

Substance Abuse Program Development Consultation Report
South Dakota Redfield Developmental Center
Consultants: Dennis Moore, Ed.D.; Jeffery B. Allen, Ph.D.

I. Description of Service Provision Request

Moore and Jeffrey Allen were contracted to provide the South Dakota Division of Alcohol and Drug Abuse technical assistance in exploring and development of viable long-term approaches for substance use disorder prevention and treatment for residents of Redfield Developmental Center. The specific goal is to seek program development options that can be integrated into the present structure and current program philosophy of the Redfield Center, rather than initiating a stand alone program to address such needs. These consultation services are expedited through Contract No. 270-95-0016 with the Center for Substance Abuse Treatment (CSAT).

II. Objectives of the Report

This report is intended to provide an overview of existing services and a summary of consultation meetings conducted on December 7th and 8th, 1998. Additionally, the consultation and subsequent report will:

- 1) provide a list of several implementation ideas, from training to program site visits, regarding ways to build on the center's current treatment program for developmentally disabled/chemically dependent juveniles and adults;
- 2) compile a list of potential resources for the Center at Redfield (some resources sent under separate cover); and
- 3) suggest assessment and intervention strategies.

III. Current Programs and Center Resources

The Turtle Creek Youth Program within the Redfield Developmental Center employs a interdisciplinary team approach to elicit behavior change and stabilization, and eventual return into the community. This is accomplished through a phase system which includes 9 behaviorally-anchored levels of function which culminate in the transition into community-based placement of the individual. The program's goal of community re-entry is fostered by 1) increasing the individual's understanding of how his/her behavior affects himself/herself, 2) helping the individual understand the boundaries or parameters of appropriate behavior, 3) helping the individual learn to accept responsibility for his or her own behavior, and 4) aiding the individual and his or her family to learn more appropriate need-meeting behaviors to replace those that are inappropriate.

Presently, the Turtle Creek Youth Program addresses substance abuse issues with approximately 24 adolescent residents. While approximately 65% of the adolescent population served is provided with substance abuse education and intervention at a prevention level, the remaining residents are in need of more intensive chemical dependency treatment. While inhalants represent the most common substance of abuse, other frequently sited substances include alcohol, and cannabis. Most recently, a consumer with consistent behavior of auto-asphyxiation

to the point of impairment has been repeatedly observed.

Intervention involves education related to general physical and psychological effects of various substances, as well as consequences of substance abuse in general and in developmentally disabled individuals specifically. More intensive intervention is typically carried out in the context of a twelve step program utilizing group and individual modalities. Most of these services are provided by a single staff member certified as a chemical dependency counselor. Importantly, staff believe that the current need for such services dramatically outstrips available staff resources.

It was also reported that a number of the adult residents of Redfield Center also experience substance use disorders, and they may be particularly at risk for problems from alcohol abuse should they return to community settings. While the initial discussions focused on the Youth Program, other staff suggested that the adult residents of the center are also currently underserved in the area of substance abuse treatment. It was estimated that 25-30% of the adult residents have potential for significant substance abuse problems. It was further stated that at least 4 current adult residents would be capable of transition into the community were they able to maintain sobriety.

IV. Key Participants in Consultation Visit

Shari Hedges - Program Manager (472-4490)
Karen Wienbar - Acting Center Director (472-4210)
Ted Williams – Psychologist (472-4383)
Marcie Crandall - Psychological Assist./ CD Counselor (472-4294)
Thomas Ochocki – Psychologist (472-4280)
Tom Pickles – Program Manager, Cottages (472-4286)
Laura Lewis – Program Administrator State AOD Agency (773-3123)

(note: spelling of above names may be incorrect)

V. Synopsis of Consultation Meeting

Need and Vision

Throughout the two day discussions with Redfield staff, it became clear that a number of individuals (both adults and adolescents) manifest current substance abuse or have evidence of such difficulties in their histories. Importantly, it appears that these difficulties are on the rise as evidenced by the increasing frequency of such problems with more recent referrals to the center.

Initial discussions concerning the specific aims of the proposed program centered around the Turtle Creek Youth Program where a growing number of residents have exhibited problems associated with alcohol and other drugs. The risks of abuse appeared to staff to be exacerbated by the nature of family situations, placement alternatives, and the potentially harmful drugs of choice (e.g. inhalants). Finally,

sexual issues, both as perpetrator or victim, and multiple problems related to safe transition back into the community represent additional risks for substance abuse.

Although Redfield staff exert significant control over the consumer environments, some issues were identified as potential contributors to increased risks for the residents. First, some concern was expressed that younger employees may inadvertently romanticize substance abuse, thereby enabling harmful attitudes and intentions among the residents. Secondly, the consultants continue to have substantial concerns regarding the presence of a large contingent of incarcerated “trustees” on the campus. While no incidences related to this situation have been reported, it is believed that substance abuse as well as sexual abuse risks may be potentiated by this arrangement.

Following a discussion of existing resources and the nature and level of current program need, the discussion focused on the scope of the program to be developed. A number of general needs or ideas were discussed and include the following:

1. Staff generally believed that establishing some direction for the new services should be an early goal.
2. Need to identify a core group of staff to assist with chemical dependency treatment.
3. Focus on Transitional component of program with specific concerns for Native American residents and their return to reservations. Provide community education to other service providers to increase level of awareness for substance abuse issues of residents returning to the community
4. Specific program content needs that arose included:
 - The need to address pre-existing conditions with incoming residents
 - Greater need for screening among all residents of the Developmental Center
 - Risk reduction and prevention education for all individuals in residence
 - Increased emphasis on relapse and recidivism prevention
 - Substance Use Disorder treatment program integrated into the facility

VI. Suggestions For Program Design

1. **Philosophy of the approach to the substance abuse issue.** The substance abuse program at Redfield should be fully integrated into the ongoing curriculum and the existing job responsibilities of several current Redfield employees. To be fully effective, everyone at this facility must understand the substance abuse risks faced by residents, and what are realistic responses to these needs. Substance abuse interventions and education should remain the responsibility of all rehabilitation staff, even though specific responsibilities in these areas will go to the current and future substance abuse-specific staff. The program should be consistent with other rehabilitation philosophies at this facility, and a policy manual or addendum to existing policy should be drafted to include substance use issues. Substance use policies for staff at Redfield also should be considered in order to reinforce the importance of this topic.

2. **Program.** We recommend that Redfield staff and administration pursue the programs already discussed and outlined during the consultation meeting. This includes assessment for substance

use disorders for all new residents admitted to Redfield Developmental Center, a prevention education program for “at risk” youth and adults, a chemical dependency treatment program for persons who have already demonstrated a significant substance abuse history, a substance abuse prevention/treatment component in the transitional program, and subsequent exploration of additional capacity for inpatient substance dependence treatment. Due to the nature of the risks faced by consumers, we believe that a resident could qualify for the treatment programs if that person is diagnosed as DSM IV “Substance Abuse” or “Substance Dependent”. Even occasional abuse is extremely problematic and potentially harmful for residents upon transition to community living.

3. **Assessment.** *Two areas of assessment would appear to be worthwhile for consideration.*

A standard screening protocol for new residents arriving at the center. Such a protocol should include both a substance abuse risk assessment, as well as a brief cognitive screening measure which could identify cognitive deficits that could adversely impact substance abuse prevention and treatment efficacy.

A standardized system or method for measuring progress, re-assessing level of need, and tracking long-term follow-up of residents who have completed the program. If possible, these measures should include client self-report instruments, with collateral reports and clinician’s ratings of risk areas or treatment need. It would be optimal if these assessments could be incorporated into existing information management strategies in attempt to minimize workload and take advantage of the highly effective documentation system that was observed at Redfield. Subsequent discussions with the staff at Redfield can assist in locating instruments most optimal for these tasks.

4. **Substance Abuse Prevention.** The substance abuse prevention program can be integrated into existing health and educational programs where possible. In addition, we suggest that specific modules be introduced to cover areas such as peer pressure; basic alcohol, drug, and medication education; identification of substance abuse and it’s negative impact on life areas; violence and sexual problems associated with substance abuse; and family substance abuse issues. The consultants can provide examples of prevention materials that may be adapted for persons with cognitive limitations.

5. **Substance Abuse Treatment.** Substance abuse treatment should be available to Redfield residents who fit a profile of need. Moreover, it is likely that a free-standing chemical dependency treatment unit, licensed by the state, would pay for itself via reimbursements from referrals to this unit from the outside.

A primary therapist model may be viable as a way of providing some continuity and support for residents. In this system, the resident would receive both individual and group treatment. Individual therapy would be provided by the primary therapist and would focus on such issues as education concerning peer pressure, specific drugs of choice, dealing with family, and transitional issues specific to that resident, and dealing with cognitive deficits that may impair the resident’s capacity to comprehend, retain, or apply treatment information.

At least two types of new groups might be utilized. First, a *psychoeducational* group which can serve as a way of educating residents about various topics. Secondly, a *social skills* group provides ample opportunity to learn general social skills as well as role play specific situations

that may lead to use or relapse for specific residents. The social skills groups could include orientation to understanding one's own social behavior and behavioral chains (e.g. trigger—response/use pattern—consequences). For subgroups of the population, both Christian or Native American grounded counseling and traditional 12-step programming were viewed as especially congruent and viable. The modality of role play was identified as a highly useful intervention strategy by a number of the existing Redfield Staff.

Note: As mentioned by Ted Williams and other staff at Redfield, it is recommended that a component of the treatment program focus on transition to the community issues entirely. As verified by published research, it is at this juncture that residents are at particularly high risk for substance abuse. A focus on transition also should include considerations for specific interventions and transitional services for Native American residents who return to reservations due to the alternative nature of supervision and monitoring available in this setting. Integration of residents into existing community self-help support groups (e.g., AA) also would be of potential assistance to residents who are transitioning to the community. Providing a trained staff from Redfield to the community of placement also would increase level of awareness for substance abuse issues community who will assist the transitioning consumer in the future.

6. Staffing. Based on the information provided, and general estimates of staffing resources available to this project, we would recommend no fewer than two full time staff at the present time. With two full time employees, Redfield would have the critical mass to actually operate a consistent and comprehensive program which could serve both youth and adults to an adequate degree. Two staff also would permit future expansion of the program by allowing some time for writing and program development. At least one of these staff members should have, or be quickly eligible for, the level III chemical dependency credential in the State of South Dakota, as there are many advantages to this program being a certified treatment facility by the SD AOD single state agency.

As of the writing of this report, we understand that Marcie Crandall, the Psychology Assistant, is now assigned to the substance abuse program on a full time basis. She reports that all current residents of the Turtle Creek program have been assessed relative to risk for substance abuse/dependence, and she is continuing to develop a program of group intervention/education that includes NA and AA meetings. Marcie reports having a Level II certification in SD, but she may need an extensive number of further service hours to qualify for the III. The pragmatics of this should be considered in planning for hiring the other AOD position at Redfield. While fiscal issues will certainly impact on the number of new positions available to staff new services, two additional Full Time staff positions appear to represent a critical mass for several reasons. First, this would allow greater dispersion of CD counselors across the campus. Secondly, it would provide more specialized expertise (e.g. adult or geriatric versus adolescent treatment), while providing a more stable platform for running a state certified AOD treatment program. Finally, it allows chemical dependency staff to alternate roles of lead or co-facilitating therapist within the group. It was noted, that this second position could be filled by a position similar in grade to a psychological assistant.

VI. Additional recommendations and comments

1. Under separate cover, we are sending a number of materials and printed sources of information for consideration. These are derived from work conducted in several disability areas, such as Mental Retardation, Deafness, and Traumatic Brain Injury.
2. We suggest that the substance abuse assessment instrument needs to be risk and behavior-oriented, not diagnostic. We can assist with modifying or creating such an instrument on a subsequent visit or visits. Consideration for pre-post testing (repeated measures) of progress in substance abuse prevention and treatment areas would be the most rigorous method for addressing consumer risks and progress, and pre-post assessment likely would more readily comply with certification or licencing standards to be an AOD services provider in South Dakota.
3. Laura Lewis agreed to provide documents to Redfield staff which describe the accreditation process for chemical dependency treatment in South Dakota. She has suggested that Redfield consider the SDS (criminal justice facility) as a model for accreditation application. In this regard, we recommend that if Redfield pursues state certification that you consider hiring a consultant from within the state who can assist with the process. This likely would not require a great deal of time or fiscal resources, however. A comparable process in Dayton, Ohio cost approximately \$3,000 for the consultant's assistance over a period of three months.
4. Per discussions, we recommend contacting staff at the facility in Yankton in order to offer the opportunity for some parallel program development at this site, at least in the areas of substance abuse assessment and prevention education.
5. Start self help support group on campus, such as AA. It is our understanding that this activity has already begun.
6. The substance abuse prevention and treatment curricula, or group activities, should include some focus on role play materials, as these have been proven to be quite effective in AOD treatment for similar consumers.
7. We suggest that you obtain additional training in the area of substance abuse prevention and treatment for persons with disabilities. Jo Ann Ford, M.A., CCDC III, the Assistant Director of the SARDI program might be a strong candidate for coordinating and conducting this training, based on her clinical experiences and her understanding of curricula for chemical dependency treatment of persons with coexisting disabilities. (Note: the SARDI office has been unusually busy over the past several months, but most immediate major deadlines will be completed by the end of the first week in May.)
8. Based on the discussions at Redfield, we suggest planning the training in four hour block for all persons at the Redfield facility (all staff!), with some training tiered with more intensity relative to staff responsibilities and duties. Suggested training outlines or plans can be provided on request. (Contact Jo Ann Ford Ph. 937.259.1384 or "jo.ford@wright.edu")
9. Dr. Jeff Allen and Jo Ann Ford could assist in designing additional offsite training experiences for the staff at Redfield who will be directly responsible for the AOD program. This

could include visits to Anixter Center in Chicago (a treatment facility for persons with coexisting AOD and other disabilities); the Minnesota Chemical Dependency Program for the Deaf & Hard of Hearing Individuals (although another disability is the focus, their program is quite strong and the curriculum may be transferrable); and/or the Consumer Advocacy Model (CAM) program in Dayton, Ohio, operated by SARDI for persons with substance dependence and a severe coexisting disability.