REPUBLIC OF KENYA

BOMET COUNTY ASSEMBLY

Report on a Benchmark Visit to Rehabilitation Centres

Committee on Gender, Culture and Social Services

November, 2014

Preface

Mr. Speaker sir,

On behalf of the Committee on Gender, Culture and Social Services and pursuant to the provisions of the Standing Orders 181 (3), it is my pleasant privilege and pleasure to present to this Honorable House the report of the Gender, Culture and Social Services Committee the findings of the committee on the benchmark visit to drug abuse rehabilitation Centres namely; Asumbi Rehabilitation Centre, The Retreat Centre and Mathari Drug and Substance abuse unit, all based in Nairobi, Kenya.

Foreword

The issue of drug abuse and alcohol misuse in Kenya and dangers cannot be over emphasized. The youths in Kenya are the most affected in the menace of alcohol and drugs abuse in Kenya. Depressions of life in Kenya are the major contribution to alcohol abuse especially among the youth and the productive Kenyans. Misuse of drugs and alcohol in Kenya which does not only include the abuse of recreational or illegal drugs, but also includes the abuse of prescription drugs for the desired side effects. Seeing of the signs and being aware of one abusing alcohol and taking swift action is of paramount importance because it might be the difference between one having a gratifying life or death. The Drugs abuse condition in Kenya has led to many establishments dealing with alcohol abusers and drug users in Kenya which is logical permanent solution to healing the working nation of Kenya. Bomet County being among the 47 counties in Kenya experiences drug addiction which cuts cross the gender with varying age. Alcohol is the most abused drug in Bomet County as well as the whole country. This report seeks to highlight how different rehabilitation Centres in Kenya rehabilitate drug addicts, which will in hand help to establish such a facility in Bomet County.

Mandate of the committee

The Committee on Gender Culture and Social Services is mandated as per the standing order number 190 to deal with child care facilities, all matters related to cultural activities, public entertainment and public amenities, including betting, casinos and other forms of gambling, racing liquor licensing, cinemas, video shows and hiring, libraries, museums and cultural activities as well as facilities and county parks, beaches and recreation facilities. They are also mandated in controlling drugs and pornography.

It is from this guidance of the mandates of the committees have deliberated much on this and has come up with these recommendations for our benchmark visit.

Committee Membership

The Committee on Gender, Culture and Social Services as currently constituted comprises of the following members;

1. Hon. William Mosonik	Chairperson
2. Hon. Rose Boiyon	Vice Chairperson
3. Hon. SamwelBor	Member
4. Hon. Julius Korir	Member
5. Hon. Hellen Chepkirui	Member
6. Hon. David Rotich	Member
7. Hon. Reuben Langat	Member
8. Hon. Helen Taplelei	Member
9. Hon. Sammy Chelule	Member

Mr. Speaker Sir,

Allow me to thank the entire membership of this committee for its hard work and commitment which made the benchmark exercise a success.

In carrying out its mandate, the committee was guided by the existing procedures and modalities of operations of the County Assembly derived from the Constitution of Kenya 2010, Acts of parliament, County assembly standing orders, conventions, common practices and rulings and directives of the chair.

Appreciation

Mr. Speaker Sir,

The committee wishes to record its appreciation for the exemplary services rendered by the officers from Office of the Clerk of the County Assembly and the Research Department for valuable support. Indeed, their commitment and devotion to duty have made the work of the Committee and production of this report timely and successful.

Mr. Speaker Sir,

On behalf of the committee, I now wish to table the report and urge the House to adopt it and the recommendations therein;

Hon. William Mosonik

Signed .....

Chair Gender, Culture and Social Services

Date .....

Ownership of the Report

We the members of the Committee on Gender, Culture and Social Services hereby affix our signatures to this report to affirm the correctness of the contents and support for the report;

1. Hon. William Mosonik _____
2. Hon. Rose Boiyon _____
3. Hon. Samwel Bor _____
4. Hon. Julius Korir _____
5. Hon. Hellen Chepkirui _____
6. Hon. David Rotich _____
7. Hon. Reuben Langat _____
8. Hon. Helen Taplelei _____
9. Hon. Sammy Chelule _____

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Introduction

A motion had earlier on been passed to set up a rehabilitation Centre in Bomet. This inspired the committee to have a bench marking visit to at least 3 rehabilitation Centres, 2 public and I private so that they come up with findings and recommendation to the C.E.C gender, culture, children and social services. The committee agreed that they would visit Mathari Hospital Drug and Rehabilitation unit, The RetreatCentre- Department of mental health rehabilitation services and Asumbi Treatment Centre on 16th -18th September 2014.

So through the committee resolution on their meeting held on 1st September, 2014 vide minute**MIN 52/09/2014**, they decided to visit the Centres approve by the committee. The committee through the research office was able to come up with questionnaire which was used in gathering more information. The committee began their benchmark visit with a visit to Asumbi Rehabilitation Centre then to The RetreatCentre and finally Mathari Hospital Drug and Rehabilitation unit.

Mathari Teaching and Referral Hospital

(Rehabilitation Unit)

On the third day of the Benchmark visit, the Committee visited Mathari Hospital located in Nairobi City County.

Background Information

The Mathari Hospital comprised of six departments andall departments have its own core unique functions. The six departments comprises of the following;

1. Outpatient Child and Adolescent Psychiatry clinic
2. CSAT(clinic for sub-stance abuse treatment)
3. Accounts Department
4. Out-Patient
5. ElectroconvulsiveTherapy (ECT)
6. Occupationa Therapy

The Committee on gender, culture and social services was interested on the Department of Clinic for Sub-stance abuse treatment (CSAT) because the objective of the site visit was a benchmark visit on rehabilitation Centre.

Clinic for Sub-stance abuse treatment (CSAT)

Background information

Governmental organization established in 2003 in order to provide drug abuse treatment and rehabilitation services with the aim to become a Centre of excellence for treatment, training and research.

The main objectives of the Centre are:

1. Provision of in- and out-patient treatment to drug users using a multidisciplinary approach. This includes detoxification, rehabilitation and management of co-morbid disorders.
2. Training of under- and postgraduate medical students, psychology students, nursing students and other mental health workers.
3. Conducting evidence based research.

4. To collaborate regionally, nationally and internationally with other drug treatment and rehabilitation centers.
5. For the provision of services a multidisciplinary approach is used for both in-patients and out-patients. The Centre offers a wide range of psychotropic medication and many other modalities/approaches are used. Counselling/psychotherapy, occupational therapy, recreational activities and guidance are also provided. The Centre also makes use of outreach services through community nursing department and covering law offenders through the forensic psychiatry.

The Centre follows quality assurance committee guidelines and protocols set by the Ministry of Health. By participating in the network the Centre will obtain Inter-Centre collaboration to improve service provision, training and research. This will assist in exchange of ideas as well as bringing in more innovative technologies for all Centres within the network. It will also assist in capacity building, formulating policies for best practice and assist in evidence based research.

The Centre provide information on illicit African drugs like Khat, the twin pandemic of HIV and Aids drugs use and many bio-psycho-social aspect of drug use in Eastern Africa

Mathari hospital has been running an inpatient drug rehabilitationCentre since 2003 which is a ninety day residential program. An outpatient service for persons recovering from substance abuse was started in the hospital in the collaboration with UNODC. The clinic, dubbed CSAT (clinic for substance abuse treatment) became operation in May 2012.

It is run by a team that comprises of a psychiatrist, a nurse, social worker, occupational therapist, counselors and a support staff.

The purpose of the clinic is to provide after care for persons who have completed the 90 day in patient programme as well as an option for persons with addiction but for various reasons are unable to join the residential programme. Patients can be referred from

outpatient department, the general wards or other institutions upon diagnosis of alcohol or substance use disorder.

It's a support group that is open to new members and meets in the hospital **on Tuesday every week from 9am to 2 o'clock** in the former ward. The patients engage in occupational health services including indoor games, group therapy as well as individual counseling. A psychiatrist is also available to review those with any mental health complication. They encourage relatives to be part of the patients treatment process and therefore hold a family day once every two months where the patient is accompanied by members of his or her family for counselling.

Drug addicts are almost invariably found to suffer from inability to adjust to the norms of family society. They are prone to health, psychosocial and legal problems. Dependence is challenging, but many have been able to quit. The program seeks to find a permanent solution to this menace. They address the multiple needs that the patients have rather than the addiction itself only.

Interactive Session

The members of the committee of Gender and social services had an interactive session with the administration of Mathari Hospital. The members of the committee led by the Chair Hon. William Mosonikhad 1 hour interactive session with the medical superintendent of the hospital with questions and answers dominating most of the time.

The medical superintendent was quick to acknowledge that the visit by the Bomet County Assembly highlighting that it was the first county assembly to visit since the new dispensation of the county government.

The committee members learned that, Mathari Rehabilitation Centrecovers a 70 hector piece of land and it was established in the year 1911 through an act of parliament then. As per the current data, Mathari Hospital as a population of over 700 patients but not more than one thousand with the recent statistics as at the time of our visit was a total of 874 patients which comprises of 721 male

patients and 153 female patients. The hospital's core functions includes, Nationa Teaching and referral hospital unit, mental unit and substance abuse unit.

The facility is accredited by the government and it lay its structures through the provisions set by NACADA, this is as far as the substance abuse unit is concerned. One thing to note however, is thatthe institution serves both the civil population and the criminal side. The civil population comprises of the common *wananchi*who seek hospital's services and the criminal population comprises of the criminal personnel brought forth by the police department for psychiatric analysis. Currently the criminal patients consists of a population of 323.

Treatment plans for patients in clinic for substance abuse treatment department (CSAT)

Mathari Hospital has an extensive treatment plan for patient suffering from substance abuse and its detailed as follows;

Standard statement

Inpatient/residential treatment services are provided for person with substance use disorders.

Outcome

Individuals with substance use disorders are admitted, treated and discharged from inpatient/residential treatment Centre.

Programme practice

- Substance-dependent persons admitted to inpatient/residential treatment Centre fill in appropriate admission forms.
- The referral of substance-dependent children from borstal (*polytechnic Centres*) institutions and rehabilitation (approved) schools should be accompanied by relevant documentation from the Children's Department or Probation Office.
- Voluntary clients admitted to inpatient/residential treatment should be accompanied by a voluntary admissions form.

Management actions

The management actions include copies of relevant legislation are provided to all service providers. These would include:

1. Medical Practitioners and Dentists Board Act.
2. Mental Health Act, Chapter 248 Laws of Kenya of 1984.
3. Pharmacy and Poisons Act, Chapter, 244 Laws of Kenya.
4. Public Health Act, Chapter 242, Laws of Kenya.
5. Narcotic Drugs and Psychotropic Substances Control Act, 1994.
6. Tobacco Control Act, 2007.
7. Food, Drugs and Chemical Substances Act, Chapter 254, Laws of Kenya.

- Service providers are given appropriate training and support that maximizes their ability to implement the relevant legislation effectively.
- The Centre has clear, documented admission criteria that guide the admission of the above-mentioned persons.

Standards statement

All clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial functioning and a specified regular review of such functioning.

Outcome

The subjection of all clients to holistic assessment processes.

Programme practice

- Assessment of competencies: Assessments will be undertaken by professional staff with the relevant knowledge, skills and competencies. A medical or psychiatric diagnosis should only be done by qualified medical clinicians.
- Intake assessment: Intake assessment or screening is undertaken by a medical and addiction clinician within 24 hours, or, in the case

of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of admission. The assessment includes:

(a) Bio-data and brief personal history.

(b) Mental state examination, including intoxication status and needs.

(c) Provisional psychiatric history and diagnosis.

(d) Physical examination and history of medical conditions, including tests to facilitate evaluation.

(e) Brief history of substance abuse and past treatment, if any.

(f) Past and current use of medication, if any.

(g) Assessment of risk potential (i.e., for suicide and other forms of selfharm) and specifications for detoxification (if offered).

• Comprehensive bio psychosocial spiritual assessment: A comprehensive assessment is undertaken within 72 hours of admission by qualified and experienced professionals. The assessment includes:

(a) Psychiatric and physical assessment and diagnosis, with special reference to any co-morbid conditions.

(b) Comprehensive psychosocial, developmental and functional assessmentincluding an evaluation of the client's social situation (e.g. Family, employment, housing and legal situation) and vocational and developmental needs.

(c) Referral for a more in-depth psychological, social, psychometric or physical evaluation, as appropriate.

(d) Initial treatment goals and prognosis.

• Psychiatric diagnosis: Identified clients receive as part of the comprehensive assessment a psychiatric diagnosis, according to DSM-IV TR or ICD 10, made by an appropriately qualified and experienced professional staff member. All psychiatric diagnoses are

provisional until they have been reviewed by the psychiatrist and the interdisciplinary team.

• Specialist and team review: The results of each client's comprehensive assessment are reviewed by a primary counsellor/case manager and the Centre's multi-disciplinary/trans disciplinary team within 1 week of the client's admission.

• Documentation: The assessments are recorded in the clients' case records within 24 hours.

• Assessment panel: The results of the comprehensive assessment and the treatment plan are presented and discussed at case conferences. This occurs within the first ten days of admission.

• Client feedback: Clients receive feedback during the assessment process on the results of the process.

• Review of progress: A formal review of the clients' treatment progress(including psychiatric status) is done weekly by the multidisciplinary team. The review is made available weekly by the primary counsellor/case manager and monthly by the multidisciplinary/ Tran disciplinary team.

Management actions

Policy and procedures: Documented, up-to-date policies and procedures support monitor and regulate the assessment and review process. Clients may submit reasons to the supervisor for a change in primary counsellor/ case manager should they be dissatisfied with therapeutic relationship or the counselling provided. The management ensures that clients are given this option, and attends to feedback from clients.

Individualized treatment planning (ITP)

All clients have a documented, individualized treatment plan that encourages their participation, motivation and recovery.

Outcome

Treatment plan: All clients have an individualized treatment plan/programme.

Programme practice

Informed consent and information: Informed consent is sought from all clients prior to the onset of any treatment. Clients are given the opportunity, as far as possible and appropriate, to make choices regarding their care and are provided with adequate information on the specific treatment (e.g., medication used) and risks, benefits and options of the treatment offered. For children and persons without a mental capacity to make decisions, their parents/guardians will be required to make informed consent on behalf of the clients.

See relevant legislation for the rights of children to provide informed consent.

- Health promotion/prevention: Treatment Centres will seek to promote optimal client health and well-being and to prevent the onset and negative impact of health and mental health/substance-related problems among clients (and their families and significant others). The following is included:

(a) Information and practical support to maintain a healthy, alcohol and drug-free lifestyle (e.g., exercise, better nutrition, stress management).

(b) Information and practical support to prevent the onset and spread of HIV/AIDS and other sexually transmitted and infectious diseases (e.g., voluntary counselling and testing, risk reduction education regarding needle use).

(c) Access to reproductive health care and support of pregnant clients.

(d) Access to nutritional support and supplements for chronic alcohol dependent clients.

- Individual treatment selection: Treatment is planned for clients according to the nature of their substance addiction/dependency and/or other psychiatric or psychological conditions (symptoms, severity and history), their personal preferences, strengths and characteristics, and their social needs and circumstances.

• Care plan: Based on the comprehensive assessment, a written individualtreatment plan or provisional development treatment plan is developed inpartnership with the client and recorded. The plan contains the following:

(a) Clear and concise statement of the client's current strengths and needs.

(b) Clear and concise statement of the client's presenting issues.

(c) Clear and concise statements of the short and long-term goals theclient has undertaken to achieve.

(d) Type and frequency of therapeutic activities and treatment programmein which the client will be participating in order to achieve his/herstated goals.

(e) Staff responsible for the client's treatment and their individualcounsellor.

(f) The client's responsibilities and commitment to the rehabilitationprocess.

(g) The plan is dated and signed by the individual counsellor and the clientand a copy given to the client.

• Participation: Clients participate in the development and regular review ofthe treatment plan.

• Core competencies: Addiction counselling staff must have knowledge,skills and competencies to undertake the following:

(a) Screening to establish whether the client is appropriate for the programme.

(b) Intake – Administrative and initial assessment procedures.

(c) Orientation of the client.

(d) Assessment – For the development of a treatment plan.

(e) Treatment planning, including special needs planning (children andadolescents, the elderly, disabled).

(f) Counselling (individual, group and family).

(g) Individual case management/treatment.

(h) Crisis intervention – Acute emotional or physical distress.

(i) Client education.

(j) Referral – If the patient's/client's needs are not being addressed by theprogramme.

(k) Reports and record keeping.

(l) Consultation with other professionals on client treatment services.

Management actions

• Treatment standards: Facilitate the provision of treatment that is safe,evidence-based and meets internationally accepted standards.

This includes any homeopathic or complementary therapies offered at theCentre (e.g., aromatherapy and hypnotherapy). These therapies may only be used as prescribed by a medical doctor or psychiatrist. All alternativetherapy practitioners should be officially registered and recognized by theappropriate statutory body.

• Primary counsellor/case manager: All clients are assigned a primarycounsellor/case manager who is a professional addiction counsellor orpsychologist. Basic requirements are that:

(a) The primary counsellor is responsible for assisting clients to identifyand develop their treatment goals and tasks, to provide regular supportand motivation, and liaise with families and significant others

(b) The primary counsellor meets for a minimum of 60 minutes once aweek with the client to review treatment progress and next course ofaction.

(c) The primary counsellor is reasonably accessible to clients for supportand crisis intervention even outside of fixed counselling sessions.

(d) The Centres stipulate the optimum and maximum case load for eachprimary counsellor (e.g., 20 clients). The ratio is 1:15 for those using

TC model; 1:10 for Matrix model; and 1:7 for Minnesota model.

Standard: Pharmacotherapy and medical care

Standard statement

Medication and other medical care are provided in a timely, accessible andprofessional manner in accordance with statutory requirements and clientsafety.

Outcome

Medical coverage Routine medical and mental health care is availablethrough employed or contracted medical and mental health professionals.

Programme practice

• Medical coverage: Emergency medical and mental health care isavailable to clients 24 hours a day, 7 days a week.

• Clinical/Case record: A medication record will be kept in the clients'case records in accordance with statutory requirements and will includethe following:

(a) Name of the medication,

(b) Method of administration,

(c) Dose and frequency of administration,

(d) Name, date and signature of prescribing doctor,

(e) Name, date and signature of person administering or dispensing drug.

Refer to the Pharmacy and Poisons Act, Cap 244 Laws of Kenya.

• Medicine administration: Medication is administered only by a registeredprofessional nurse or medical practitioner according to the documentedinstructions of the attending doctor/psychiatrist. Self-administration ofprescribed medication is observed by or is

done under the supervision of suchregistered staff members. Medicine prescribed for one client shall not beadministered to or allowed to be used on another client.

• Medicine-related monitoring: Clients are carefully monitored by professionalstaff to prevent and/or respond promptly to adverse effects of prescribed andnon-prescribed medication. Adequate review of the clients' condition andtreatment should take place to ensure prompt response to signs of adverseeffects and side-effects.

• Medicine storage and disposal: Storage and disposal of medicines complywith current legislation.

• Emergency medicine and equipment: Medicine and equipment foremergency use and first-aid are available and functioning, and staff is skilledand equipped to use/administer them

• Medicine records: Records for medicines are accurately maintained accordingto statutory requirements.

• Prescriptions: Clients will undergo an initial intake assessment (i.e., face-tofaceexamination) by a medical clinician before any medicines are prescribed.

• Medical waste storage and disposal: The Centres will store and dispose ofmedical waste (e.g., syringes and unused medicines) according to currentstatutory requirements. All unused prescription drugs prescribed for residentsshould be destroyed by the person responsible for medicines, and suchdestruction should be witnessed and noted in the clients' case record.

Management actions

• Prescriptions: Adequately skilled medical clinicians are available toevaluate the need for and to prescribe medication in accordance withstatutory and Centre regulations and policy/procedures.

• Continuity of care: No clients are prevented from continuing withappropriate treatment prescribed prior to admission.

• Policy and procedures: Documented, up-to-date policies and proceduresare used to regulate pharmacotherapy and medical care. They include thefollowing:

(a) Handling of prescription medicines and the use of over-the-countermedications.

(b) Intoxication and overdose.

(c) Detoxification and voluntary withdrawal.

(d) An up-to-date list of staff qualified and authorized to prescribe andadminister drugs.

(e) Medicine administration, including timing, venues and supervision.

(f) Storage, control, accountability, inspection and documentation ofmedicines (according to statutory and professional requirements).

(g) Monitoring of adverse reactions and medication errors(pharmacovigilance).

The development of policies and procedures is the responsibility of the ministry of Medical Services and not that of the treatment Centres. Therefore the treatment Centres shall apply the policies and procedures stipulated by the ministry in charge of medical services or WHO recommended policies andprocedures.

• Treatment protocols: Documented, up-to-date and scientifically basedtreatment protocols of established safety and efficacy are used to regulate,monitor and support clinical regimes, including the following:

(a) Polydrug usage and related complications.

(b) Intoxication and overdose.

(c) Detoxification regimes based on type of substance/s abused (includingmedicine dosage, administration and frequency of administration,client care and monitoring, and required equipment).

(d) Assessment and management of HIV/AIDS, tuberculosis and hepatitis.

(e) Emergency procedures.

It is not the treatment Centre's responsibility to develop treatment protocols;rather, these protocols should be developed by the Ministry of Medical services.

• Detoxification: Detoxification (including voluntary withdrawal) occursaccording to written policies and procedures. All components of care areavailable from Centres that render detoxification services. Components ofsuch policy include:

(a) Type and qualification of staff;

(b) Assessment and placement procedures;

(c) 24-hour professional nursing and easily accessible medical backup;

(d) Standardized, official, best-practice detoxification protocols;

(e) Client background information;

(f) Client participation and informed consent in detoxification decisionmaking process;

(g) A documented, individualized detoxification treatment plan (includingreferral if required) based on detoxification protocols, the clients'individual needs and preferences and the Centre's capacities;

(h) A safe, quiet and comfortable space for the detoxification process;

(i) Adequate monitoring and supportive care;

(j) Pharmacotherapy (as per protocol for medicated detoxification)including adequate, individual-specific, prescribed medicines;

(k) Emergency care and equipment, including referral to hospital, Ifrequired;

(l) Feedback and support to family and significant others, if appropriate.

Structured treatment programmes and daily activities

Standard statement

Clients participate in a structured treatment and rehabilitation programmethat effectively and safely addresses treatment goals and is supported byappropriate activities and routines.

Outcome

A formal treatment and rehabilitation programme that addresses clients' needs.

Programme practice

Treatment and rehabilitation programme

- Programme models/philosophy: The management formulates aspecific programme model and philosophy for their formal treatment andrehabilitation programme, and this is regularly reviewed and updatedin accordance with WHO standards. The treatment and rehabilitationprogramme describes structured daily and weekly activities, individual andgroup sessions, stages or phases of treatment and related goals in a timedefinedprogramme.

- Programme content: The structured programme consists of groupcounselling/therapies, opportunities for individual and family therapies/counselling, and organized group activities such as sport, health education(e g., HIV/AIDS), recreation and creative activities.Individual and group therapies may be psychotherapeutic, life skills(e.g., anxiety management, social skills training, problem solving andgoal setting), self-help (AA and NA), and psychoeducational (e.g., druginformation and relapse prevention).

- Programme duration: The duration of the treatment programme offered by the Centres should be defined by the management in accordance with thetreatment model.

Management actions

• Programme communication and participation: The treatment programme,daily activities and expectations are documented and communicated to clients, families and significant others. Opportunities exist for clients toparticipate in decision making on the daily activities and other issues thataffect the Centre and client community.

• Guidelines for daily activities: The Centre has documented guidelines thatit implements to regulate and guide daily activities at the Centre.

• Client's and visitors' rules:

• The Centre has documented rules that it implements to regulate and guideclient's and visitors' conduct at the Centre. These may include:

(a) Client waking and sleeping times.

(b) Telephone use for private conversations.

(c) Visits from families and significant others, friends, religious leadersand legal counsel.

(d) Visits and outings beyond the Centre.

(e) Conduct of clients and Group norms.

• Clients labour: Clients may be involved in non-exploitative work/labourincluding vocational skills training activities (e.g., meal preparation,cleaning of residential facilities) as may be prescribed in the treatmentprogramme. All work and vocational activities should support clients'rehabilitation needs and individual treatment goals.

• Meals: Clients are given a minimum of three nutritious meals a day. Ifclients are allowed to participate in preparing meals, this must be accordingto documented client labour policies, health regulations and food hygiene.

The Centre should have proof of regular inspection and certification of thekitchen and food preparation area(s) from the local authority

or publichealth officer. Nutritionists from the relevant health ministry should reviewmenus and meal quality regularly.

Standard: Discharge and Re-admission

Standard statement

Clients are provided with appropriate programmes and support to enable theireffective transition from a treatment Centre to their families and re-integrationinto their communities.

Outcome

Clients fully prepared to participate in continuing care and follow-upprogrammes in their communities.

Programme practice

• Discharge assessment and review: All clients are assessed and reviewed bythe multi-disciplinary/trans-disciplinary team towards the end of treatmentto determine their readiness for discharge and to facilitate dischargeplanning.

• Discharge documentation: Relevant referral agents are supplied with a confidential signed and dated discharge summary on time to facilitatecontinuity of care for all clients leaving the Centre. A copy of this report iskept in the client's case record. The summary includes:

(a) Clients' personal details.

(b) Personal history and family/social background.

(c) Treatment plan and progress/participation at the Centre.

(d) Reason for discharge (e.g., completed programme or non-compliance).

(e) Continuing care needs and preferences (discharge plan).

• Continuing care: Prior to discharge, the Centre links the clients to theiroriginal referral and any other community resource e.g., social workers andself-help groups.

• Discharge information: Discharge information is provided for all clientfamilies and significant others, as appropriate, on discharge, expulsion orleaving against staff advice. The discharge information includes:

(a) Details, precautions and guidance on any prescribed medicinesat discharge. Where advisable for a particular client, alternativearrangements must be made for the collection of medication by afamily member or a significant other.

(b) Names and details of Continuing care referrals/sources (e.g., AA andNA meetings).

(c) Names and details of emergency and contacts for crisis intervention\ associated with relapse prevention.

(d) Procedure for readmission to the Centre, if sought.

• Information for significant others: Families and significant others areassisted in planning and anticipating the client's discharge and return to his/her home (alternative dwelling) and community from the onset of inpatient/residential care. They are also informed, whenever possible, when clientsare to be discharged, suspended, expelled or if they have absconded ordropped out.

• Client's relapse prevention and management plan: Prior to discharge,clients, families and significant others are provided with information,life skills, support and counselling to assist with relapse prevention andmanagement.

Management actions

• Policy and procedures: Documented policies and procedures are availableto guide and regulate discharge, suspension, expulsion, Continuing careand readmission to the Centre. These policies cover:

(a) Discharge planning, procedures and related documentation.

(b) Expulsion from the Centre due to serious violation of rules andregulations (e.g., possession of harmful substances or weapons, sexualharassment, violence or repeated threats of violence and substanceabuse).

(c) Discharge and transfer of clients deemed to be unsuitable for theCentre.

(d) Discharge of children and adolescents without parental consent.

• Suspension and expulsion: The criteria and procedures for suspendingand expelling clients are clearly communicated to them and their families. Clients have access to a fair investigation and hearing to determine theirculpability when suspended or expelled for the violation of Centre rules andregulations.

• Absconding: Record cases of absconding from the Centre into theoccurrence book immediately upon detection. Fill out the abscondee formthat describes the client's physical features, mode of dressing, perceived mental status, date and time of absconding, staff on duty at the time andtheir designation. The abscondee form is taken to the nearest Police Stationwhere the report is filed and a stamped copy is retained in the client's file.

• Transfer and referral: Defined and documented criteria and proceduresexist for referring clients in need of alternative services, for example,outpatient treatment, detoxification, adverse drug reactions, attempted suicide, emergency medical care and psychosis. Clients who have beentransferred to specialized or mental healthcare facility due to the severity orexistence of a co-morbid condition may only be considered for readmissionto the Centre with the written report of a doctor or psychiatrist.

• Voluntary discharge: Mechanisms exist for clients to discharge themselvesvoluntarily at any stage in their treatment unless judged to be a danger tothemselves or are legally committed. The Centre staff must be satisfied thata client is mentally fit to make such a decision and the consequences ofvoluntary discharge are clear.

• Discharge planning: The discharge plans are developed and reviewed incollaboration with clients and with the clients' informed consent. An input from the family, employers and significant others in discharge planning issought. A copy of the discharge plan is kept in the clients' records.

• Re-admission: The Centre has policies and procedures to support thereadmission of clients. The treatment goals and programme for readmittedclients is clearly stipulated in accordance with their treatment needs.

Conclusion of Mathari Rehabilitation

1. The Committee had an extensive and elaborate meeting with the hospital personnel of Mathari Rehabilitation and had a singular opportunity to interact with patients in rehabilitation Centre who were under treatment form drug and substance abuse. The committee received positive response from the patients stating that the treatment were positive to them. One important element the committee learnt was that the patients admitted that they had to adhere to the service agreement and consent form for them to continue with their cure. The service agreement and consent form will be attached to this document for further perusal.
2. Last the committee was satisfied with the observation of Mathari Rehabilitation unit noting that it will yield positive results as the ideas and knowledge gained will endeavor assist them to set up such facility in Bomet County.

The RetreatCentre

Background information

The Retreat is a hospital medical rehabilitation Centre established in February 2010 to cater for adults and young adults suffering

from substance abuse or dependency and any co-occurring disorders. Our programs are run by a group of senior psychiatrist, psychologist, social workers and nurses, with a very proficient hospitality and administrative team.

The treatment philosophy is based on the understanding of alcoholism and drug abuse being a disease and a disorder of the whole person respectively.

The RetreatCentre use an integrated model borrowed from Minnesota Model, Therapeutic community and Medical Model. The Retreat was established in February, 2010 as an in-patient hospitable medical rehabilitation Centre for the treatment of substance addictions and co-occurring disorders.

Our treatment philosophy is based on the understanding of Alcoholism and Drug Abuse being a disease and a disorder of the whole person respectively.

At the Retreat they cater for adults and young adults suffering from addiction and any other mental related conditions. Our programs are effective in treating substance addictions and require a strong after-care lifestyle change and participation in activities that promote continued sobriety. Our treatment program runs for a minimum period of three months.

The in house program begins with the admission process where we begin the intake with assessment and orientation. This is followed by further interview of the patient and collateral intake from the significant other(s). We then engage the patient in one on one counseling, group therapy, psycho education, occupational and community therapy.

Medical care is given to those patients who require it as part of the detox or as a conditional treatment. This is done by the referring psychiatrist as per need and designation to the patient. This treatment is monitored by our nurses on a daily basis

Their Mission is;
To help restore hope, healing and health to substance abusers, addicts and those with co-occurring disorders.

Their Vision is;
The Retreat envisages being a leader in the persuit of transformative and dignified rehabilitation in Africa.

Their Core Values are;
Gratitude, Humility, Honesty, Courage, Respect, Service and Faith.

The RetreatCentre offers the following programs;

- Individual counselling
- Group counseling
- Family therapy
- Psycho-education
- Spiritual recovery
- Art feelings workshop
- Music enrichment
- Recreational/leisure activities
- Psychiatric care
- 12 steps
- After care

Criteria of Admission
Clients are either admitted directly to their offices or referred to them by schools, churches, doctors, corporations etc.

The Admission Process
A client is either picked up by their own van or dropped of by the guardians from whichever point.

Once at The Retreat, the client is subjected to a search, this search is necessary for the clients' wellbeing and that of other residents.

Once the search is complete, the client fills any necessary forms (i.e. declaration of valuables, treatment agreement form, and intake evaluation).

The Client is then issued with a file no and proceeds on to the designated room.

At this point the guardian sits with the Clinical Services Manager to get a brief on the programs to help them better understand the process.

After an admission is complete, the guardian(s) are requested (if possible) to allow for a period of two (2) weeks to pass before visiting the client as we take this time to orient and screen the clients in order to identify the appropriate treatment program for their treatment needs. The charges are a daily rate of Kshs.2,000. NHIF members, their spouses and/or children are covered to a maximum of Kshs.30,000 per year.

Clients are advised to pack all personal effects that they may require while at the Retreat (i.e sandals, warm clothes, exercise clothes, toiletries, sneakers and socks)

Discharge and after care

After clients complete their residential treatment program, they are then referred to a halfway house for transition back to society and follow-up. Those who are not able to make it to the halfway house as scheduled for follow-up at the RetreatCentre once more.

Interactive Session with the Management

The committee with the leadership of the chair had an interactive session with the management of The RetreatCentre and their discussion was dominated by the question and answer type of discussion. One dominating issue was the committee wanted to know their treatment plant, how they detect alcoholism and the challenges they were going through on their daily activities. This was the response from the management of the RetreatCentre.

Response

Alcoholism warning signs

Signs of alcoholism can let you know when your alcohol consumption is reaching dangerous levels and that it is time to get alcohol addiction treatment before the situation worsens. Taking note of the warning signs of alcoholism can assist family members in identifying the severity of alcohol addiction and help their loved one get the help that he or she needs before it's too late. At The Retreat Rehab Centres, we can help you take heed of alcoholism warning signs and get timely treatment. Through alcohol detox, counseling and therapy, you can change your life and avoid the negative effects of alcoholism.

a) ***Drinking at inappropriate times***. This will look different for everyone, but some common examples of inappropriate drinking include drinking in secrecy, drinking in the morning or at work. In the same way, drinking too much even when the time is appropriate can be a warning sign of alcohol addiction. Drinking a bottle of wine at dinner when everyone else drinks only a glass or ordering a pitcher of beer when everyone else is ordering a bottle can also be an indication of a problem.

b) ***Unable to enjoy or function without Alcohol***. Alcoholics don't enjoy events that don't include the opportunity to drink. Given a choice, many will stay home and if they can't avoid the activity, they may try and drink on the sly. In some cases, alcoholism warning sign can be so severe that the individual cannot function without alcohol -they drink at work, church events, family gatherings, and sober occasions. Without alcohol, they begin to feel ill and unable to make it through the day. Often, family members will not even know when an alcoholic begins drinking. So used to drinking in large amounts, alcoholics often function despite having ingested large amounts of alcohol. Friends and family members are often fooled as a result.

c) ***Alcohol-related health problems***. If you or someone you love is experiencing chronic health problems due to alcohol use, then that could suggest warning signs of alcoholism and should not to be ignored. Liver problems, kidney issues, heart murmurs -all this and

more can from excessive drinking. Without treatment, this can result to medical complications such as liver failure, kidney failure, heart disease and other deadly health issues. Though you may not be able to reverse these conditions even after alcohol rehab, you can stop them from getting worse and learn how to manage them without further problems.

Withdrawal symptoms

The intensely uncomfortable physical effects are unpleasant to say the least, and few relish the idea of voluntarily taking on this discomfort. The good news is that alcohol withdrawal symptoms are relatively short-lived. In just a few days or as long as a couple of weeks, one begins to feel better than they did during active addiction. With the right addiction treatment program, alcohol withdrawal symptoms will be minimal with the right medication and support.

The basics of withdrawal

Alcohol withdrawal symptoms are to be expected when you stop drinking if you are an alcoholic. The constant influx of alcohol in your system forces your body into physical dependence and without the substance, you are not able to avoid negative physical effects. The best way to handle alcohol withdrawal symptoms is to prepare for it and expect it. At an alcohol detox, medical professionals will be standing by to help you. Through constant medical and psychological support, you can make sure to get through alcohol detox with a minimum of issues.

Early treatment is key for facing withdrawal. Alcoholism, or alcohol addiction, is a chronic progressive disease. Every day that you continue to live in active addiction, you increase the severity and length of detox and your experience of alcohol withdrawal symptoms as well. Every time you try to stop drinking, you'll note that the alcohol withdrawal symptoms are worse than they were previously. Two things are key: Early treatment and effective treatment. The sooner you stop drinking, the easier your alcohol withdrawal symptoms will be to deal with and the more effective the

treatment, the less likely you will be to relapse and end up needing to go through yet another alcohol detox.

Dangerous alcoholism withdrawal symptoms. It is not recommended that you attempt to stop drinking without the medical supervision and assistance provided by an inpatient alcohol detox program.
About 25 percent of alcoholics will experience severe alcohol withdrawal symptoms that include seizures, DTs and more. At an alcohol detox center, your vital signs are monitored constantly and you will be given medications that will control these symptoms and keep you comfortable. Fear of alcohol withdrawal symptoms is a common reason that many alcoholics avoid getting the alcohol rehab help that they need.

The Biggest Challenges to Rehab Success

An alcoholic will fall deeper and deeper into the cycle of addiction without professional help. When these individuals enter into an alcohol rehab program they are given the support and treatment they need to achieve and maintain sobriety. The process is designed to enrich the mind, body and spirit of the individual. However, not everyone makes it through alcohol rehab on the first try. In fact, there are several obstacles that keep individuals from seeking proper addiction treatment at all. The following represents some of the biggest challenges to alcohol rehab success, and how they can be overcome.

ASUMBI TREATMENT CENTRE

Asumbi Treatment Centre is the oldest Rehabilitation Centre in East Africa which started way back in 1978 by Turberg Brothers in Asumbi – Homabay. It was started by a catholic priest Father Peter Adhiambo who was an alcoholic addict. . It offers residential drug - free treatment.

It is an abstinence based programme. Patients have to stay off all mood and mind altering drugs. Their measure of success is complete abstinence.

Asumbi has so far rehabilitated more than 5000 clients. Asumbi spread its wings and opened two other centers in Nairobi - Karen in May 2005 and Ridgeways in December 2006.

The main focus is in spiritual and personal growth as peer pressure, role modeling, self-pity, personal responsibility, reality confrontations and leveling. To achieve above they use group and individual counseling and family therapy.

The residential drug-free treatment approach, the therapeutic community is based on Alcoholic Anonymous, Narcotic Anonymous programme which has been successfully used as a treatment method and a fellowship for alcoholics/drug addicts and a well designed and implemented after-care support.

Vision

Their vision is to realize self-fulfillment and social harmony for all the community members through sharing and caring for each other.

Mission statement

Their mission is to continue reaching out to the substance users, to create awareness, treatment and rehabilitation where need be and re-integrate them to their communities for a healthy nation

Asumbi Treatment Centre-Karen

Asumbi Treatmen Centre in Kenya is located along Langatta road near Tokyo restau rant in Karen broad n of alcohol and drug abuse in Kenya. The alc oholism and drug abuse treatment programs in Asumbi Treatmen Centre in Nairobi include; Residential treatment program by Asu nbi Treatment Centre is a program where the alcohol and drug abusing patient in Kenya is expected to undergo intensive treatme nt and counseling during the day which lasts for about 30-90 da s. Partial hospitalization program in Asumbi Treatment Centre is for those who require ongoing medication of alcohol and drug abuse in Kenya. Outpatient program in Asumbi Treatment CentreKaren is a program whose main focus is relapse of drugs and a coholabusers prevention in Kenya. Intensive counseling progr m in Asumbi Treatment Centre in Kenya is a program that he ps identify root causes of the drug and alcohol abuses among Kenyans. Brief intervention program in Asumbi Treatment Centre in Kenya is a program that is appropriate for those at high risk of developing serious drug and alcohol abuse and a follow up program of individuals in Kenya to ensure the continuation of sober living in Kenya.

Although treatment in Asumbi Treatment Centre is not free the payment for alcohol and drugs abuse treatment in Kenya is welcomed as the reward is purely priceless.

The committee o n Gender, Culture and Social Services visited the Centre on 17th September 2014.They had an interactive session with the directo Mr. Anthony Kang'ethe. The director took the committee throu gh a brief history of the Asumbi Treatment Centre and some backg ound information. The committee had a chance to ask questions wh ich were well answered.

Asumbi treatmen t Centre –Karen has only male patients and their objective is to d eal with drug and substance abuse. Some of the commonly abused substances in Kenya are: Alcohol, tobacco, marijuana, inhalants and solvents, heroin, cocaine, prescription drugs including sexual enhancements drugs and HIV/AIDS drugs. It was evident that ATC facilities are in great demand. The clients were from all wa lks of life including professionals such as lawyers,

engineers, doctors, lecturers and students. The main approach to treatment was found to be the drug free approach, anchored on the 12 steps programme. Major challenges include inadequate funding. A success rate for the programme could not be established, since there was no follow-up of the clients after discharge. Family support was found to be crucial in the recovery process.

Admission

The interested, suffering chemically dependent person who voluntarily seeks admission could be admitted between 8:00a.m and 4:00p.m, on every day of the week provided he/she meets the following requirements.

Prerequisites

- He/She voluntarily desires to abstain completely from alcohol, cannabis, heroin, khat, and or any other mood-altering drug - This makes the beginning of individual commitment
- He/She accepts to undergo treatment for the set periods of at least 3 months alcoholic and at least 6 months for the drug addicts without and break.
- He accepts to adhere to our set norms and procedures and enters the agreement in writing.
- He/She brings enough clothes, shoes, towel, toothpaste, shoe polish, soap,mosquito net, writing material and other personal effects. Pocket money for the replacement of the personal effects has to be kept in the center's office.
- He/She is accompanied with at least an immediate family member who agrees to support that treatment process and enters that in writing.
- There are no visits for the first 30 days counting from the day of admission. Visits are strictly after every two weeks thereafter.

Asumbi Treatmen : Centre has two plans for their clients

1. Intervention Plan
2. Treatment plan

1. Intervention Plan

The vision

The vision for Asumbi Treatment is to help the suffering chemically dependent person who voluntarily enters treatment to achieve complete sobriety which means not only freedom from drug indulgence but also peace of mind, contentment, peace of soul, adjustment to life, to reality, to God's will and man's presence.

The primary goals

The primary goal is to foster personal growth and development toward self-fulfillment of the individual suffering addict through social leaning in a community of concerned people working together to help themselves and each other.

Elements of Recovery

The key elements to recovery from chemical dependency are simple in concept yet very sophisticated in application. These four elements require the joint effort of both patient and staff:

- Repair of medical and social damage
- Abstinence from alcohol and other mood-altering drugs.
- Restoration of self-esteem.
- Involvement with self-help group for alcoholics and drug addicts (AA and NA)

Treatment goals

The addicted person has to learn to function as a sick person and has to be taught step by step, how to function initially as a recovering person and finally as a successfully recovering addict (well person). To attain this, the following goals have to be fulfilled:

- Accepting chemical dependency as a sickness.
- Boosting self-esteem.
- Elimination of resentment.
- Assessing job performance.
- Examining spiritual background and determining how it can be improved.
- A recreational plan.
- Maintenance of the programme for continuous sobriety.
- Provision of the basic human needs.

Areas of Potential Change

- Elimination of alcohol/drug from the body.
- Restoration of physical health through medical treatment, proper diet, sleep, rest and relaxation, exercise.
- Overcoming denial of chemical dependency and accepting inability to consistently control alcohol or drug use.
- Developing desire for abstinence and establishing a need for long term treatment and support.
- Restoration of emotional stability to cope with any negative emotional states e.g. adjusting to depression and anxiety commonly experienced in early recovery.
- Taking personal inventory and assessing the impact of alcohol and or drug use on self and others.
- Changing maladaptive patterns of behavior and developing new cooping abilities to reduce the likelihood of a relapse and craving for alcohol and other drugs.
- Establishing a chemically free sense of identity.
- Changing negative beliefs and thought patterns and learning to challenge faulty thinking.
- Developing a plan for relapse prevention and long-term recovery from chemical dependency.
- Overcoming denial of impact of chemical dependency on family.
- Making amends to family and significant others negatively affected by addiction.
- Developing a network of sober friends and social recreational activities that do not revolve around alcohol and other drug use.

- Learning to refuse alcohol or drug use offers and inform others of chemical dependency in order to reduce social pressures to use alcohol and or drug.
- Overcoming guilt, shame and denial.
- Developing meaning in life and restoring positive values.
- Developing relationship with a Higher Power.

Helping others suffering from the consequences of chemical dependence.

2.Treatment Plan

Asumbi Treatment Centre focuses on social learning, personal growth, lifestyle change and concepts such as peer pressure, role modeling, self-help personal responsibility, reality confrontation.

The process of social learning is specifically the inculcation of more positive values and direction facilitated by an open and sharing atmosphere where people understand each other's problems and are encouraged to support each other and help themselves and one another improve.

Duration: 12 weeks

A uniform duration of 12 weeks broken down as follows:

- **Orientation/ social Detoxification - 2 weeks.**
- **Primary Treatment - 8 weeks.**
- **Discharge plan - 2 weeks.**

Intake/admission

Any interested suffering addict who voluntarily seeks admission could be admitted at any time or any day of the week if she/ he meets the basic admission requirements. None is refused admission because she/he lacks the fees.(this has to be determined by the A.T.C. Director/ coordinator).

Orientation / social Detoxification - 2 weeks.

Week one

DAY	1	2	3	4	5
Presentation	Introducti on	Norms and rules	Mood-altering Drugs	Mood-altering drugs - consequences	Self-diagnosi
Group Theme	New home and family	Harmony	My disease	My disease	My disease
Clinical Theme	Identifica tion	Structures living	Knowledge/ Awareness	Self-diagnosis	Self-awarene s
Presentation	Daily Routine	Wrap-up days 1 & 2	The most common drugs	Addiction as a disease	Progressive symptons
Exercise	Draw the daily schedule	Questions and answers	List the mood-altering drugs.	Determine phase reached	At whic level a I?

week two

DAY	1	2	3	4	5
Presentation	The basic	Fundamental	Self-diagnosis	One-on - one	Reachin g out

	human needs	human rights	per my expectations	counseling.	
Group theme	Charity	Charity	Individual treatment plan	Mental hygiene	Sharing
Clinical theme	Well - being;	Well - being	Individual commitment	Opening up	Mental hygiene
Presentation	To identify a problem	My expectations	To draw individual treatment plan	Choice of one-on-one counselor	Wrap-up week 1-2.
Exercise	Role play	To list my expectations.	Individual treatment plan	Set the individual treatment plan	Questions and answers.

The duration is at least 2 weeks from the date of admission. Introduction to the Centre, the norms (rules & regulations) per the orientation checklist, assignment of primary counselor and setting of the treatment plan, introduction to the problem (disease concept of addiction) and Alcoholics Anonymous programme of recovery , and giving coping tips to withdrawal symptoms will be given at this time.

Before moving to primary treatment, the newcomer has to have successfully and totally completed the orientation/social detoxification and ready to move to the next stage.

Primary Treatment - 8 weeks

Primary Treatment at Asumbi Treatment Centre consists of eight (8) week segments. The first segment deals with education about addictive illness and individual acceptance of it. The second deals with the program of recovery and establishing a sober lifestyle. Presentations and group exercises are directed at the theme of

each segment. The cycle for each allows for individuals to "plug into" the segment at any point. Cycles are as follows:

1ST SECTION

Week one

DAY	1	2	3	4	5
1st Presentation	History of AA	How it works	Addiction As Disease	Alcohol	Cross Addictio
Group Theme	why I am here	sharing stories	Stigma	My disease	Denial
Clinical Theme	Feelings on Being here	Review exercise	Review exercise	Review exercise	Review exercise
2nd Presentation	The steps	Progress vs. perfection	Progression	Other drugs	Step one
Exercise	Drinking / use history	Problem list	Unmanageable Re: list	Family tree	1st step

Week two

DAY	1	2	3	4	5
1st Presentation	Belief	Sanity	healthy Dependencies	2nd Step	Turn over
Group Theme	Faith Trust	Hopes and fears	History with pos. and Neg. Dependencies	"Doing it alone"	"Holding on"
Clinical Theme	Review Exercise	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	Higher Power	Hope	Sponsorship	Decision Making	Willfulness v willingness.

Exercise	Spiritual History	5 year statement	Dependency History	2nd step	Authority History

Week three

DAY	1	2	3	4	5
1st Presentation	Images of God	Rigorous History	Religion Vs. spirituality	Efforts Vs. Results	3rd step
Group Theme	"God" History	Honesty History	Common Needs	Control Issues	check In
Clinical Theme	Review Exercise	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	"Not God"	Openness	Acceptance	One Day at a time	Promises
Exercise	Images of God	My Danger signs	Personal Needs	Control Inventory	3rd step

Week four

DAY	1	2	3	4	5
1st Presentation	Feelings	Anger Management	"Needs" Vs. "wants"	relationships	HIV/AIDS
Group Theme	"Feeling" History	Anger History	Impulse History	Relational History	HIV/AIDS
Clinical Theme	3rd step	Review exercise	Review exercise	Review exercise	Review exercise
2nd Presentation	Needs Vs. want	Serenity	H.A.L.T.	sexuality	Review
Exercise	Images of God	My Danger signs	Personal Needs	Control Inventory	3rd step

2ND SECTION

Week one

DAY	1	2	3	4	5
1st Presentation	AA Tradition	Relapse	healthy Lifestyle	Assertiveness	Balance
Group Theme	Where are we going	Relapse History	Specific Obstacles	timidity	Stresses
Clinical Theme	Treatment planning	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	AA Vs. Treatment	Relapse prevention	Nutrition and Exercise	risk Taking	Other addictions
Exercise	Treatment Plan	Prevention Plan	Health planning	Review planning	Stress-management plan

Week two

DAY	1	2	3	4	5
1st Presentation	4th step	5th step	Forgiveness of self	6th step	7th step
Group Theme	Honesty	Openness	Forgiveness	Vulnerability	Detachment
Clinical Theme	Review Exercise	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	how to do it	Why Another?	Forgiveness of others	Courage to change	Letting Go
Exercise	Outline	Inventory	My Need for Forgiving	Change list	Let Go list

Week three

DAY	1	2	3	4	5

1st Presentation	Step 8 & 9	Step 10	Step 11	God's will	Step 12
Group Theme	How we hurt others	Step 10	Freedom and choice	Check in	Helping others
Clinical Theme	Review Exercise	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	Support	Inner Child	Finances and Employment	Sobriety in a not necessarily sober world	Principles before personalities
Exercise	Family planning	Co-dependency inventory	Esteem	Outline of plan	Aftercare planning

Week four

DAY	1	2	3	4	5
1st Presentation	Family Reconciliation	Co-Dependency	Family Rules	Recovery Plan	Aftercare
Group Theme	Family problem	Prevention	Resentments	Obstacles and fears	Element of the plan
Clinical Theme	Review Exercise	Review Exercise	Review Exercise	Review Exercise	Review Exercise
2nd Presentation	Support	Inner Child	Finances and Employment	Sobriety in a not necessarily sober world	Principle before personal ies
Exercise	Family planning	Co-dependency inventory	Esteem	Outline of plan	Aftercare planning

Discharge Plan - 2 weeks

Week one

DAY	1	2	3	4	5
Presentation	Evaluation relapse	expectations at discharge.	One - on - One evaluation	Coping with home environment	Wrap up wee 1 and s plan f week 2.
Group Theme	Readiness for discharge	Individual treatment plan.	Readiness for discharge.	Readiness for discharge.	Readines s f discharg .
Clinical Theme	Individual commitment.	Individual commitment.	Openness.	Individual Plan	Self-assessm nt.
2nd Presentation	50 Question Test.	Analysis Evaluation & expectation	Home Environment.	Detailed plan of action.	Week plan action.
Exercise	Answering Question	Self - analysis.	Fears about the home environment.	Write down the detailed plan.	Write down th detailed plan.

Week two (to be taken together with an immediate family member (spouse, parent, brother...))

DAY	1	2	3	4	5
Presentation	Chemical dependency nature	Co-dependency & recovery from it.	Encounter/sharing reconciliation.	Plan of action.	Wrap up.

Group Theme	Family Therapy	Family Therapy	Family Therapy	Family Therapy	Family Therapy
Clinical Theme	Faith trust	Faith trust	Hopes & Fears.	Reconciliation.	Reconciliation.
2nd Presentation	Case History	Recovery from co-dependency.	Sharing openly.	After care support.	Set discharge date/ continuation.
Exercise	Sharing experiences	Taking notes sharing.	Sharing openly.	Identify the group.	Draw the conclusion.

The duration is at least the last 2 weeks. Preparation for discharge includes addressing the client's fears and weakness, assessing progress, determining the readiness for discharge, and setting discharge date. If one is not ready for discharge, the counselors determine why and make definite recommendations for continuation (what areas need attention, duration required for continuity, any viable changes in the treatment plan, etc.)

What are the Challenges to Success for Rehabilitation Centre

a) Poor attitude. As simplistic as it sounds, an individual's attitude plays a significant role in how well they do in alcohol rehab. If an addict uses up a great deal of mental and physical energy "fighting back" against their counsellors and care-givers, they have that much less to apply to getting well.

b) Distractions. If an individual is going through a difficult time at work or at home, they will be distracted from the goals set forth in alcohol rehab. This is more likely to occur in an outpatient alcohol rehab where the individual returns to their home environment at the end of each treatment day.

c) Not being honest. Individuals who are not honest with their counsellors and fellow patients are acting in a manner that is counter-productive to recovery. Rehab is all about honesty. It is with honesty that breakthroughs occur and real progress is made. Those who lie during rehab are only hurting themselves and sabotaging their own chances at maintaining sobriety.

d) Being inattentive. Many individuals will simply "coast" through their alcohol rehab program, nodding off or failing to contribute during group counseling sessions. This is a shame, because those who maintain an active involvement in their treatment plan are the ones who are most likely to achieve success. Every day of alcohol rehab provides new nuggets of information that can the recovering addict can use at a later date. Not paying attention means missing out on these occurrences and struggling as a result.

e) Being condescending to others. In every program there is likely to be at least one person who feels that alcohol rehab is somehow beneath them. These individuals not only sell short their own chances of getting real value out of the program, but also hamper the recovery of others because of the distractions that they cause. It is important to remember that everyone in alcohol rehab is seen as equal in the eyes of the program. The socio-economic standing of the participants may differ wildly, but the goal of sobriety is the same for all.

Success tips for Rehabilitation Centre

a) Focusor accomplishing little goals.
If you wake up every day with the task to stay sober forever, you're immediately going to feel overwhelmed. Instead, start with the small things that you can accomplish that will serve that goal of staying sober.
For example, you know you don't want to drink today. What can you do instead that will be productive? It can be as small as 'make your bed' or 'eat a healthy breakfast' or something bigger like 'work on your resume' or 'look through ads and contact five listings.' Always have some small, manageable goal that you can handle on your to-do list to keep you focused.

b)Developasuppor network
During alcohol rehab, you can start developing your support network with the peers who are in rehab with you. Your counsellor and therapists are other support beams for you and those you meet in 12-step meetings out in the community are helpful as well. Family and friends who offer their support can be woven into your network, too. When you just need someone to talk to, these people will come in handy.

b) Bring something inspiring and/ or personal from home.
Sometimes a picture of your kids or a beautiful location in the world that you'd like to visit can be just what you need to remind you of why you're working through all these difficult issues rather than succumbing to the disease. Your favorite book or your favorite pair of pyjamas can help you relax.

c) Don't expect to want it all the time.
No matter how much you want to get sober, you will still occasionally falter emotionally. The idea of relapse may sometimes seem like the best and most desirable next step. Don't worry! You can get through these thoughts and cravings. That's why you have a support network and personal comfort items. Everybody feels this way from time to time. But just because you have these feelings doesn't mean that you have to act on them.

d)Getreferrals

Before you leave alcohol rehab, make sure to get local referrals so that you can continue your treatment. 12-step groups and support groups can help you build a network of support at home.