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Family-Centered Therapeutic Community Treatment: The SHIELDS for Families' Exodus Program

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ABSTRACT: The SHIELDS' Exodus Program, is a family-centered therapeutic community where the entire family resides in individual family apartments in an 86-unit complex with all services offered on-site. National and local evaluation has been conducted since program implementation in 1994. Results over the past five years include an 81.2% completion rate and an average length of stay of 646 days.

Introduction

The SHIELDS for Families' Exodus Therapeutic Community is a unique model, in which comprehensive family-centered treatment, follow-up and related social services are provided within an 86-unit apartment complex. It is currently the only program in the United States that allows for the entire family unit to live in the treatment environment in individual family apartments. Treatment, child development and youth services, case management and vocational services are offered on-site at the facility. A maximum of 45 families are active in treatment at any given time. After completion of treatment services (12-24 months), families are able to remain in their housing for a transitional period of up to one year, allowing for adequate time to develop vocational, educational and/or supportive systems necessary for ongoing recovery and family maintenance. This article describes the treatment model, the array of primary treatment interventions, and the parallel services provided to children and youth.

Treatment model

The Exodus Program accepts clients from throughout Los Angeles County; however, clients primarily come from the Compton and Watts communities in South Central Los Angeles where the program is located. The majority of clients are referred by the Department of Children and Family Services (45%) or are self-referrals (25%). Currently, approximately 55% of the clients are African-American and 43% are Latina. The primary drugs of choice are cocaine and

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methamphetamine, with marijuana as the secondary drug of choice. One hundred per cent of clients are homeless on admission; less than 50% have a high school diploma; and 95% have experienced significant trauma in their lifetime including physical and sexual abuse and domestic violence.

Upon admission to the program, clients sign a contract for treatment services and a lease agreement for their housing. Women who lease apartments assume responsibility for payment of rent. Comprehensive psychosocial assessments are conducted on each woman and their family members within 30 days of admission. Psychosocial assessments include: family, drug history, medical, legal, vocational, education and mental health information. Additionally, clients receive medical, psychological and vocational assessments, as well as psychiatric evaluations when indicated. A treatment plan is developed by the primary counselor and the client along with her family and/or significant others, in conjunction with the multidisciplinary treatment team. Treatment plans are reviewed and updated every 90 days for the length of the program. Clients are provided and/or referred to services as indicated through the development of the treatment plan to ensure the comprehensive needs of families can be met. Clients are maximally involved in all aspects of their treatment plan and program services. As clients progress through the program they are provided with the opportunity to serve as peer counselors for new clients. Clients are also asked to participate in program planning to ensure that services provided are sensitive and relevant to their needs.

Treatment services

The provision of adequate, comprehensive, family-focused services assists in providing the elements necessary for the family to survive. Maximum client participation, flexibility, availability and accessibility of services assist in client retention in the program. The comprehensive services provide families with a supportive framework in which to grow and develop, while providing essential services to ensure healthy outcomes for mother and child. Services include the following.

- Individual counseling sessions are designed to allow the primary counseling staff to evaluate the total patient status (strengths and problems), assist the client (in conjunction with the treatment team) with individualized recovery, aftercare and discharge planning, facilitate program interpretation and understanding, provide crisis intervention and facilitate problem solving. All clients receive individual counseling at a minimum of once per week. Crisis intervention services, as well as a 24-hour hotline, are available for clients in order to address situations which present an imminent risk to the client and/or her family.
- Experts who have studied families with a problem of addiction have discovered that these families react to the situation in more or less the same way. The dysfunction these families experience is commonly referred to as co-dependency. Leaders in the field have identified that the entire family is

in need of recovery, in addition to the addict. Additionally, the recovery of the client is often dependent upon the recovery of the entire family unit and their understanding and awareness of this disease. Family counseling sessions and family education groups are provided at a minimum of once per week.

- Group counseling sessions focus on assisting the clients and family members in dealing with psychological, social and economic issues that contributed to or may have developed as a result of the client's substance abuse. The groups are designed to provide participants with an environment conducive to self-examination and change and to obtain objective and non-judgmental feedback on their behaviours, attitudes, feelings and methods of relating to themselves and others. Groups focus on a variety of issues including self-awareness, self-worth/self-esteem, self-discipline, social skills, sensitive treatment issues as they relate specifically to women, including child and/or adult physical abuse and/or sexual abuse, and acceptance of counseling for problem areas. Program services include the following groups: women's issues, trauma, grief and loss, sexual abuse and domestic violence.
- A full range of mental health services is provided on-site by three full-time therapists. This includes individual, group and family therapy, psychological and psychiatric evaluations and medication support.
- Case management is an interactive, interpersonal process that involves: (a) identifying, accessing, referring, and linking services; (b) organizing and integrating a set of services for each client family; (c) increasing accessibility of services; (d) sharing information about services and the client among and between providers involved with client/family using a team approach; and (e) negotiating and bargaining for services on behalf of the client family.
- Training is provided to help develop skills in the areas of problem solving, stress reduction, life management (including financial planning and social skills development) and time management.
- Educational groups are presented to all clients on health and nutrition, HIV/AIDS, tuberculosis, STDs, drugs and alcohol, as well as family planning. Topics include general health education and hygiene (with an emphasis on women's and children's issues), drug and alcohol abuse education, relapse prevention and recovery issues, nutrition, and HIV/AIDS education.
- Family dynamics or issues are significant problems for women in treatment. They are often precursors for relapse for the mothers and behavioral and school problems for the children. To respond to the issues that arise with the reunification process, a family-focused group is provided specifically for those families who are entering into or preparing for reunification.
- Substance abuse affects the entire family of the identified client. Therefore, in order to treat the client the entire family must be treated. Family members, including children, are offered the opportunity to participate in family therapy. In addition, significant others are provided with an on-site weekly support group and/or individual counseling. Referrals are provided to family members for services not provided by SHIELDS. In addition,

children of clients, whether in their custody or not, are given the opportunity to participate in child development or youth program services.

- Relapse prevention strategies are integrated into the educational curriculum provided at the apartment complex, as well as being an integral part of individual and group counseling. Specific relapse prevention groups are provided at a minimum of once per week.
- The Client Council is a segment of the client population whose purpose is to represent all clients in treatment. The Client Council helps to build, shape and formulate some of the program policies as they relate to daily client procedures, rules, and cultural sensitivity and responsiveness of the project. The major purpose of this collective body is to promote ownership and to enhance accountability of client participation in the program. The Client Council meets weekly. Clients elect an Executive Board and manage the meeting. Issues, recommended changes and concerns are then presented to the program administrative staff. Representatives from the Client Council are elected to represent the program on the SHIELDS Consumer Advisory Board. The Consumer Advisory Board meets with the Executive Director on a monthly basis. They are responsible for assisting with policy development and agency-wide activities.
- Aftercare is essential to the long-term accomplishment of the goal of reintegration with society at large. Although clients show significant improvement during treatment, their gains tend to decrease in the time period following, since support and supervision are no longer immediately available. Lifetime aftercare services are provided which include support groups, self-help groups and participation in the alumni organization. Aftercare assists in the reduction of relapse by providing a mechanism for the client to receive follow-up from the program, in addition to assistance in accessing community services as needed.

Child development, youth and educational/vocational services

The Child Development Center is located on-site at the Exodus Program. The target population is children 0-5 years of age, exposed to substance abuse pre-natally or environmentally, who are at high risk for physical, social, emotional and developmental delays. The primary goal of the Child Development Program is to promote the healthy development, social and emotional wellbeing and school-readiness of these children through the provision of therapeutic and developmentally-appropriate services. Staffing includes five full-time Child Development staff and a Child Development Specialist. Consultants are utilized to provide specialized services. Children with special behavioral needs are referred to the SHIELDS Therapeutic Nursery for more intensive mental health services. SHIELDS provides developmental assessments and evaluation for all children enrolled in the program. Developmentally-appropriate intervention plans and activities are designed and implemented for each child. Child development and parenting skills education groups are presented to mothers

for the purpose of providing the clients with information that will assist them to be better prepared to care for and interact with their children. 'Mommy and Me' parent/child interaction classes and parenting education classes are each provided one time per week.

The Exodus 'Heros and Sheros' Program provides after-school and full-day programming (during summer and school vacations) to a static capacity of 200 youths, aged 6-18, whose parents are enrolled in treatment. The goal of 'Heros and Sheros' is to decrease risk factors and to increase protective factors by addressing five risk domains: individual, family, school, peers and community. Services are designed to increase self-esteem, improve family functioning, increase decision-making and problem-solving skills, improve academic performance and to increase community awareness of negative factors affecting youths. After-school program services include individual and group counseling, mental health services, cultural enrichment, alcohol and substance abuse education, recreational activities, computer training, leadership development, and educational support. Staffing includes six full-time mental health case managers and a supervisor.

Employment and vocational training services are designed to prepare individuals to be financially independent by providing a variety of services that include: remedial education, high school diploma program, employment preparation, computer training, job placement, certificate training programs in fiber-optics, child development, alcohol and drug counseling, culinary arts, office management and medical billing. Completion of a high school diploma and a reading level of 10th grade is a requirement for program completion.

Outcomes

Since the program was implemented in 1994, outcome data have been closely monitored. During the initial stages of the program (1994-1999), Exodus was part of a national evaluation through the Center for Substance Abuse Treatment, in addition to a local evaluation through SHIELDS. National evaluation results established the program as a best practise model for the Federal Government in 2001. Evaluation outcomes of the program over the past five years (2002-2007), conducted through SHIELDS Research Division, include:

- an 81.2% completion rate (national average=25%)
- family reunification rates of 85%
- an average of 646 days in treatment (national average=less than 90 days)
- all clients obtained a high school diploma.

In the past five years, a total of 236 children (95%) have received at least one developmental screening. Overall, 85% of children received scores that fell within the normal range of development and 15% of children were identified with potential delays and referred for additional assessment and specialized services. Evaluation outcomes of the child development component include:

- increase in parental knowledge of child development and parenting skills with parents scoring an average of 90% on post-test scores
- over 200 parents received completion certificates for parenting and child development classes
- success in ameliorating rates of Low Birth Weight among infants born to enrolled mothers (average=4.5% over the last six years, 0% in the last year)
- high rates of entry into prenatal care (average=67% over the last six years, 72% in the last year)
- immunization rates among enrolled children averaged 80% in the past five years
- of a total of 264 infants who were born in the program in the past six years, less than 6% had positive toxicology screens.

Outcomes for 'Hero and Shero' youths have been monitored through the use of seven standardized assessments, which are administered on a quarterly basis. Results indicate that the program has had a positive impact on participating youths:

- 60% of participants improved attitudes towards school and education
- 75% of participants improved grades in Mathematics and English
- 77% of participants improved self esteem and self-confidence
- 77% of participants improved cultural awareness/identity and community mobilization skills
- 80% of participants improved awareness of substance abuse-related issues and made a commitment to live drug free.

Summary

The problems and issues that substance-abusing women face are related equally to their gender and their addiction. For such women the effects of addiction are far reaching. Not only are their personal lives affected dramatically in terms of physical, social, emotional and interpersonal dysfunctions, but also – and sometimes even more devastating – are the effects on their unborn foetuses and the growth and normal development of their children. Treatment services are needed that demonstrate effectiveness in addressing these issues holistically, by providing comprehensive, collaborative, culturally-sensitive, community-based and family-focused substance abuse treatment programs that address substance abuse as a chronic, relapsing disorder that is biopsychosocial in nature. When services are provided in this manner, we are not only ensuring successful outcomes for the women we serve but for our future generations.