NEW FREEDOM PROGRAM RESOURCES - CONTINUUM OF CARE

SUPPORT FOR ASAM LEVEL 3 PROGRAMS

RESIDENTIAL AND TRANSITIONAL PROGRAMS AND FACILITIES

Clinically managed low-intensive residential	Resources support treatment and programming for group homes, sober living, transition programs, part of a step down from more intensive or restricted residential treatment. Supports ASAM Level 3.1 The major focus of these resources is relapse prevention, substance abuse treatment and remission monitoring support	Recommended resources (10-session units): ● Issues in Recovery #1 ● Issues in Recovery #2 ● Risk Factors and Protective Factors *(details provided on website download)* Additional resource options: ● Sleep hygiene resource ● Bridge Unit D - Treatment Adherence/Medication Compliance - supports MAT ● Pathways to Daily Living (PDL) - basic ADL skills, independent living skills, multiple life skills options Transition resources: ● Unit RA This 10-session unit provides a change-focused approach to relapse prevention during the post-residential transition period. It targets external risk factors and the development of internal and external protective factors (safety nets). . ● Unit RF This 10-session unit also provides a change-focused approach to recidivism and relapse prevention. It targets high risk situations, warning signs, high risk feelings leading to relapse, and coping skills suggestions for avoiding a person's high risks. Focuses on the thoughts, feelings, and temptations which may occur prior to and during - the transition. Addresses both risk and protective factors.
Clinically Managed <u>Population-Specific</u> High-Intensity Residential Services	Supports for programs serving ASAM Level 3.3 addressing moderate-to-severe substance use disorders with significant cognitive or physical impairments. Resources to support these programs should be resources provided at a slower pace, and with structure and appropriate repetition, and include multiple concrete problem solving opportunities.	Our recommendations include ● OPEN to Change Units A, B, C, F *(details available on website download)*. We provide multiple age and gender-specific versions ● Bridge Units B and C ● Pathway to Better Personal Health (PDL-H) ● Basic Anger self-management skills (MAV-10) We also provide multiple sets of Problem Solving cards for practice in self-management - tailored to various populations and needs. We have specific curriculum and treatment resources shaped to specific populations, including veterans, youth, and the elderly/geriatric. Pathways to Daily Living includes more than 100 separate basic Life Skills lessons, including ADL, Independent Living, and health-related issues.

Clinically Managed High-Intensity Residential **Co-occurring <u>Enhanced</u> programs (CEC and DDE)** **Goals:** ● **To avoid immediate relapse.** ● **Treatment engagement and movement through the Pre-Contemplation stage of change** ● **To identify and effectively manage the highest risks from their substance abuse/addiction, co-occurring mental health issues, and withdrawal management going forward**	Supports for programs serving ASAM Level 3.5. Resources provided to support these programs address severe addiction **<u>and</u>** significant social, behavioral, or emotional issues in Co-occurring Enhanced programs (CEC or DDE). Treatment issues can include criminal activity, or severe mental illness. Frequently, clients at this level have recently left a higher level of structured care and support. At other times, this may be the immediate placement after acute withdrawal or other crisis. The immediate goal - at this level of treatment - is to avoid or prevent relapse. As a prerequisite for learning and mastering distress tolerance (DBT) skills and CBT-based treatment emotional stabilization is essential. With that, curriculum and treatment support materials can focus on addressing significant precontemplation to change issues (reluctance, resignation, and resistance, rebelling or anti-contemplation). Thus multiple goals can include: ● stabilization to allow cognitive and emotional programming and treatment ● significant emphasis on moving from the precontemplation stage of change (MI) to support the introduction of CBT ● develop additional motivation (MI) to learn new distress tolerance skills for immediate use (DBT, CBT) ● progress in developing new intermediate relapse prevention strategies (DBT/CBT) ● systematic and structured symptoms and triggers self-management as part of relapse prevention (treatment planning reflecting co-occurring mental and behavioral issues) ● systematic Withdrawal Management approach to the highest risk factors for relapse after experiencing post-acute withdrawal (PAWS). *Resources for **<u>Serious and Persistent Mental Illness</u>** (SPMI). The Comprehensive Self-Management Curriculum (CSMC) is an evidence-based 50-hour group and individual resource addressing mood disorders and psychotic spectrum disorders. Based on CBT, DBT, the MI change model, and social learning theory.*	Resource recommendations: Programs of this type typically involve 20-30+ hours of structured clinical programming per week. The structure and sequence of the program model below can provide more than 210 program hours for group or 1:1 treatment. The selection of resources may depend on prior levels at an inpatient facility (Level 4.0), and also anticipating - with progress - movement to a PHP or intensive IOP (CEC/DDE) with Withdrawal Management support (Levels 2,7, 2.5, and eventually 1.7). Thus some portion of the 200+ session model below may be appropriate at each of these levels. The treatment planning support resources provide program leaders and clinicians the opportunity to shape individual and group treatment to accommodate individual needs and seamlessly provide robust documentation on treatment progress and achievement of behaviorally-stated objectives. The twenty Units (200+ sessions) are shaped around the following four (4) major topics: ● Change for Life (C4L) 50 sessions - the foundation for substance abuse, co-occurring, and withdrawal management treatment (MI and CBT-based). ***Highly recommended for this level.*** ● Managing Symptoms and Triggers (MST) CBT, DBT, MI, and withdrawal management - 50 sessions. ***Highly recommended for this level.*** ● Handling Difficult Feelings (HDF) 50 sessions, addressing key feeling/diagnoses, and symptoms - DBT. CBT and withdrawal management. ● Relapse Prevention (RP): Up to 50 sessions for practical problem solving and withdrawal management skill practice opportunities. ***NOTE: Resource overviews and Tables of Contents TOCs) for these 20 Units on website as download.*** Also recommended: ● Bridge Unit D - Treatment Adherence/Medication Compliance - supports MAT. ● Sleep hygiene (managing sleep issues). ***Recommended for this level.***