

Sundown M Ranch

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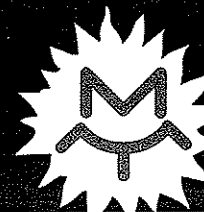
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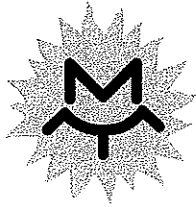
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Sundown M Ranch

A HISTORY OF SUCCESS. A COMMUNITY OF RECOVERY.



SUNDOWN M RANCH

SUNDOWN M RANCH is a private corporation established on March 4, 1968 as the first non-profit alcoholism treatment program in Washington.

The program is designed exclusively for the treatment of persons afflicted with the disease of alcoholism and other life-threatening drug dependencies.

The SUNDOWN M RANCH treatment program is licensed by the State of Washington Department of Health, accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and certified by the Division of Alcohol and Substance Abuse for Washington State.

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THE PHILOSOPHY OF TREATMENT

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THE PHILOSOPHY OF TREATMENT

Introduction

This policy will describe the philosophy of Sundown M Ranch that governs the treatment of chemical dependency and other life-threatening drug dependencies. Item I describes the nature of the disease, Item II identifies the primary goals of treatment, and Item III outlines the treatment process.

I. Chemical Dependency – The Disease

Alcoholism or other drug dependence used to be thought of as a moral problem. The alcoholic/chemically dependent individual was looked upon as a weak-willed individual. He/she was thought not to care about other people or even himself/herself. The common attitude was that the person could quit drinking/using if he/she really wanted to or, at the very least, could learn to control the intake.

Most competent professionals today have come to realize that alcoholism and other chemical dependencies are a disease and are treatable. Still, many in our society hold on to the old misconceptions, which stand in the way of effectively identifying and treating the illness. Ironically, the sick chemically dependent person is usually the last to identify and accept the problem as the disease that it is. The spouse, parents, family members, and others close to the alcoholic/chemically dependent are usually little or no help in the initial identification of the illness, and continuing research into the entire spectrum of drug dependency continues to point to theories of individual physiological variations with genetic implication.

The illness (disease) is described as follows:

A. Primary

Chemical dependency is not a symptom of some other larger problem. Chemical dependency is a unique disease entity and is diagnosed by its own set of signs and symptoms.

It must be stated, categorically, that alcoholism and other drug dependencies are not as a result of mental or emotional problems, bad parenting, immoral or sinful behavior, relationship difficulties, or physical problems.

The facts of the matter are that each of the foregoing can be caused by chemical dependency. Further, none of them can be effectively treated unless the intake of the alcohol/other drugs is arrested.

B. Progressive

The progression of the disease is always predictable. There is no line to cross between social use and dependency. Individuals who are chemically dependent today were probably predisposed to the disease at birth

and have been progressing in the illness since their first use of the alcohol or other mood/mind altering drugs. Chemical dependency becomes apparent when the symptoms become visible to others. In most cases, schools, parents, the family, the law, and the employer recognize the progression of the disease long before the chemically dependent. The sick alcoholic or drug dependent person is usually the last to know, and without intervention, may drink or drug to premature death.

C. Chronic

This disease, as with all chronic illnesses, cannot be cured. However, like diabetes, hypertension, and heart disease, the destructive progression of the illness can be stopped. With chemical dependency, the only effective treatment thus far is total and continuing abstinence coupled with a personal growth program designed to teach the alcohol/chemically dependent to live life without alcohol and other mood-changing drugs. Use of a mood-changing chemical triggers craving and compulsion and reactivates the destructive progression.

D. Prematurely Fatal

If an individual has this disease and does not successfully arrest it, he/she will die from it. Even though the death certificates use many euphemisms for chemical dependency, the result is the same – the victim is dead. Chronic drinking and drugging chemically dependents die first of heart complications and second of cancer at percentage rates three times that of the general population and 15 years earlier. (Note: accidents are the leading cause of death among chemical dependents 14 to 28 years of age.)

Chemical dependents and their families alike deny the dependency based on the lack of a diagnosis of more publicized diseases such as liver cirrhosis, anemia, malnutrition, etc. Even though these later diseases are clearly indicative of last-stage dependency, most chemically dependent persons do not live to experience them.

II. Treatment Goals

The primary goals of treatment at Sundown M Ranch are:

- A. To free the sick chemically dependent person from dependence on alcohol and other mood-changing substances.
- B. To aid the patient in development of an improved lifestyle of sobriety that is consistent with his/her values and help him/her understand that responsible living is now possible without the destructive effect of the chemicals.

Several other important considerations evolve from these primary goals, including:

3. Which specific attitudes and behavior patterns must be modified in order to live comfortably without dependence on harmful chemicals.

E. Family Therapy

Members of the patient's family are inevitably involved in the disruptions caused by the disease and become ill themselves. Family therapy is viewed as essential to successful recovery. Family counseling enables the concerned person(s) to recognize and accept:

1. The primary nature of chemical dependency as a family disease.
2. The effect of chemical dependency on the patient and, specifically, the accompanying delusion that renders the dependent incapable of realistically assessing himself/herself.
3. The painful effect on the family and their behavior and attitudes which have inadvertently prolonged the illness.
4. Their defense mechanisms and negative attitudinal postures which they have developed to protect themselves against the pain of the relationship.

Paramount to family therapy is the family conjoint session(s). In the family conjoint session(s), the chemical dependent, the important person or persons, and the counselors form a group where facts are presented to the patient relating to each major life area. This has the effect of bringing most delusion and pain into full focus, resulting in reduced minimization and denial that, if left intact, would return the chemical dependent to active chemical use.

F. Introduction to Self-Help

This is a specific item by design. The core of our treatment program for the patient is based on the philosophy espoused by Alcoholics Anonymous/Narcotics Anonymous and their family member support groups of Alanon (AA) and Naranon (NA). Each patient is required to gain an understanding of the first five steps of the program prior to completion. Each graduating patient leaves treatment with the name of an active AA or NA member who is willing to take him/her to his/her first series of self-help meetings. Alanon and Naranon contracts are available for family members.

The Sundown M Ranch program is open-ended, with patients entering and completing on a daily basis. Treatment begins with an assessment of the person's physical and emotional condition. Patients entering with prescribed medication are evaluated by the medical director to determine whether or not their condition warrants continuation of the drug(s). Our goal is not to insist on an absolute medication-free treatment; however, since many chemically dependent people have been heavily medicated to control their alcoholism and other drug dependence, it is imperative to assess each new patient's condition as to the necessity for drugs.

Although often patients arriving for treatment with prescription drugs are over-medicated, which has resulted in further deterioration of the individual's health, some medication may be necessary as in the cases of major psychiatric or physical problems. The patient's other treatment needs are initiated with the development of an individualized treatment plan. This plan is continually reviewed and, as needed, is revised and updated throughout the period of treatment to reflect the patient's changing needs.

Physical recovery begins the day the person enters treatment with a complete separation from alcohol and other intoxicating drugs. Physical recovery is consistently reinforced throughout the treatment by nutritious, high-protein meals (or special diet as prescribed), exercise and rest, plus an in-depth education detailing the physical aspects of the illness.

The patient's first step in treatment is to identify in detail, the effects of the chemical use on all major areas of his/her life. It is a difficult task and a painful experience if done honestly and thoroughly. The reward, as a result of this necessary pain, is contained in the individual's recovery from the illness. To view the effect that chemicals have had on all major areas in the person's life is the single most important therapeutic tool in reducing and, in many cases, eliminating the denial in the alcoholic/chemically dependent person. Once the patient becomes aware of the fact that he/she is suffering from a physical illness with predictable and progressive symptoms, characterized by definite physical and behavioral changes, he/she is better able to accept himself/herself without shame or guilt. He/she becomes aware that there is no blame for being ill, and he/she also begins to recognize his/her ability to make more responsible choices in his/her future life. This new awareness of physical change, combined with the dynamics of how those changes affect our thought and emotional processes, aids the patient toward meaningful resolution of his/her past negative feelings and behavior. The stigma of alcoholism is deep rooted and slow to dissolve; but through the enlightenment of treatment, that stigma is slowly being overcome.

As treatment continues, the individual moves toward an enlightened self-awareness, pinpointing personal character strengths, weaknesses, and emotional growth needs. During this period, we employ differing philosophies and approaches to aid in psychological awareness. It is our belief that we tailor therapy to the patient and not the patient to a particular brand of therapy. An integral part of self-awareness is Alcoholics/Narcotics Anonymous program's suggestions regarding inventory and cathartic inventory admission.

Toward the end of the intensive phase of treatment, we develop a complete after-care program with each patient considering continued involvement in the Alcoholics Anonymous or Narcotics Anonymous program and make plans for family, educational, vocational, and spiritual growth needs. The chemically dependent person often feels isolated, anxious and apart from other people. The feelings of being weak-willed or worthless have often been reinforced by the family and society. The patient's self-degradation may have progressed to the point where

- A. An adequate continuing care program for each patient – the number-one priority being the adoption of the philosophy and lifestyle of Alcoholics/Narcotics Anonymous.
- B. Coordination with other chemical dependency treatment agencies to provide an effective continuum of care for the patient.
- C. Education and therapy for spouses, family members, and other meaningful persons who care for the patient.
- D. Continuing staff education and training, as well as provisions for field placement training for other individuals preparing for work in the field of chemical dependency.

Detailed provisions for meeting the foregoing considerations are covered in the appropriate planning procedures.

III. Treatment Process

The vast majority of chemically dependent persons require active aid of other people to satisfactorily arrest their illness, begin, and continue with the process of recovery. Sundown M Ranch offers the patient permission to change, protection while beginning change, and potency from our years of treatment experience. We believe permission, protection, and potency are made possible in treatment through involvement of a staff who truly cares about the recovery of each and every patient.

Early intervention and early treatment enhance the individual's chance of recovery. Therapeutic success is greatest during the early stages of dependency when the emotional, psychological, intellectual, social, and spiritual damage is at a minimum. Regardless of disease, the earlier the treatment, the more positive the outcome. This is no different than with hypertension, diabetes, emphysema, etc. In the late stage of the illness, the results are not as positive.

To effect recovery in the chemically dependent person, Sundown M Ranch treats the illness through an intensive program of therapy for the dependent patient, counseling for the family, and aftercare services for all family members.

A. Assessment and Treatment Planning

As with any medical condition, proper assessment and diagnosis is essential. Each person receiving services at Sundown M Ranch takes part in an initial chemical dependency assessment. The assessment is designed to determine the individual's involvement with alcohol and other psychoactive drugs, including: age of onset, types, frequencies, and routes of administration, and the patient's own assessment of his/her substance use. Biological, psychological, and social factors are taken into consideration. A severity diagnosis is applied that summarizes these signs and symptoms as: no identifiable problem, substance

misuse, substance abuse, or chemical dependency. At the conclusion of the chemical dependency assessment, the patient may be referred to an appropriate level of treatment.

Patients admitted to Sundown M Ranch are administered an initial patient biopsychosocial evaluation which is completed in preparation to a full patient treatment plan. From this, an individualized treatment plan will be developed and implemented that meets the patient's needs and assists him/her in the achievement of maximum personal growth and recovery. Based on the assessment, the treatment plan contains identified problems with goals, specified measurable objectives, methods to improve status, expected achievement dates, and the specific criteria to be met for the termination of each plan. The individualized treatment plan serves to guide the patient's treatment and ensures their individual needs are met. The treatment plan is reviewed weekly by clinical staff. At discharge, the disposition of each problem is determined. This includes recommendations for aftercare and any other referral or treatment, if necessary.

B. Education

Through lectures, selected films, and prescribed reading, the patient receives current and accurate information concerning:

1. The nature and dynamics of his/her progressive and chronic disease.
2. The physical, social, and personality deteriorations which accompany it.
3. The basic understanding of a method for achieving and maintaining a comfortable way of life free from further dependence upon mood-changing chemicals.

C. Individual Therapy

Particular life problems vary from patient to patient. Individual one-to-one counseling sessions are on an "as needed" basis as determined by the patient and the counselor. Patients receive a minimum of one hour of individual counseling a week.

D. Group Therapy

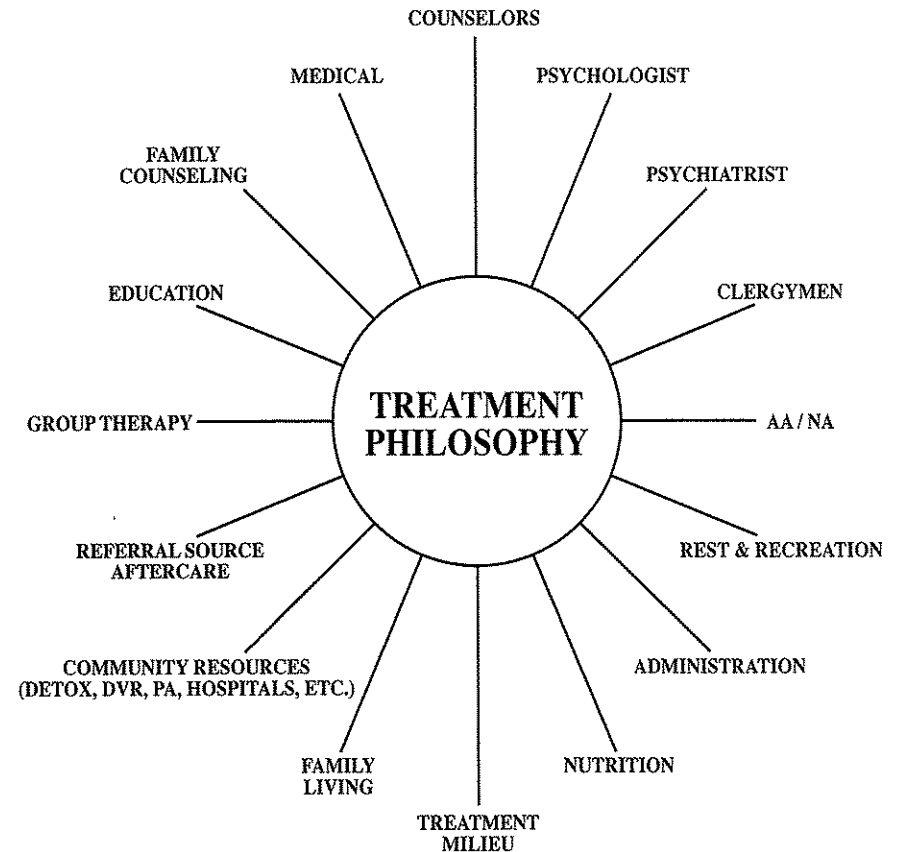
Repeated experiences in groups of people who suffer from the same affliction provides the patient with encounters designed to confront and break down his/her defense mechanisms and negative attitudinal postures which always accompany chemical dependency. Group therapy enables the patient to recognize and accept:

1. Who he/she is.
2. On an emotional level, the harmful effects that chemicals have had on his/her family, social functioning, mental health, physical being, school and/or occupational livelihood.

he/she is afraid to take the risk of trusting, loving, or even of being close to other people. Such distorted perceptions and feelings must be at least partially resolved during treatment. We believe that recognition of the need and striving toward a positive spiritual belief is essential to recovery. Without some feelings of personal worth and a belief that life does hold some positive value, the patient can find no reason to change.

There have never been two Ranch residents exactly alike. Each person is unique. Consequently, our counseling staff must remain flexible and must maintain the ability to move treatment into different areas as the needs of the patient dictate. One patient may be intensely confronted while another may be treated with a psychological soft-touch. We make every attempt to treat each patient with "emphatic understanding and unconditional positive regard." We believe most patients need to be cared for first in order to care for themselves. Our total program, our milieu, has often been referred to as "tough love." We stress to our patients that they can now be responsible for their own lives through a recovery program and abstinence from all alcohol and other intoxicants. The Sundown M Ranch treatment program provides some new tools for a new way of life, but it remains the patient's choice whether or not to use those tools.

MULTIDISCIPLINARY TREATMENT PROGRAM



SUNDOWN M RANCH