 201 South East Street (Community Building) | LeRoy |
| SUN | 7:30 PM O/SP | 202 N. Oak St. (Last Sun of month Spkr Mtg) | Pontiac |
| SUN | 7:30 PM C/SP | Hopedale Hospital – Grey Panthers Group | Hopedale |
| MON | 9:00 AM O/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| MON | 6:00 PM O/SP | 1st Baptist Church 628 South Church Street | Gibson City |
| MON | 6:30 PM C/SP/W | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| MON | 8:00 PM C/NS | St. Patt's Church, Rt. 9 & Towanda Barns Rd. | Merna |
| MON | 8:00 PM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| MON | 8:00 PM C/NS | Heworth American Legion Hall | Heyworth |
| TUE | 9:00 AM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| TUE | 12:00 PM C/SP | ElPaso Group (St. Mary's Church Rectory) | ElPaso |
| TUE | 7:30 PM C/SP | MAASH Group (Baptist Church) | Minier |
| TUE | 8:00 PM C/SP | ElPaso Group (St. Mary's Church Rectory) | ElPaso |
| TUE | 8:00 PM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| TUE | 8:00 PM C/SP | Chenoa Group (St. Joseph's Church – Meeting Hall) | Chenoa |
| TUE | 8:00 PM C/SP | Serenity Circle (1st Presbyterian – 101 E. Pine) | LeRoy |
| WED | 9:00 AM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| WED | 7:00 PM C/SP | Hopedale Hospital-Grey Panthers Group | Hopedale |
| WED | 8:00 PM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| THU | 9:00 AM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| THU | 12:00 PM C/SP | ElPaso Group/ St. Mary's Church Rectory) | ElPaso |
| THU | 8:00 PM C/SP | ElPaso Group/ St. Mary's Church Rectory) | ElPaso |
| THU | 8:00 PM O/SP | 1st Baptist Church, 628 South Church Street | Gibson City |
| THU | 8:00 PM C/SP | Lexington Group (St. Paul's Lutheran Church) | Lexington |
| THU | 8:00 PM C/SP | Serenity Circle (1st Presbyterian – 101 E. Pine) | LeRoy |
| FRI | 9:00 AM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| FRI | 7:30 PM C/NS | Mackinaw Municipal Building | Mackinaw |
| FRI | 8:00 PM C/SP | Annex One (across from the jail house) | Eureka |
| FRI | 8:00 PM O/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| SAT | 9:00 AM C/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |
| SAT | 4:30 PM O/NS | 1st Baptist Church 628 S. Church Street | Gibson City |
| SAT | 7:00 PM O/SP | Pontiac Group (202 North Oak Street – Alano Club) | Pontiac |

Heart of Illinois Area of NARCOTICS ANONYMOUS
P.O. Box 203, Peoria, Illinois 61640
Phone # (309) 655-0040

C = closed meetings are for addicts or those who think they may have a problem.

O = Open meetings are for anyone interested in recovery from addiction

S = smoking allowed at meetings

NS = non-smoking meetings

W = handicapped accessible

BLOOMINGTON, ILLINOIS

Lost and Found group

Corner of Empire and Park at Cedar Lakes Fellowship

All meetings (O.S.W.)

Mondays: 6:00 PM

Thursdays: 6:16 PM

Saturdays: 5:00 PM

Every 3rd Saturday of month potluck and speaker meeting

How and Why Group (C, NS, W)

Thursdays: 7:30 PM

Chestnut Health Systems at
702 West Chestnut St.
Bloomington, IL

Winner Group

St. Paul's Cathedral at
3601 N. North Street, Peoria
All meetings (S, W)
Saturdays 12:00 PM (C)
Sundays * 5:00 PM (C)
*Open 1st Sun of Month

Moss Avenue Group

Westminster Pres. Church
1420 West Moss Avenue, Peoria
Thursdays 7:30 PM
(C, NS)

Friday Night Live Group

Center for Creative Living
3127 N. Avalon, Peoria
Fridays 7:00 PM (C, NS)

WASHINGTON, ILLINOIS

N.A. Rocks Group

Brunks Sporting Goods at
122 N. Main Street backdoor/basement

New Day group

All meetings (NS, W)

Tuesdays: 8:00 PM (C)

Chestnut Health Systems (Lighthouse)
at 702 West Chestnut St., Bloomington, IL

Sundays: 8:00 PM (O)

BroMenn Lifecare Center at
807 N. Main Street, Bloomington

PEORIA, ILLINOIS

Library Club

Peoria Public Library
107 N.E. Monroe, Peoria
Mondays 7:30 PM
(C, NS, W)

Basic group

Friendship House at
800 N.E. Madison, Peoria
Tuesdays 8:00 PM
(C, NS)

PEKIN, ILLINOIS

Pekin Group

Pekin Memorial Hospital
Court & 14th Street (4th floor)
Wednesdays 7:00 PM (C, NS, W)

BLOOMINGTON-NORMAL COCAINE ANONYMOUS
MEETING LIST

| | | | |
|--------------|---|---------|---|
| Sunday: | | | |
| 6:30 PM | Turning Point 114 State Street, Bloomington | 7:30 PM | St. Matthews Episcopal Church 1920 E. Oakland, Bloomington |
| Monday | | | |
| 6:30 PM | Turning Point (women only) 114 State Street, Bloomington | 7:00 PM | West Community Center Bloomington |
| 8:00 PM | Turning Point (ns) 114 State Street, Bloomington | 8:00 PM | Mt. Pisgah Church Annex 510 West Oakland, Bloomington |
| Tuesday | | | |
| 7:00 PM | Chestnut Health Systems 1003 Martin Luther King Drive Bloomington | 8:00 PM | Turning Point (ns) 114 State Street, Bloomington |
| Wednesday | | | |
| 12:00 (noon) | Turning Point 114 State Street, Bloomington | 8:00 PM | Turning Point 114 State Street, Bloomington |
| Thursday | | | |
| 8:00 PM | Chestnut Health Systems 702 West Chestnut, Bloomington | 8:00 PM | Turning Point 114 State Street, Bloomington |
| Friday | | | |
| 12:00 (noon) | Turning Point 114 State Street, Bloomington | 7:30 PM | Our Savior Lutheran Church 1510 N. Main, Normal |
| 8:00 PM | Turning Point 114 State Street, Bloomington | | |

PEORIA AREA

| | | | |
|-----------|----------------------------|---------|--------------------------------|
| Wednesday | | | |
| 7:00 PM | New Leaf New Leaf Lane | | |
| Thursday | | | |
| 7:00 PM | White Oak Willow Knolls | 8:00 PM | C.I.T.C.A. 2nd and Sheridan |
| Friday | | | |
| 7:00 PM | Proctor Hospital | | |

ATM Treatment Manual
Appendix G: Additional Resources

Website Information

For more information about Chestnut Health Systems and our services, visit our website: www.chestnut.org.

Training Resources

Lighthouse Institute Workshops

Chestnut Lighthouse Institute offers a variety of half- and full-day workshops and seminars on topics related to addiction and other behavioral health issues. A complete list of training dates can be found online at: www.chestnut.org/LI/training.

GAIN Training Program

Lighthouse Institute offers training on the GAIN (Global Appraisal of Individual Needs) two or three times a year. The schedule for these trainings can be found online at: www.chestnut.org/LI/gain/GAIN%20Training.

Other Types of Training

Lighthouse Institute can arrange to provide on-site training in the Chestnut approach or other topics. Please contact Mark Godley at mgodley@chestnut.org or Randy Webber at rwebber@chestnut.org for additional information.