



# Step One / NCSC Collaboration

**TBI / Substance Abuse  
Treatment**

# Step One

- 1. Founded in 1994
- 2. 4 OASAS Licensed Programs in Ulster County
- 3. Out Patient Clinics in Highland and Ellenville
- 4. Provide treatment for adolescents at CHK
- 5. Full Clinic license at NCSC

# What is Step One's role at NCSC

- 1. Integrated part of the treatment team.
- 2. Intensive Program
- 3. Non-Intensive Program

# Who are Step One's clients at NCSC

- 1. Post Acute recovery from TBI
  - a- History of Substance Abuse
  - b- Moderate TBI injury
  - c- Significant cognitive deficits
  - d- Speech deficits
  - e- Fine and gross motor deficits
  - f- Unable to negotiate safely in community
  - g- Unable to function safely in community
  - h- Able to function in community with supports (awaiting waiver)

## How is treating the TBI/Substance Abuse client different than other Substance Abuse clients?

- During intake and treatment – continuous assessment of cognitive ability to absorb and utilize information.
- Provide appropriate cognitive accommodations
- Significantly slow the delivery of information.
- Provide a great deal of repetition
- Use visual aids
  - Video's
  - White Board
  - Flip Charts
  - Handouts

# COGNITIVE ACCOMODATIONS

## **COGNITIVE ACCOMODATIONS:**

- Provide Multi-Sensory Presentation of Information
- Social Worker reviews previous counseling session prior to beginning of session.
- Time to review previous group notes from their personal notebook prior to group.
- Utilize white board to write down important information.
- Summarize at end of each therapy session.
- Needs to have verbal information delivered slowly.
- Needs to have important information repeated multiple times as needed.
- Provide simple and short sentence structure
- Provide clear, one-step instructions
- Clarify neighbors understanding of information by asking them to repeat information or instructions.
- Make eye contact at eye level while speaking with neighbor.
- Provide constant refocusing to help neighbor stay present in group and on topic.
- Provide binders for neighbor to keep group handouts and assignments.
- Provide outline of each assignment to assist with short-term memory difficulties.
- Provide calendar to help with remembering schedule & planning daily activities.

# Intensive Program Description

- ***Intensive Program***
  - Recognized need by NCSC, OASAS, and Step One for a more intensive mode of treatment
  - Development of new track/program at NCSC
  - Development of joint team of NCSC and SO staff.
  - Collaboration to develop experimental program.
  - 15 Neighbors jointly selected from Neuro Rehabilitation Program
  - Neighbors has to agree to participate
  - Treatment planning joint effort by entire team.

# Intensive Program Description

## Daily schedule

- Check in
- Daily Meditation
  - Neighbors take turns reading out loud.
  - Neighbors read to self
  - Discussion of perceived meaning
  - Significance to individuals
- Step Group
  - Use TBI 12 Step Workbook
  - Break down Steps into Lesson Plans
  - First Step broken down into 12 lessons.
  - Each week review previous group to make sure group understands.

# Intensive Program Description

- **Anger Management Group**
  - Use SAMSHA Anger Management workbook.
  - Break down sessions into smaller parts for presentation.
  - Utilize materials to help Neighbors expand their vocabulary and understanding of various feelings.
  - Develop cognitive understanding on how to handle potential Anger situations.
  - Learn how to handle feelings.
- **Psycho Education**
  - Wide array of materials broken down and modified to TBI clients.

## Intensive Program Description

- **Process Groups**
- **AA/NA Meeting**
  - a- Facility A.A. meeting.
  - b- Facility N.A. meeting
  - c- Community A.A. meetings

## Intensive Program Description

- **Program Relationships**
  - 1- Creates strong bond among members.
  - 2- Members help/support each other
  - 3- Supportive environment

# Non-Intensive Program

- ***Non-Intensive Program***
  - a. Neighbors have a greater level of impairment.
  - b. Neighbors in holding pattern for TBI waiver
  - c. Individual and group therapy
  - d. Slower delivery than Intensive Program
  - e. Services fit around Neighbors NCSC program schedule.

# Story Development

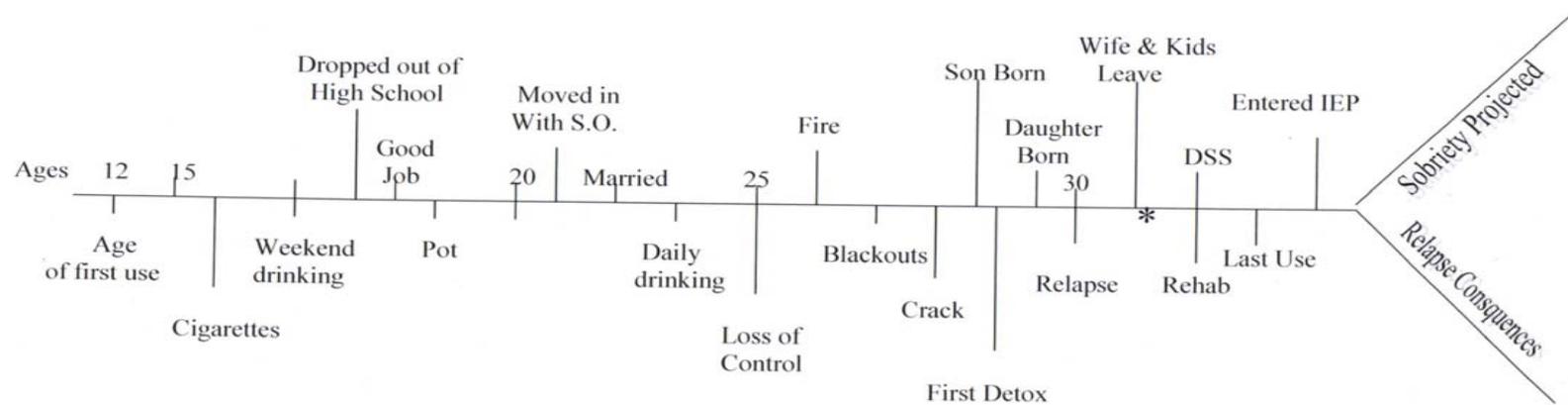
- **Story Development**
  1. NCSC process around Story development.
  2. SO helping to draw out information that becomes part of story.
  3. Weaving substance abuse history into story.
  4. Anchoring to belief that Neighbors cannot drink or use drugs into their story.

## “Glowline” – for Peer Evaluation

Above Line – Major life events/changes

Below line – Progression of disease

\* - This denotes when “glow” or “good times” ended



**Glowline for Warren F – Part I**

Parents:  
Siblings:  
Grew up: downtown Syracuse

		Pre-K	Starts School		Grades dropped; edgy & fierce attitude	Starts dating Kate & working	Graduates High School;  Car Accident;  Busted for drug use: pot & cocaine	Moved in with friends;  Night Manager at Shop Rite  Kate	1994  Married Kate  1 <sup>st</sup> son, Andy, is born,  Left Shop Rite for Shop n Stop- better pay, moved up  Kathy	1 <sup>st</sup> daughter, Annie, is born,
Age	0	3	5	10	13	16	18 (1987)	23 -25	26	
	6/07/69	1 <sup>st</sup> Use: Beer, drunk		Smoking Cigarettes	Began drinking beer with friends & smoking dope		Partying with friends;  broke ribs	1 <sup>st</sup> time in Co. Jail/ 6 months "youthful offender" status	Still using, thinking about quitting, not serious	Still using

Glowline for Warren F – Part II

	1 <sup>st</sup> DWI-Dinking/Driving Program		Marriage falling apart; not working-workers comp 3 years; sitting home; taking care of kids;  Kate	High blood pressure/ Dr. orders to stop using	Stroke: right brain; St. Peters in Albany, 2 months 04/07-09/07  NCSC 09/07  Kate  Stressed relationship w/ wife and kids		Recovery  <ul style="list-style-type: none"> <li>- Return to community living</li> <li>- Wellness can continue</li> <li>- Relationship with children could get better</li> <li>- Kate</li> <li>- Divorce</li> </ul>
Age	27	27-30	30-35	35-38	38	40	
	Starts using pain pills for back (post surgery)	Uses the same.	Continues to use:  30-pack of beer daily; 6 pain pills daily; 2 packs cigarettes daily	Continues to use	Stops Using  Step One  Recovery		Relapse  <ul style="list-style-type: none"> <li>- Stroke</li> <li>- Relationships would suffer</li> <li>- Kate gone</li> <li>- Wellness will decline</li> </ul>

# Master Goals

## **1. Remain alcohol and other drug free.**

- a) Refrain from using alcohol or other drugs in the NCSC facility.
- b) Refrain from using alcohol or other drugs while outside the building on a perimeter pass.
- c) Refrain from using alcohol or other drugs while off campus on a one hour or three hour pass.
- d) Refrain from using alcohol or other drugs while off campus on a family visit.
- e) Refrain from using alcohol or other drugs during home visits.

## **2. Become Tobacco Free**

- a) Refrain from using tobacco products in the NCSC facility.
- b) Refrain from using tobacco products while outside the building on a perimeter pass.
- c) Refrain from using tobacco products while off campus on a one hour or three hour pass.
- d) Refrain from using tobacco products while off campus on a family visit?
- e) Refrain from using tobacco products during home visits.

# Master Goals

## **3. Attend all Scheduled Step One Sessions**

- a) If prompting is necessary, ask for help.
- b) Be on time for scheduled sessions.
- c) Do not schedule other services during Step One services.
- d) Be back in your seat on time after a scheduled break.
- e) Do not leave group early without having discussed it earlier with the group and group leader.
- f) Need to inform Step One staff and group in advance if they are not able to keep an appointment.
- g) If a group is missed without notice, group member will need to inform group and group leader why they were not there.

## **4. Be able to recognize that they are powerless over their alcohol and other drug use.**

- a) Participate in Step Group.
- b) Define Powerlessness
- c) Gain an understanding of how alcohol and other drugs took over their lives.
- d) Recognize how they were unable to cut back on their use of alcohol or other drugs.
- e) Being able to identify how their life was unmanageable, giving clear examples.

# Master Goals

- 5. Be able to admit that their lives had become unmanageable.**
  - a) Have an understanding how alcohol and other drugs:
    - Affected relationships
    - Affected employment
    - Affected finances
    - Affected life goals
    - Affected health
    - Affected ability to make good decisions
  
- 6. Be able to recognize the relationship between their TBI injury and substance abuse**
  - a) Being able to verbally describe how their TBI injury occurred.
  - b) Being able to verbally describe what led up to their TBI injury.
  - c) Being able to recognize how their use of alcohol or other drugs were a major precipitating factor in their TBI injury.

# Master Goals

## **7. Be able to verbalize their drinking and drugging history in group.**

- a) Be able to admit to having a problem with alcohol and other drugs.
- b) Be able to qualify in front of entire group.

## **8. Attend Community Recovery Support Groups**

- a) Attend bi-weekly Recovery Support Group at St. James Church.
- b) Attend weekly Tuesday Recovery Support Group at the NCSC.
- c) Attend Community Recovery Support Group while on a three hour pass.
- d) Attend Community Recovery Support Group while on a home visit.

## **9. Have an understanding of what a sponsor / mentor are.**

- a) Understand the role of a sponsor / mentor.
- b) Understand who can be a sponsor / mentor.

# Master Goals

## **10. Secure a sponsor / mentor.**

- a) Create a plan to secure a sponsor / mentor.
- b) Implement the plan.
- c) Maintain weekly contact with sponsor / mentor.

## **11. Build a sober support network.**

- a) Get three names and numbers of peers in their home group.
- b) Be able to qualify at a community recovery support group.
- c) Speak with other neighbors at NCSC about your recovery.
- d) Speak with your family about your recovery.

## **12. Develop an understanding of the 12 Steps.**

- a) Explore the history of the 12 Steps of AA and NA.
- b) Participate in Step Group.
- c) Identify the possible benefits of implementing a 12 Step program in their lives.
- d) Utilize the 12 Step program to implement a better quality of life.

# Master Goals

## **13. Differentiate abstinence and recovery and discuss in group.**

- a) Understand the definition of abstinence.
- b) Understand the definition of recovery.
- c) Be able to communicate the difference between them.

## **14. Develop an understanding of the disease concept.**

- a) Understand the definition of disease.
- b) Understand the symptoms of the disease of addiction.
- c) Understanding the stages of the disease of addiction.

## **15. Understand the process of recovery.**

- a) Understand the definition of recovery.
- b) Understand the Wheel of Change.
- c) Complete a change plan worksheet for recovery.

# Master Goals

## **16. Develop an understanding of the effects of tobacco products to the human body.**

- a) Develop an awareness of the ingredients of tobacco.
- b) Understand the medical consequences of tobacco.
- c) Explore an effective plan for abstinence from tobacco.
- d) Implement an effective plan for abstinence from tobacco.

## **17. Develop an understanding of the Medical aspects / Consequences.**

- a) Understand the definition of Blood Alcohol Content (BAC).
- b) Understand what constitutes a standard drink.
- c) Understand low risk drinking guidelines.
- d) Understand the impact of alcohol and other drugs on brain chemistry.
- e) Understand the impact of alcohol and other drugs to the human body.
- f) Understand the impact of alcohol and other drugs on behavior.

# Master Goals

## **18. Develop an awareness of what triggers their urges for alcohol and other drugs.**

- a) Understand the definition of triggers.
- b) Understand the definition of urges.
- c) Identify 10 triggers for urges.
- d) Develop a personal action plan for urges.

## **19. Participate in group and individual therapy.**

- a) Attend assigned groups and individual therapy as scheduled.
- b) Arrive to group and individual therapy appointments on time.
- c) Complete necessary assignments utilizing cognitive accommodations.
- d) Engage in your therapeutic process by utilizing communication skills.

## **20. Positive support to staff and program.**

- a) Demonstrate motivation towards your own recovery.
- b) Hold peers accountable for their recovery.

# Tools

- **Tools**
  - TBI 12 Step Workbook
  - Anger Management workbook
  - Glow Line
  - Sharing and developing personal stories
  - Handouts
  - Quiz's
  - Minimal home work



**THANK YOU**