

## Tamarack Rehab Inc

# Information for Clinicians

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**1. Tamarack Rehab Inc.** is a non-profit agency partly supported by Manitoba Health and Healthy Living Addiction and Mental Health Division via a Service Purchase Agreement.

**2. Philosophy of the treatment program:** The Tamarack Rehab Program is Abstinence based meaning recovery requires an addict to not use drugs / alcohol. It is also informed by the "Bio-Psycho-Social Model of what addiction and recovery from addiction, is all about; i.e. addiction and recovery from addiction are a physiological, cognitive / affective, and social process of developing pathology to the point of personal collapse, and then, with abstinence from substances plus some serious work in biological, psycho / emotional and social areas, the person will begin to rehabilitate. Tamarack's model also fits easily with the well known Minnesota Model of Addiction Treatment which adds the realm of the human spirit to the affliction and therefore to recovery. Tamarack's methodology works from these three philosophies. In this regard we are compatible with the various 12 step recovery fellowships such as AA, CA, NA and GA. and reflect this in our sending clients to four - 12 step group meetings a week one of which is held on site. We also utilize other helpful networks which support recovery emphasizing the importance of family system and other 'systems' approaches.

We believe that the most effective harm reduction strategy is abstinence. This means that while in our 60 day program, clients must remain abstinent. We realize however that some addicts can not maintain abstinence or feel comfortable in a 12 step recovery group. We endeavor to work with these and any clients in relapse through our Aftercare group and Follow-Up counselling. Our individual counselling is Rogerian Person Centered Therapy combined with elements of Cognitive Behavioral Therapy as well as other methodologies as they may apply. Our facility is a functioning Therapeutic Community meaning that a consistent therapeutic message is communicated and received by all staff and clients alike.

**3. Program objectives:** Beyond the capabilities of the much shorter 21 or 28 day primary treatment programs that our clients have all experienced, our goal is to more thoroughly prepare alcoholics and drug addicts to live clean and sober in their various home, work and community environments. Relatedly, we seek to better inform clients by providing 45 different psycho-educational group workshops covering all of the life skill areas together with cognitive, emotional and behavior oriented rehabilitation exercises. In addition, through unstructured traditional group therapy, we seek to motivate, inspire and support clients in their processes of lifestyle change. Where trauma is part of a case history, we endeavor to provide a structured and safe relational environment using proven therapeutic methods in the hope that clients can begin to comprehend the damage done to them and the damage they have created. In this way we hope to facilitate their gaining skill in managing trauma related relapse potential.

#### 4. Description of population(s) to which clinical services are offered:

- **Demographic profile: (age, sex, etc.)** We serve male and female adults age 18 and up.
- **Diagnoses:** We will accept an addiction diagnosis based on the various referral sources' orientation e.g. Community Mental Health, Psychologist / Psychiatrist, Parole Services, Hospital detox, Provincial Addiction Agencies, etc. Diagnostic language includes the terms "chemically dependant" "chronic substance abuser", "alcoholic", "drug addict" etc. We will accept a Co-Occurring Disorders diagnosis which includes addiction.
- **Inclusion / exclusion criteria:** Clients must have completed some type of primary treatment or equivalent educational program in the last two years and must be four weeks clean and sober and pass a urinalysis screen. We exclude persons convicted of sex offences, arson, or consecutive violent offences and persons about whom it is clear that they would not integrate into the therapeutic community or the group therapy dynamic thus decreasing its effectiveness for others.

#### 5. Structure of the treatment program:

- **Residential, day program, or outpatient:** We are a 60 day long residential program but do occasionally offer the same program on a day basis for some clients who for some reason can not live in residence.
- **Group vs. individual:** Our treatment program is comprised of individual and group therapy plus the integral therapeutic community dynamic, and includes an indefinite length Aftercare group and individual therapy program after discharge.
- **Open admission vs. closed admission:** We are open admission or 'continuous intake' as it is also known. Clients can start when they are ready and when there is a bed.
- **Duration of the treatment:** Our program is 60 days long, Monday to Friday and Saturday morning. Based on need, we sometimes extend the 60 days one or more weeks.

#### 6. List of components of the treatment program, indicating for each:

- **The name of treatment or therapeutic activity:**
  - *Intake and assessment. Objective:* self awareness, emotional arousal, self liberation, consciousness raising, assessment of harmful involvement with substances or behaviors, case conceptualization.

- *Individual counselling. Objective:* creating a Therapeutic Alliance with evocative empathy, support, role modeling, and direction. Clients gain self awareness, self and social liberation, an action orientation through treatment planning, exercise work, guidance, resource mapping.
  - *Psycho-educational structured group therapy (mornings).* Objective: learning in general, rehabilitation, employability, life skills proficiency, consciousness raising, self awareness, preparation and commitment.
  - *Group therapy, here and now encounter group, (afternoons).* Objective: emotional arousal, consciousness raising, commitment, preparation, action. Group objectives are the creation of Irving Yalom's "11 Therapeutic Factors".
  - *Therapeutic Community Living.* house rules and curfews are uniformly enforced in order to provide the parameters for behavior modification through Positive Peer Support 24 hours per day, 7 days a week. Objective: self regulation, attitudinal change leading to cooperation, sharing, respect, self awareness, consciousness raising, preparation.
  - *Aftercare* for those who complete the 60 day program, Tamarack provides a weekly group therapy meeting for as long as former clients want to attend. Objective: similar to group therapy above with the addition of the process of maintenance through positive peer support.
  - *Follow up.* 4 free individual counselling sessions for program completers Objective: as above for individual counselling. Subsequent sessions cost \$75 (or a lesser amount based on income) each.
  - *Recovery 12 step fellowships* such as AA, CA, NA, and GA. Objective: peer support, individual recovery planning as per sponsorship and doing the 12 steps. Spiritual and emotional maturity are outcomes of 12 step group fellowships. Both Quantitative and Qualitative research shows that AA, CA, NA, GA etc make good use of Rogerian relational therapeutic processes and Cognitive Behavioral principles. Both of these modalities are known to be very effective as is the spiritual self awareness that correlates highly to motivation and action.
  - *Readings, Exercises, and Workbooks* promote self awareness, consciousness raising and emotional arousal. Objective: empowerment and self efficacy through knowledge.
  - *Referral to external support systems as required.* Objective: multi disciplinary support, diagnosis, assessment, programming, health and wellness related links.
  - *Reunions* of graduates in July and at Christmas.
- **Treatment modality (group or individual intervention):** Both are used, as above.
  - **The objective(s) of each treatment / activity:** see above following each listed activity. All objectives are stated in terms of the 9 processes inherent in the Transtheoretical Model of Change as well as in operationalized terms or other terms as required.

- **Theoretical orientation(s) of Therapy:** Tamarack Rehab believes in the efficacy of the Rogerian 'relationship' in our individual counselling and as it may apply in group therapy. i.e., when clients feel safe and accepted, they are more inclined to uncover and share details about themselves they have never before even considered disclosing. We combine this with methods that facilitate a person's being accountable to others. This goals underlie the dynamics of our Therapeutic Community. In addition, we apply the action oriented principles of Cognitive Behavioral Therapy. Interestingly, because clients are very busy gaining perspective on their own "stories", elements of Narrative therapy apply as well when clients can begin to change their view of their past narrative (or story) and shape up a preferred story for the future. As stated previously, Tamarack is an abstinence based "bio-psycho-social" program following the "Minnesota Model" of addiction treatment.
- **Frequency (e.g., weekly, twice weekly, biweekly):** Tamarack Rehab is a 60 day intensive residential program with group sessions twice daily, individual counselling once or twice (as required) per week. 12 step recovery groups are 4 times per week minimum. There are 10 elements of Tamarack programming as in no. 6 above.
- **Duration:** 60 days.

## **7. How clinical programming corresponds to current best practices and/or evidence-informed practices:**

Quantitative and Qualitative research as mentioned earlier, shows that addicts benefit from CBT informed methods and we combine CBT principles with other methods and philosophies based on our assessment of a client's needs. There has been a great amount of research conducted on the methods of Karl Rogers that shows the effectiveness of the Therapist / Client relationship. Dr. J. Scott Tonigan has researched the efficacy of the 12 step support inherent in the Minnesota Model of addiction treatment. His findings show that e.g. "gains are made in self efficacy which correlates to later abstinence from alcohol and drugs" Self efficacy correlates positively with maintaining abstinence and quality of lifestyle. (2007. Western Canadian Conference on Addiction and Mental Health participants manual, p. 8 of Dr. Tonigan's keynote presentation). He cites eleven studies examining 'abstinence self efficacy': (listed on p. 8 as referenced above). Further, the methods of Dr. Irving Yalom's principles of group therapy and the eleven therapeutic factors he identifies as being effective, are well accepted by many types of agencies that work with people in trouble. (2005. Yalom, Irving and Leszcz, Molyn. The Theory and Practice of Group Psychotherapy, New York N.Y., Basic Books).

An examination of the 10 elements of Tamarack programming (se no. 6 above) would likely result in a reader's acknowledgement that these components have long been known to be effective if their widespread usage is any indication of this belief. Finally, by

following our past clients, we can say that they are very clear about how their Tamarack experience was instrumental in their recovery be it by the traditional abstinence route or by parallel harm reduction and psycho-social methods they themselves chose to adopt in their prevention of further harmful substance involvement.

Tamarack uses accepted case management methods that track and record the many aspects of treatment from intake and assessment, medical information, progress reports and collateral referrals. We will be using a data base (which is sponsored by the Federal Governments Homelessness Strategy, HIFIS for short) that concisely manages client information and inter staff file management.

**8. Evaluation of treatment:** Tamarack's abstinence based philosophy suggests that successful treatment outcomes flow from maintenance of abstinence. Therefore, we do longitudinal tracking of clients who complete the program (our 2008-'09 show that 67% of our clients completed their program) in order to quantify their abstinence or periods of abstinence and to track gains made in the lifestyle areas of employment, relationship stability, spiritual growth, family functioning, recreational involvement, frequency - infrequency of legal charges, involvement in positive peer groups, and improved mental and physical health. Gains in these areas, according to accepted norms, correlate positively with and are therefore hypothetically predictive of "recovery" from addiction and/or recovery from high levels of harmful involvement with psychoactive drugs and processes (e.g. the processes of gambling and sexual involvements or behaviors). Similarly, gains made in subsets within five categories of functioning while in treatment are compared to the above data for indications of correlation which would permit triangulation of support of the hypothesis that these treatment related gains are predictive of "recovery". This outcome evaluation model is currently in development by Tamarack Rehab. We are very supportive of evidence based practices in accordance with the National Drug Treatment Strategy.

In addition, we currently use a 14 item Likert Scale Process Evaluation which rates a client's experience in treatment. These ratings of satisfaction - dissatisfaction are associated with an individual's positive or negative view of his treatment provider and program and hypothetically, his-her motivation to continue in 'maintenance' which importantly, is the fifth of six Stages of change that are predictive of recovery.

## **9. Professional credentials / affiliation and specific work of the Treatment**

**Team:** see also the tab "Our Staff"

- *Executive Director / Clinical Supervisor.* M.Ed. (candidate, pending completion of thesis) in Counselling Psychology, University of Manitoba. Approves, develops and monitors methods and performance, facilitates groups in specialized areas e.g. Psychodrama, Cognitive behavioral approaches to recovery. Supervises a daytime staff of seven; 2.5 years with Tamarack (35 years total in the field) and provides individual counselling, workshop facilitation and leads group therapy
- *Senior Counsellor,* B. Mathematics University of Waterloo, ordained Christian

minister, specializes in individual counselling, group therapy and psycho-educational workshops. 5 years with Tamarack . Provides individual counselling, psycho-educational workshops and leads group therapy sessions

- *Intake Counsellor*, Diploma in Applied Counseling from Keewatin Community College, 12 years experience in addiction recovery work, 9 at Tamarack. Specializes in assessment, administrative methods and processes . Delivers psycho-educational workshops and leads group therapy sessions
- *Aftercare Counsellor*, 13 years in addiction recovery work, 1 year at Tamarack. Specialization in recovery maintenance and Employee Assistance Program referrals, Provides individual counselling, psycho-educational workshops and leads group therapy sessions. Member (honorable discharge) United States Marine Corps, Canadian Vietnam Veteran
- *Generalist Counsellor*, (term) B.A. degree in Psychology, Certificate in Applied Counselling from Red River College. 2 years experience with youth treatment and behavioral management programs. Provides individual counselling, psycho-educational workshops and group therapy
- *Generalist Counsellor*, (maternity leave) Masters Degree, Dramatherapy, Derby University, UK. Registered Member, British Association of Dramtherapists. Private practice experience in Winnipeg, MB. With Tamarack for 1 year, Provides individual counselling, psycho-educational workshops and group therapy.
- In addition, Tamarack is staffed by qualified (combination of education and experience) Residential Care Workers who are the after hours Treatment Support Team. Tamarack is staffed "24 -7".

**10. Tamarack's Treatment Team model:** The Tamarack Treatment team follows an interdisciplinary model. Members have varying degrees of academic preparation, professional training and affiliations, experience and philosophical or spiritual backgrounds. The tab describing "Our Staff" describes this diversity. We believe it matches that of our clients' backgrounds and needs.

**11. Accommodations in Tamarack:** The house is a well kept older 'period' dwelling so In general, clients share one of 3 - three piece bathrooms and share a room with another client or clients. There is a common living / TV room, dining room, kitchen, program room and outdoor rear patio for all (smokers included). On the main floor the Executive Director and Business Manager have their own offices. There is one counsellor office in the basement where the laundry facilities are also located (2 front loading washers and 2 dryers) as well as food storage lockers and a resource room for staff. The second floor has 3 counsellor offices and one client bedroom. The third floor has 4 more bedrooms. There is an attached double garage for the house van and miscellaneous storage.

**12. Services to family members:** In general a spouse or legitimate significant other

can attend several conjoint counselling sessions during their partner's treatment by making arrangements with the counsellor. The Clinical Supervisor / Executive Director or Counsellors can meet with a family to assist them with shared goals.

- **Modality (couple, family, group, psycho-education, etc.)** we provide couple, and family therapy as occasionally required but do not as yet offer groups for couples or families.
- **Theoretical orientation:** We combine a systems approach (which facilitates an understanding of the rules and parameters for relating to family members), with traditional therapy for the individual in treatment. We view couples and families as members of a system of individuals who must chose better ways of communicating and interrelating.
- **Duration:** 60 days. and by arrangement after program completion

**13. Information sharing:** Our clients can chose to sign a release of information to collateral agencies or organizations and Tamarack staff can then receive insights and information from other helping individuals, organizations and agencies.

**14. Discharge planning services:** We use a multidisciplinary approach for post treatment referral which seeks to build continuity of services for our clients in a network of community resources.

**15. Post-discharge-aftercare services:** Tamarack provides an unlimited, no-cost Aftercare program to those who complete the program. In addition, post treatment clients receive 4 no-cost individual counselling sessions after which there is a fee for service. Clients can be referred onward to any agency the client chooses, or the treatment team recommends.

**16. Costs:** The per diem charge for residential treatment is \$75.00 per day (under review), totaling \$4,500 for the full 60 day program. This sum covers the cost of program materials, room and board. Tamarack is an Incorporated 'not for profit' agency. Individual counselling beyond the 4 free sessions is \$75 per hour, or less, based on ability to pay.

**17. Contact information for the person responsible for the program:**

***Name and title:***

Brian Paterson

Executive Director, Clinical Supervisor

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**Email:** [execdir@tamarackrehab.org](mailto:execdir@tamarackrehab.org)

**Phone no:** Telephone 204-772-9836

**For Intake and bed-space information**

Wendy Minnie, Intake Counsellor

**Address:** 60 Balmoral Street, Winnipeg, MB, R3C 1X4

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