



Twin Rivers Detailed Treatment Programme

Description of program philosophy

Imagine for a moment that it is 1949, and that someone you love is alcoholic. As you struggle with this fact, you quickly learn about three prospects for this person's future: One is commitment to a locked ward in a mental hospital, sharing facilities with people diagnosed as schizophrenic. Another is that alcoholism will lead to crime, which could mean years in prison. And third is a slow sinking into poverty and helplessness -- perhaps life on "skid row." In all three cases, your loved one's condition will be denied, ignored, or denounced as evidence of moral weakness.

The year 1949 is significant because it marked Hazelden's beginning. What started then as a guest house for alcoholic men has flowered into the prevailing method of treating addiction: the Minnesota Model. More importantly, this historic innovation offered alcoholics a new alternative to jail, mental wards, or homelessness. It's easy to forget that the Minnesota Model represents a social reform movement. The model played a major role in transforming treatment wards from snake pits into places where alcoholics and addicts could retain their dignity.

Hazelden began with the idea of creating a humane, therapeutic community for alcoholics and addicts. Once this idea was ridiculed; today it is seen as commonplace. The story of how this change has evolved is in large part the story of the Minnesota Model. The model began humbly. During Hazelden's first year of operation in Center City, Minnesota, the average daily patient count was seven and the staff numbered three. The treatment program was equally bare-boned, resting on a few expectations of patients: Behave responsibly, attend lectures on the Twelve Steps of Alcoholics Anonymous, talk with the other patients, make your bed, and stay sober. It would be easy to dismiss such a program. Yet behind these simple rules was a wealth of clinical wisdom. All five rules focused on overcoming a common trait of alcoholics-- something the founders of AA described as "self-will run riot." People addicted to alcohol can be secretive, self-centered, and filled with resentment. In response, Hazelden's founders insisted that patients attend to the details of daily life, tell their stories, and listen to each other. The aim was to help alcoholics shift from a life of isolation to a life of dialogue. This led to a heartening discovery, one that's become a cornerstone of the Minnesota Model: Alcoholics and addicts can help each other. Throughout the 1950's, Hazelden built on this foundation by adopting some working principles developed at another Minnesota institution, Willmar State Hospital. Among them were these:

- Alcoholism exists. This condition is not merely a symptom of some other underlying disorder. It deserves to be treated as a primary condition.

- Alcoholism is a disease. Attempts to chide, shame, or scold an alcoholic into abstinence are essentially useless. Instead, we can view alcoholism as an involuntary disability--a disease--and treat it as such.
- Alcoholism is a multiphasic illness. This statement echoes an idea from AA--that alcoholics suffer from a disease affecting them physically, mentally and spiritually. Therefore treatment for alcoholism will be more effective when it takes all three aspects into account.

At Twin Rivers Recovery Centre our philosophy is based on the 12 steps of Alcoholics Anonymous, the Minnesota Model, the professional experiences of the multi-disciplinary team and feedback from the internal and external communities. This combination supports an ever evolving, fresh approach that promotes essential development of staff, quality of service and the individuality of all our patients.

Primary-phase- Twin Rivers Recovery Centre

Clients are not permitted to have lap-tops, cell-phones or personal music players. Access to e-mail can be arranged if necessary for people with business concerns for example. There is a 'cooling off' period of 5 days with no phone use after the client has spoken with family on arrival. This phase focuses on;

- Detoxification
- Medical and psychologists assessments
- Building up a therapeutic alliance with a focal counsellor, medical staff and care-workers
- Introduction to 'community living' with 'buddy' support, sharing a bedroom, eating together, time management and daily therapeutic duties(TD,s)
- Introduction to the daily programme of exercise, group therapy, lectures, videos, audios and written assignment work
- Introduction to Alcoholics Anonymous, Narcotics Anonymous and Eating Disorders Anonymous
- Introduction to 'Step One' based on the client's recognised primary addiction; food, drugs, alcohol, co-dependency, gambling.....
- The processing of family questionnaires (collateral) in individual counselling sessions and in group therapy (with the client's permission only)
- Individual counselling sessions, a minimum of twice a week or more if required.

All clients heading towards the secondary phase have to find their own sponsor before being considered for the secondary phase. No clients can enter the secondary phase without a temporary sponsor. Once Step 5 is completed all clients complete a critical evaluation of steps 1-5 and their time in treatment so far. This feedback is presented to the multidisciplinary team as part of a team discussion as to whether the client is suitable to enter the secondary phase; i.e. able cope with the responsibility that comes with this phase.

Extended primary- Twin Rivers Recovery Centre

This phase is an option for some clients who are not psychologically ready for the responsibilities of the secondary phase. This programme would also be for clients who have attended primary treatment before and do not need/want to experience a 'repeat prescription' regarding their first attempt at a treatment programme. Extended primary offers differing levels of responsibility that are not as extensive as those that automatically come with being in the secondary phase safeguarding the client from what feels like a big leap from primary status to secondary status. Extended primary would also be for clients who are

'stuck' in their recovery process and require further primary based treatment to explore sensitive and / or potent issues that could still be emotionally disabling the client.

Some clients rush treatment with personal high expectations and can be very manipulative. Some clients enter the wrong treatment stage, such as a halfway house yet are overwhelmed with primary based issues. Some clients are not emotionally capable of exploring certain personal issues during their original primary experience and sometimes need to revisit certain areas of their life experience. Unfortunately, some clients are deceived into believing that their recovery is going really well because they have been promoted to the next treatment stage! Primary, extended primary, secondary and tertiary phases must not be rushed but should be carefully monitored and explained to both the client and their families as to how and why team decisions are made regarding a client's treatment experience.

Secondary-phase- Twin Rivers Recovery Centre

Clients are given back their cell-phones so as they can be contacted at any time and vice-versa. Clients now have access to internet cafes so will not necessarily need lap-tops and it is at the counselling teams discretion as to whether or not a client can have a personal music player as they can be a distraction

The secondary phase programme operates in the same building allowing for primary phase clients to witness the advancement of others and this approach helps to regulate secondary phase clients in the hope that they do not advance too quickly and become grandiose or become dismissive of primary concepts.

All secondary phase clients must take responsibility in arranging productive activities when not on the premises. Attend a minimum of 3 fellowship meetings a week at AA, NA, CODA or EDA. Voluntary work is not compulsory but can be arranged for suitable candidates. Must arrange regular meetings with their sponsor and attend at least one individual counselling session a week with their focal counsellor.

The purpose of the secondary phase is to create opportunities to put primary based concepts into practice, monitor the client's behaviour and approach to the new phase. We introduce life skills such as money management, social interaction and deeper levels of responsibility. All clients continue with step work which is individualized (another look at step one often takes place at the start of the secondary phase). The length of stay in the secondary phase is dependent on the client's psychological and spiritual growth culminating in the counselling team assessing that the client's overall recovery is aligned with the requirements needed to undertake, understand and adhere to the rules and regulations of a the tertiary based programme either in Plettenberg Bay or back in their home area.

