

Substance Abuse, Gambling, And Mental Health Counseling Services

Philosophy: All Nicasa counseling services are “Person & Family Centered Services.” These services are based on the strengths, needs, abilities, preferences, desired outcomes, and cultural background of the person or family served.

Nicasa’s counseling services are designed for youth and adults who are experiencing mild to significant dysfunction in their lives due to substance abuse and/or mental illness. Referral sources include self, family, the criminal justice system, and other social service agencies. Clients are referred to the appropriate level of treatment based on the results of a comprehensive assessment. Length of time in treatment varies based on the assessment, clients’ needs, and the individualized treatment plan. All Nicasa treatment services are strength-based, client-focused, and evidence-based.

Substance abuse adult outpatient (less than 9 hours per week) and intensive outpatient (9 or more hours per week) treatment protocol is based on the *Matrix* of Intensive Outpatient Treatment. This model program was developed by the Matrix Institute of Los Angeles. This evidence-based program has been rigorously evaluated and found to be effective with adults with a variety of substance abuse disorders. The overarching goal of substance abuse treatment is to help each client through a process of change through which he or she can achieve substance-abuse-free identities and improved health, wellness, and quality of life. To do this, specific treatment goals are individualized for each client.

The *Matrix* is the only specific treatment model noted by the National Institute on Drug Abuse *Principles of Drug Addiction Treatment*. It is recognized as an exemplary treatment approach by Drug Strategies, a non-profit research institute. More than 5,000 cocaine addicts and 1,000 methamphetamine users have been treated with the *Matrix* model. The treatment model has been extended to address the clinical needs of alcohol users and opiate-dependent individuals. The *Matrix* model uses a variety of skills to allow the counselor to serve as both teacher and coach. The counselor fosters a positive, encouraging relationship and that relationship reinforces positive behavior (NIDA, 2006). The model emphasizes that the counselors view the treatment process as an exercise that will promote dignity, self-esteem, and self-worth.

The *Matrix* allows clients to achieve their goals because it is completely individualized. It can be made relevant to each participant because of its format. The *Matrix* provides a framework in which one’s culture can be expressed. The materials themselves are “a-cultural” referring only to general topics such as triggers, the importance of finding individual pro-social activities, factual data on alcohol and other drugs, developing personal recovery strategies, etc. Each unit is accompanied by a worksheet. Each client can complete a worksheet detailing her own unique responses. What each client identifies through these exercises reflects individual choice, personality, and culture. For example, consider a session in which triggers are discussed. There is no predetermined list of triggers from which a client must choose. Triggers are as individual as each client and there are certainly no right or wrong answers, only an acknowledgement of each client’s personality, challenges, and strengths.

The *Matrix* is designed to improve outcomes across a broad spectrum of the population. While the worksheets are written in simple language, counselors can meet individually with someone

who needs additional support to complete the assignment. Clinical studies have documented its long-term effectiveness (CSAT, TIP 47, 2006). With the option of additional individual sessions when needed, it can be completely individualized. For example, if a client is not comfortable discussing issues of her sexuality with the group as a whole, Nicasa counselors will meet one-on-one with clients so that they can freely discuss these issues in a safe, supportive, and non-judgmental environment.

Substance abuse youth outpatient treatment utilizes Cognitive behavioral therapy (CBT) designed to address deficits in skills for coping with antecedents to substance use. Individuals who rely primarily on alcohol and other drugs to cope have little choice but to resort to substance use when the need to cope arises. The goal of this therapy is to provide some basic alternative skills to cope with situations that might otherwise lead to substance use. Skill deficits are viewed as central to relapse. Therefore, the major focus of the CBT groups is on the development and rehearsal of skills that support youth in choosing drug-free coping strategies. The cognitive-behavioral treatment approach used in this intervention is based on that described in *Treating Alcohol Dependence: A Coping Skills Training Guide* (Monti et al., 1989), a treatment manual that focuses on training in interpersonal and self-management skills. The focus of CBT treatment is on teaching and practicing overt behaviors, while attempting to keep cognitive demands on clients to a minimum. Repetition is essential to the learning process in order to develop proficiency and to ensure that newly acquired behaviors will be available when needed. Therefore, behavioral rehearsal is emphasized, using varied, realistic case examples to enhance generalization to real life settings. During the rehearsal periods, clients are asked to identify cues that signal high-risk situations, indicating their recognition of when to employ newly learned coping skills.

The CBT sessions are conducted in a group format. Many of the problems or skill deficits associated with substance abuse are interpersonal in nature, and the context of a group provides a realistic yet "safe" setting for the acquisition or refinement of new skills. A number of features associated with group approaches to treatment may facilitate cognitive, affective, and behavioral changes. These factors include the realization that others share similar problems; development of social behaviors; opportunity to try out new behaviors in a safe environment; and development and enhancement of interpersonal learning and trust. It also provides the therapist with an opportunity to observe the interpersonal behavior of each group member. Group therapy can be a powerful modality for teen clients given the importance of peer influence in adolescence (Nowinski, 1990). Feedback from a peer is likely to have greater impact on adolescent clients than similar feedback from the therapist. In the group CBT sessions, therapists encourage adolescent participants to offer other group members positive and constructive feedback. At the same time, adolescent clients are equally susceptible to the negative influence of peers. As a result, it is especially important that the therapist monitor and address any antisocial comments and behaviors that occur in group sessions.

Mental Health Counseling services and Gambling Intervention Services utilize the Motivational Interview (MI) model program. To overcome reluctance and enhance enrollment and retention in treatment, all Nicasa counseling staff are trained in Motivational Interviewing (MI). The goal is to encourage clients to disengage in risky behavior that places them at risk and compromises their general well-being and personal safety.

The fundamental principle of MI is its empathic counseling style. The counselor remains non-judgmental, utilizes respectful and reflective listening, and projects an attitude of acceptance of the client's unwillingness or ambivalence to change. Such an attitude has been shown to actually encourage change in substance abusing clients.

A second principle of MI is dealing with discrepancies. While non-judgmental, the counselor does point out the discrepancies between the current state of the client's situation and what she would want it to be. Only with change can her personal goals be achieved. Clients are more likely to change if they recognize that change will give them the life that they want.

Rolling with resistance is a third principle of MI. The client and the counselor do not argue for or against change. When encountering resistance the counselor does not try to confront it, but rather respectfully gives alternatives and new perspectives that the client can take or leave. This allows the client to develop his or her own argument for change.

The final principle of MI is that it supports self-efficacy. The counselor communicates a strong belief in the client's capacity to change. This can be done by pointing to past successes, personal strengths, and sources of support.

Through the use of MI, the client is encouraged to develop an individual action plan which will be incorporated into an individualized treatment plan. MI recognizes where the client is on the Stages of Change continuum and the influence of personal identity – including ethnicity, culture, literacy, disability, and sexual orientation. It has been implemented in hundreds of sites worldwide over the past 30 years.

Nicasa's overarching goal in all of its counseling services is to return each client to health and self-sufficiency. All counseling services seek to help the client reach recovery which Nicasa defines as a process of change through which an individual improves health, wellness, and quality of life.

Schedules vary based on location. OP and IOP services are offered at Nicasa's Round Lake, North Chicago, Zion, and Buffalo Grove location. Mental health services are offered at the Round Lake, Highland Park, North Chicago, and Zion locations. Funding is provided from client fees, Lake County CDBG funds, DASA funds, Medicaid, and grant monies.