



PHOENIX SOCIETY PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE MODEL OF CARE

September 2023



Executive Summary

The Phoenix Drug and Alcohol Recovery and Education Society (Phoenix Society) is a not-for-profit, CARF accredited multi-service agency located in Surrey, British Columbia. The Phoenix Society mission is to provide accessible services and opportunities to people who face barriers related to addiction, mental health, housing, education, criminal justice involvement and/or employment.

Through a funding agreement with the Provincial Health Services Authority, Phoenix Society operates the Provincial Specialized Substance Use Treatment Program, an intensive continuum of care including assessment and stabilization, treatment, transitional support, education, and housing. 54 residential treatment beds are available for cohorts of men, women, and youth/young adults (males) from across British Columbia.

This document outlines the Phoenix Society clinical model of care, underpinned by core values and a philosophical framework. The model is evidence-informed, articulating the target population for treatment, legislative framework, admission and discharge criteria and processes, interventions, and core components of the clinical program, and expected outcomes.

Phoenix Society core values including relationships, social innovation, social justice, and strengths-based care guide program delivery, and the philosophical framework or approach to care is person-centred, recovery oriented, abstinence focused, culturally safe and humble and trauma informed.

Program referrals come from Regional Health Authorities (RHAs), in alignment with the Provincial Access and Transition Protocol, and each RHA has access to a designated number of beds. Individuals who are admitted to the program have serious and complex substance use disorders and mild to moderate, stabilized, mental illness, and have substance use treatment needs that have not been successfully addressed through existing networks of community and/or regional services. Individuals with criminal justice or forensic clinic involvement are eligible for admission. Admission occurs through a collaborative process, with prioritization based on individual needs and risk profiles.

The Provincial Specialized Substance Use Treatment Program includes three specific phases: assessment and stabilization, intensive treatment, and transition/aftercare. Lengths of stay are from 90 days to 6 months, with longer or shorter stays depending upon the needs of the individual and their care plan. Clients are admitted voluntarily and may leave at any time.



Treatment is provided through regular consultation with the interdisciplinary team, and evidence-informed individual and group therapy. Clients also receive structured support for activities of daily living, meaningful activities and relationships, and medical treatment with a special focus on addiction. Psychiatry is provided through community linkages and supported by the interdisciplinary team. Care is person-centred and individualized, meaning that each client will engage in elements of the program based on their needs and motivation.

Evidence-based individual and group therapies include Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Relapse Prevention, Mindfulness, Seeking Safety, Matrix, Contingency Management, Motivational Interviewing, Psychoeducation, Self Help, Social Skills Training, and Increasing Healthy Pleasures. Medical interventions are provided with a focus on addiction medicine and primary care support.

Qualitative and quantitative measurement of client and program outcomes are undertaken to assess the impact of treatment provided through the Provincial Specialized Substance Use Treatment Program. Primary points of measurement are in areas of clinical status, program access and flow, and client/staff safety.

Introduction

The Phoenix Drug and Alcohol Recovery and Education Society (Phoenix Society) is a not-for-profit, CARF accredited multi-service agency located in Surrey, British Columbia. The Phoenix Society mission is to provide accessible services and opportunities to people who face barriers related to addiction, mental health, housing, education, criminal justice involvement and/or employment.

As a registered charity since 1992, Phoenix Society places a focus on developing partnerships, building community capacity, and offering meaningful, sustainable person-centred solutions for British Columbians.

Through a funding agreement with the Provincial Health Services Authority, Phoenix Society operates the Provincial Specialized Substance Use Treatment Program, an intensive continuum of care including assessment and stabilization, treatment, transitional support, education, and housing for adults 19 to 64 and youth and young adults 17 to 24 with serious and complex substance use dependency and mild to moderate mental health challenges. Aftercare services are provided for a full year beyond completion of intensive residential treatment. 36 residential treatment beds are available for women and men, and 18 new beds recently opened for youth and young adults (males).



Phoenix Society Model of Care

The Phoenix Society clinical model of care is underpinned by a set of core values and a philosophical approach to care. It is evidence-informed, articulating the target population for treatment, legislative framework, admission and discharge criteria and processes, components of the clinical program and interventions, and expected outcomes. The model of care provides an essential road map for the delivery of care to clients from across the province.

Legislative Framework and System of Care

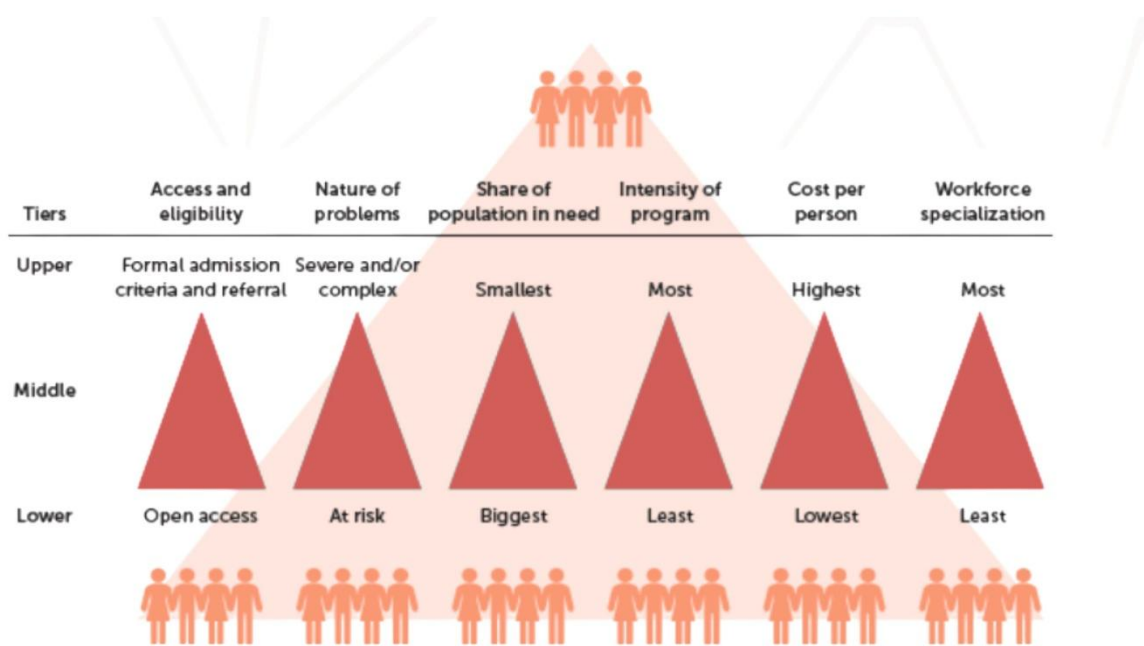
The province of British Columbia offers a range of programs and supports to help youth, adults and families who wish to reduce or abstain from substances and/or reduce harms associated with substance use. These programs are generally operated by regional health authorities or not-for-profit organizations through funding agreements. Programs vary in length, types of services offered, models of care and intensity of care.

The system of care is loosely organized in a Tiers of Service framework and includes a continuum of educational resources, prevention programs, early intervention initiatives and treatment/recovery options for people of all ages. In British Columbia, distinctions between community based/regional programs and provincial programs include the level of specialization of providers and services, ability to assess and treat co-morbid mental health and medical needs in addition to serious substance use needs, range of programming, and ability to tailor to individual needs. Tiers 3-5 can be distinguished by differing levels of substance use and mental health severity, stabilization capacity, ability to support challenging behaviors, staffing levels and complements, and physical sites where services are offered.

The Provincial Specialized Substance Use Treatment Program is unique in the system of care in British Columbia, providing specialized treatment in a residential setting with a primary focus on substance use dependency/addiction, recognizing that many clients have concurrent disorders. A higher level of care is provided than that available in regional health authorities where community and addictions treatment are provided. This level of care is commonly referred to as Tier 4 treatment; the intensity and specialization of care is higher than that available in the community (Tier 3) but lower than that provided in a high mental health/high addictions treatment setting, such as at the Red Fish Healing Centre for Mental Health and Addiction (Tier 5). Clients referred to the Provincial Specialized Substance Use Treatment Program have received treatment in a regional health authority and have experienced multiple relapses, necessitating more intensive specialized care.

In the Tiers of Service model below, the Provincial Specialized Substance Use Treatment Program is in the upper tiers, providing highly specialized services delivered to a small number of people with severe illness and complex needs.

Figure 1 Tiers of Service



Client Population

The unregulated drug poisoning emergency declared in 2016 in response to the steep increase in overdose deaths in British Columbia underscored a critical need to strengthen and expand the substance use treatment continuum in an evidence informed manner, leading to the funding and implementation of a temporary solution described as “surge” spaces.

Tragically, overdose deaths continue to rise in British Columbia. The most recent BCCDC Unregulated Drug Poisoning Emergency Dashboard reported an increase from 994 deaths from the beginning of the emergency in 2016 to 2,293 people in 2022; an increase from 20.5 deaths per 100,000 population to 43.1 per 100,000 population over 6



years.¹ A 2022 BC Overdose Response Indicator Report additionally indicated that the provincial rate of paramedic attended overdose events (events per 100,000 BC residents) increased 6-fold since declaration of the unregulated drug poisoning emergency, from 8 events per 100,000 population to over 50 events per 100,000 in July 2021. People between 19 and 59 have the highest rates of death, with high rates reported for both women and men.²

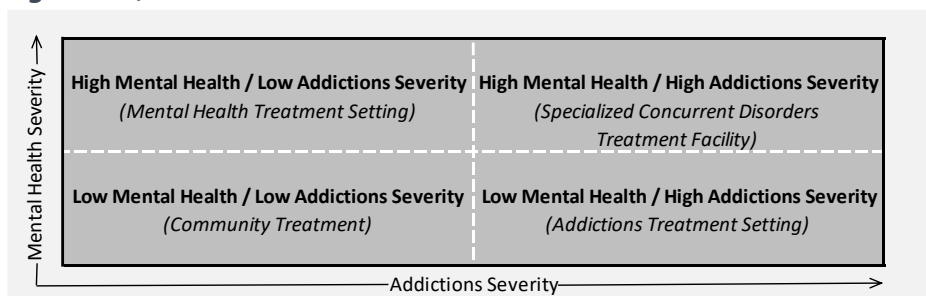
Phoenix Society has operated surge spaces for adults through a year-to-year temporary funding agreement with the PHSA since 2016; in 2022, the provincial government made the funding permanent and additional funding was added for both adults and youth, to meet the needs of individuals with serious and complex substance use disorders and/or concurrent disorders at the provincial level.

These are individuals whose substance use treatment needs have not been successfully addressed through existing networks of community and/or regional services from across the province at the Tier 3 level, including people with criminal justice or forensic clinic involvement.

Quadrant Model

The Quadrant Model, originally developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)³ and modified by the Canadian Centre on Substance Abuse (CCSA),⁴ demonstrates how mental health and substance use disorders exist along a continuum.

Figure 2 Quadrant Model



¹ Unregulated Drug Poisoning Emergency Dashboard. Accessed September 2023 from <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>.

² Overdose Response Indicator Report. March 2022. Accessed May 2023 from <http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/BCAS>.

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons with Co-Occurring Disorders: A Treatment Improvement Protocol. Available online at https://www.ncbi.nlm.nih.gov/books/NBK64197/pdf/Bookshelf_NBK64197.pdf. Accessed July 2021.

⁴ Canadian Centre on Substance Abuse. Substance Abuse in Canada: Concurrent Disorders. December 2009. Available online at <https://www.ccsa.ca/sites/default/files/2019-04/ccsa-011811-2010.pdf>. Accessed July 2021.



The Provincial Specialized Substance Use Treatment Program addresses the needs of people who require a treatment setting in the moderate mental health / high addictions severity quadrant. A high prevalence rate of concurrent disorders is assumed in this client group, given the severity and complexity of illness and history of relapses in Tier 3 treatment. People with concurrent disorders “have at least one diagnosable mental illness along with one or more substance use disorders.”⁵ Concurrent disorders are prevalent among those who seek specialized care for substance use disorder. More than 50% of those seeking help for an addiction also have a mental illness, and 15 to 20% of those seeking help from mental health services also have an addiction.⁶

Every client is unique, with their own history, personality, and preferences; however, most of those who attend the Provincial Specialized Substance Use Treatment Program have high needs and share certain characteristics including:

- Complex addiction, mental health, and physical needs
- Vulnerability to homelessness, victimization, domestic violence, trauma, poverty, incarceration, and social isolation
- Experiences of trauma and adverse childhood experiences (ACEs)
- Shorter life expectancy than that of the general population, mostly due to preventable causes
- Increased likelihood of repeat emergency department visits and hospitalization

Women

The prevalence of substance use disorders among women is increasing.^{7,8} Substance use among women generally begins later in life, with consumption increasing more rapidly, ‘telescoping’ the time between initiation, development of a substance use disorder and potential entry into treatment.⁹ Compared with men, women present with elevated histories of trauma and abuse, interpersonal violence in adolescence and adult relationships, addiction, criminal activity, involvement with child protection services, homelessness, and dependency on others for financial support. Women’s reasons for

⁵ Tennessee Department of Mental Health & Substance Abuse Services. Substance Use Best Practice Tool Guide: Co-occurring Disorders. 2016. Available online at https://www.tn.gov/content/dam/tn/mentalhealth/documents/FINAL_Co-occurring_Disorders_Module.pdf. Accessed February 2020.

⁶ <https://www.camh.ca/media/files/guides-and-publications/partnering-with-families-guides.pdf>. Accessed May 2023.

⁷ McHugh R, Votaw V, Sugarman D et al. Sex and gender differences in substance use disorders. *Clinical Psychology Review*. 2018; 66: 12-23.

⁸ Erol A, Karpyak V. Sex and gender-related differences in alcohol use and its consequences: Contemporary knowledge and future research considerations. *Drug and Alcohol Dependence*. 2015; 156: 1-13.

⁹ Fonseca F, Robles-Martinez M, Tirado-Munoz J et al. A gender perspective on addictive disorders. *Current Addiction Reports*. 2021; 8: 89-99.



using substances can be unique, including controlling weight, fighting exhaustion, coping with pain, and self-treating mental health conditions and/or symptoms of trauma.¹⁰

Relative to men, women in substance use disorder treatment consistently report more severe impairment in areas of life such as employment, social/family, medical and psychiatric functioning, as well as a poorer overall quality of life.¹¹ This impairment is intensified by structural and contextual factors such as racism, colonialism, gender-based violence, homelessness, and social expectations (e.g., as caretakers).¹²

Youth and Young Adults

Substance use and misuse is a significant health issue for youth and young adults. In 2012, Statistics Canada reported that nearly 945,000 British Columbians aged 15 and older met criteria for a substance use disorder at some point in their lives.¹³ This translates to a lifetime prevalence rate of substance use problems of approximately 22.4% among 15- to 24-year-olds.¹⁴ 11.9% of respondents in this age group reported having experienced substance use disorder in the last 12 months. In 2017, youth and young adults aged 13 to 29 accounted for 20.4% of illicit overdose deaths in the province.

First episodes of substance use, and mental health disorders frequently occur in mid-to-late adolescence and young adulthood. Patterns of adult substance use are typically established during this period, and early use among youth serves as an indicator of future trends in adulthood.¹⁵

Most mental health and substance use disorders, including depression, anxiety, problematic substance use, and psychosis have their peak period of incidence during this stage of life, and concurrent disorders frequently emerge in adolescence.¹⁶ Surveys of youth participating in substance use treatment show that up to 64% have co-occurring

¹⁰ Prendergast ML, Messina NP, Hall EA, Warda US. The relative effectiveness of women-only and mixed gender treatment for substance abusing women. *Journal of Substance Abuse Treatment*. 2011; 40(4): 336-348.

¹¹ McHugh R, Votaw V, Sugarman D et al. Sex and gender differences in substance use disorders. *Clinical Psychology Review*. 2018; 66: 12-23.

¹² Meyer J, Isaacs K, El-Shahawy O et al. Research on women with substance use disorders: Reviewing progress and developing a research and implementation roadmap. *Drug and Alcohol Dependence*. 2019; 197: 158-63.

¹³ Statistics Canada (2012). Canadian Community Health Survey. Accessed May 2023 from <https://www.150statcan.gc.ca/t1/tb11/en/cv.action?pid=1310046501>

¹⁴ Statistics Canada (2012). Canadian Community Health Survey. Accessed May 2023 from <https://www.150statcan.gc.ca/t1/tb11/en/cv.action?pid=1310046501>

¹⁵ Canadian Centre on Substance Use (2014). Child and Adolescent Pathways to Substance Use Disorder.

¹⁶ Adair C (2009). Concurrent Substance Use and Mental Disorders in Adolescents: A Review of the Literature on Current Science and Practice. The Alberta Centre for Child, Family and Community Research.



mental health disorders.¹⁷ Co-occurring disorders in adolescents are associated with higher relapse to drug use, higher risk for school failure, unemployment, risk-taking behaviours, crime poor sexual health, self-harm, and premature mortality.¹⁸

It is widely recognized that substance use patterns and clinical issues differ between adults and youth. Youth are more susceptible to peer influences, more focused on immediate concerns, and require specialized, targeted interventions to meet their developmental needs, and they may be less likely to seek treatment.¹⁹ Shorter histories of drug use; fewer perceived negative drug-related consequences; exposure to enabling behaviors by parents; normalized use within their peer group, and lack of maturity all contribute to vulnerability and the need for targeted specialized youth treatment.²⁰

Acquired Brain Injury

The relationship between substance misuse and acquired brain injury (ABI) is well documented. Studies examining traumatic brain injury (TBI) reveal that more than 50% of clients treated for TBI were intoxicated at the time of injury.²¹ Both alcohol misuse and opioids and illicit street drugs are linked to ABI, given the risk for stroke associated with heavy use and/or overdose.

The unique cognitive, behavioural, physical, and emotional deficits experienced by individuals with ABI present challenges for substance use treatment models of care; interventions must be tailored to address the deficits presented by these individuals. Accurate diagnosis and tailored treatments are required for these co-occurring conditions, as a substantial number of individuals with ABI return to risky levels of use within the first years after injury.²² Individuals who continue to misuse substances post-

¹⁷ BC Centre on Substance Use, BC Ministry of Health and BC Ministry for Mental Health and Addiction. A Guideline for the Clinical Management of Opioid Use Disorder. Youth Supplement (2018).

¹⁸ Adair C (2009). Concurrent Substance Use and Mental Disorders in Adolescents: A Review of the Literature on Current Science and Practice. The Alberta Centre for Child, Family and Community Research.

¹⁹ Adair C (2009). Concurrent Substance Use and Mental Disorders in Adolescents: A Review of the Literature on Current Science and Practice. The Alberta Centre for Child, Family and Community Research.

²⁰ Winters KC, Tanner-Smith EE, Bresini E, Meyers K (2014). Current advances in the treatment of adolescent drug use. *Adolescent Health, Medicine, and Therapeutics*. 2014; 5: 100-201.

²¹ Corrigan JD. Substance abuse as a mediating factor in outcome from traumatic brain injury. *Archives of Physical Medicine Rehabilitation*. 1995; 76(4): 302-309.

²² Ponsford J, Whelan-Goodinson R, Bahar-Fuchs A. Alcohol and drug use following traumatic brain injury: a prospective study. *Brain Injuries*. 2007; 21(13-14): 1385-1392.



treatment are at high risk for reinjury, development of mood disorders, increased mortality, and decreased life satisfaction.²³

Our Values

Relationships – built on safety, trust and integrity

Social Innovation – for individual and community well-being

Social Justice – equal access to health, well-being, justice, wealth, and opportunity

Strengths Based – discover and build on the strengths within our community

Approach to Care

Person Centred

Every person has an equal right to dignity, respect, and the opportunity to participate fully and meaningfully in their care. Phoenix Society follows person centred principles in treatment: a holistic and individualized focus, collaborative decision-making, and an enhanced therapeutic alliance. Care involves meeting people where they are, not where we think they should be, and considers the multiple needs of the client, not just substance use. Harm reduction is an integral aspect of person-centred care, from admission to discharge and aftercare.

Recovery Oriented

Recovery is a personal, non-linear journey guided by accountability, informed by the client's goals, the pace they wish to go, their relationships, their illness, the agency they exercise, and the opportunities offered to lead a satisfying and meaningful life. Phoenix Society empowers clients to decide what recovery means to them and what they need to address it, with a focus on instilling hope and empowering people to sustain their recovery journey by building on strengths, passions, and purpose.

Abstinence-Focused

Overcoming addiction can be a cyclical journey, especially when substance use disorder is accompanied by problems with mental health. Abstinence-focused treatment

²³ Zgaljardic DJ, Seale GS, Schaefer LA et al. Psychiatric disease and post-acute traumatic brain injury. *Journal of Neurotrauma*. 2015; 23: 1911-1925.



supports people with the goal of ending substance use that negatively impacts their life. Care is non-linear, and the possibility of relapse and readmission are recognized as part of an individual's recovery journey. Clients may relapse during treatment and are supported to remain in care wherever possible.

Culturally Safe and Humble

Phoenix Society provides an environment free of racism and discrimination, where all people feel safe in receiving care. The health inequities caused by current and historical colonization of the territories are recognized, and we listen and learn from indigenous peoples. The team engages in self-reflection and personal development to understand personal and systemic biases and demonstrates a commitment to develop and maintain respectful processes and relationships based on mutual trust.

Trauma Informed

Phoenix Society recognizes the role of trauma in the lives of clients and is sensitive to the impacts of trauma on day-to-day coping, particularly for those who use substances. The team shares an understanding of the widespread impact of trauma, understands pathways to recovery and has knowledge of the signs and symptoms of trauma in clients, family members, and staff. The guiding principles of trauma informed care, including safety, trustworthiness and transparency, collaboration and empowerment, humility and responsiveness and peer support are integrated into everyday practice. Treatment actively avoids re-traumatization, and the focus of care is shifted from "What's wrong with you?" to "What happened to you?"

Admission and Care Pathway

Phoenix Society provides assessment, stabilization, treatment, aftercare and transitional housing for men and women over 19, and males ages 17 to 24; all clients have treatment needs that exceed the capacity of RHA resources. The goal is to assess and stabilize the individual and provide intensive treatment to facilitate recovery. Ultimately, the individual is supported to return to their home community, in active collaboration with Phoenix Society staff and their community team.

Admission to the Provincial Specialized Substance Use Treatment Program is voluntary and clients may initiate their own discharge at any time. Referrals from Regional Health Authorities are reviewed by Phoenix Society to ensure they are appropriate for admission.

Length of stay in the program is from 90 days to 6 months.



The interdisciplinary team works actively with the client to develop a robust care plan with clearly defined goals. The team includes clinical, medical, support and peer staff. Structured individual and group treatment is supplemented by adjunctive programs include expressive arts, music, yoga, recreation, and other modalities. Programming is specialized to meet the unique needs of men, women, and youth/young adults.

Referral and Pre-admission

Referral agents from across the province may send referrals for admission to the Provincial Specialized Substance Use Treatment Program in alignment with the Provincial Access and Transition Protocol. Referral agents include counsellors, social workers, physicians, psychiatrists, community mental health teams, psychologists, nurse practitioners or case managers. An online referral package is completed and submitted to one of five Health Authority Liaisons who review, screen, and prioritize submissions and determine if an individual would benefit from specialized Tier 4 treatment. Individuals with serious and complex substance use disorders who may have a stable co-occurring mild to moderate mental illness are considered for admission.

Referral Process

1. Referral agent forwards a completed referral package to the Regional Health Authority Liaison
2. Health Authority Liaison screens the referral for completeness and program suitability
3. If approved by the Health Authority Liaison, the referral is sent to a PHSA Access and Flow Coordinator
4. Once all required information is received by the PHSA Access and Flow Coordinator, the Phoenix Society team reviews the referral within one week depending on program demand and volume of referrals
5. If the referral is accepted, the PHSA Access and Flow Coordinator informs the Health Authority Liaison
6. The Health Authority Liaison places client on the region's waitlist
7. When a bed becomes available, the Health Authority Liaison is notified by the PHSA Access and Flow Coordinator
8. The Health Authority Liaison prioritizes and identifies a client on the waitlist for the available bed
9. PHSA Access and Flow Coordinator coordinates with Phoenix Society to plan the admission



Admission Criteria include:

- Men and women (cis, trans and gender diverse) who are BC residents aged 19 and older;
- Males ages 17 to 24; and
- Serious and complex substance use disorder and mild to moderate, stabilized, mental illness

Exclusion Criteria include:

- Severe violence including sexual violence
- Sexual violence involving minors
- Arson/fire setting
- Medical instability
- Severe cognitive impairment
- Active suicidality

The following factors are also considered when assessing clients for admission:

- Regional Health Authority resources - the RHA must demonstrate that the client has exhausted available options in their community
- Activities of Daily Living (ADLs) - clients need to be independent in their ADLs including eating, toileting, and mobilizing
- Capacity to benefit from group-based programming and ability to reside in a communal living environment
- Client mix and milieu; ability for the Phoenix Society team to manage specific client needs
- Recent history of physical violence

Admission

Admission planning is based on the client's needs and level of acuity. Highest priority is given to individuals who are indigenous, pregnant or who live in a community in British Columbia where there is little or no substance use disorder treatment or support. Other priorities include recent opioid overdose, housing status, community safety concerns (e.g., intimate partner or family violence) and medical or psychiatric conditions that do not require acute admission to hospital.



Each RHA is assigned a set number of beds. There is however flexibility in the admissions protocol to support an individual from one RHA to occupy a bed assigned to another RHA by mutual agreement of the RHAs, PHSA and Phoenix Society.

Once an individual is accepted to the program, arrangements are made for transportation to the Phoenix Society main campus in Surrey, BC. Upon arrival, the client is welcomed using a trauma-informed intake process that may include clean clothing, a shower, and a meal.

The interdisciplinary team conducts a standardized medical and clinical assessment to gain an understanding of the client's substance use disorder, mental and physical health, social needs, and risk profile, and to inform development of an initial care plan. The plan is established with a focus on addressing immediate physical health concerns, managing the substance use disorder, and stabilizing mental health.

Phoenix Society recognizes that clients arrive with complex, individualized needs. Program content can be completed in 90 days; however, program duration may be shorter or longer, based on an individual's needs and motivation. To facilitate engagement in recovery, the first step involves a period of stabilization with a focus on withdrawal management, assessment, and orientation to core program components and treatment modalities.

Assessment and Stabilization

The first 14 days of the program are referred to as Assessment and Stabilization. The initial care plan guides treatment, incorporating addiction medicine and primary care support, medication review, management of withdrawal symptoms and assessment for pharmacotherapy for substance use disorder, including opioid agonist therapy.

The following interventions are provided during this phase of admission:

- Addiction medicine
- Psychiatric assessment (by referral)
- Assessment of medication needs and/or adjustment of current medications
- Withdrawal management support
- Primary health care support with community linkages
- Pharmacotherapy inclusive of opioid agonist therapy, craving-reduction medication, psychiatric medication, nicotine replacement

During the first two weeks, a foundation for program engagement is established. The client is assigned to a registered clinical counsellor and case manager/social worker and



initial meetings are held. Small groups of short duration encourage the client to participate in a structured treatment program through psycho-educationally oriented, focused interventions. An introduction to key treatment concepts is provided.

Interventions include:

- Orientation to learn about program guidelines and routines
- Safety in Recovery group to help prepare for longer more intensive treatment groups
- Motivation group to explore personal motivation for entering treatment
- Matrix early recovery skills group to introduce concepts utilized in the Matrix relapse prevention group
- Wellness education
- Adjunctive therapies (art therapy, music therapy, etc.) to introduce a holistic approach to recovery
- Talking Circle and Medicine Wheel to incorporate Indigenous recovery perspectives and cultural practices

Intensive Treatment

Clients transition from Assessment and Stabilization to Intensive Treatment generally within 14 days. The registered clinical counsellor completes a biopsychosocial spiritual assessment within the first three weeks of admission; and establishes a collaborative care plan with the client and the interdisciplinary team by week four of admission. The interdisciplinary care plan is fluid and is regularly reviewed with the client. Mid-way through treatment a treatment review meeting is held with the client, team, and community and family supports (as determined by the client). The treatment review meeting provides an opportunity to review goals and reflect, and to provide encouragement for the work done so far. Over the course of treatment, clients work with their registered clinical counsellor to review and further develop their treatment plan including incorporation of revised individual goals and a relapse prevention plan.

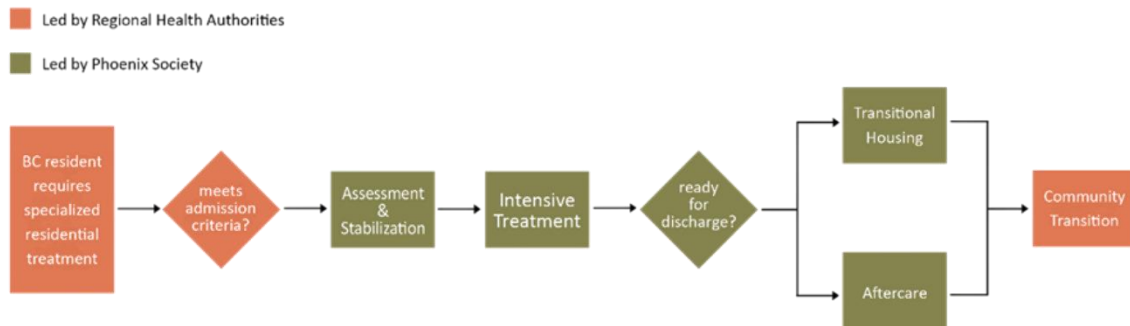
During intensive treatment, clients participate in individual and group evidence-based treatments, adjunctive programs, recreation, and cultural/spiritual activities. Evidence-based treatments include:

- Cognitive Behavior Therapy
- Relapse Prevention including Mindfulness
- Seeking Safety
- Matrix

- Contingency Management
- Motivational Interviewing
- Psychoeducation
- Skills Development
- Increasing Healthy Pleasures
- Self Help (AA/NA optional)

To support a successful transition from the program, discharge planning begins when the client enters the intensive treatment phase of the program. The case manager/social worker meets with the client and their community care team to determine a “best fit” for ongoing care and engages the aftercare counsellor to begin discussions about discharge and transition. The entire team, including the aftercare counsellor, participates in the treatment review meeting, to ensure continuity of care.

Figure 3 Client Flow



Clinical Pathway

Phoenix Society provides assessment, stabilization, and treatment across multiple domains of care. Care is person-centred and individualized, meaning that each client will engage in different elements of the program based on their needs and motivation.

Interventions are provided through regular consultation with the interdisciplinary team, individual therapy, and evidence-based group therapy. Clients also receive structured support for activities of daily living, meaningful activities and relationships, and medical



treatment with a special focus on addiction. Psychiatry is provided through community linkages and supported by the team.

Below is a summary of available hours of structured programming per week, including group and individual treatment options. Clients may choose groups to attend, based on their individual care plan, in consultation with the interdisciplinary team.

Evidence-Based Treatments	Hours per Week
Cognitive Behaviour Therapy – individual/group	2
Relapse Prevention including Mindfulness	4
Dialectical Behaviour Therapy	1
Seeking Safety	2
Matrix	2
Contingency Management	4
Motivational Interviewing (embedded)	-
Psychoeducation	4
Self-Help (SMART Recovery/AA/NA)	3
Social Skills	2
Increasing Healthy Pleasures	4-6
Total Available	30

Clients will participate in a minimum of 18 hours of structured, evidence-based clinical programming each week, including at least one hour of individual therapy with a registered clinical counsellor. Clients enrol in contingency management and receive vouchers for program participation.

A weekly treatment schedule is developed and maintained by the team and used for daily/weekly planning.

A sample weekly treatment schedule can be found in Appendix A.



Figure 5 Clinical Pathway

Pre-admission	ASSESSMENT AND STABILIZATION (two weeks)		Intensive Treatment (90 days to 6 months)		Discharge
REFERRAL PACKAGE	ASSESSMENTS • Medical • Psychosocial • Psychiatric • Cognitive • Motivation • Personal • Priorities	INITIAL STABILIZATION AND ENGAGEMENT • Addiction • Medical • Psychiatric • Motivational Interviewing • Psychoeducation	INITIAL STABILIZATION OUTCOMES Transfer to Intensive Treatment	ADDICTION CBT, DBT, Trauma Treatment, Matrix, Contingency Management, Motivational Interviewing, Relapse Prevention, Psychoeducation, Self-Help, Social Skills Training, Pharmacotherapy PSYCHIATRIC Medical Management, Education PHYSICAL HEALTH Primary Health Care, Physical Activity HEALTH PROMOTION Relapse Prevention, Peer Support PSYCHOSOCIAL RECOVERY Cognitive and Problem Solving, Coping, Problem Solving	DISCHARGE OUTCOME Aftercare Transitional Housing Transition to Community
Decision to Admit	Initial Assessment	Initial Care Plan	Biopsychosocial Assessment	Interdisciplinary Care Plan Safe Early Discharge Plan	Treatment Review Meeting
					3/6/12 Month Follow Up

Abstinence/Recovery Focused Care

The term “abstinence-based” is used frequently in substance use treatment and may have many different definitions and meanings for different people and organizations.²⁴

Phoenix Society’s definition of “abstinence/recovery focused” includes substitution treatment and other prescribed medications supporting management of substance use disorders and reduction of relapse.^{25,26,27} The use of prescribed safe supply/prescribed intoxicants may be helpful for some clients (e.g., fentanyl patches, prescribed hydromorphone in addition to OAT) , however care should be taken to ensure that intoxication does not interfere with program participation and therapeutic milieu. Use of non-prescribed medications, non-medical drugs, and alcohol are not considered compatible with the goal of abstinence-focused treatment and healthy living.^{28,29}

²⁴ Dupont R. Creating a New Standard for Addiction Treatment Outcomes: A Report from the Institute for Behavior and Health, Inc. 2014. Available online at <http://www.williamwhitepapers.com/pr/IBH%20Creating%20a%20New%20Standard%20for%20Addiction%20Treatment%20Outcomes%202014.pdf>. Accessed June 2020.

²⁵ Bell J, Dru A, Fischer B et al. Substitution therapy for heroin addiction. *Substance Use & Misuse*. 2002; 37(8-10): 1149-78.

²⁶ Benowitz N. Cigarette smoking and nicotine addiction. *The Medical Clinics of North America*. 1992; 76(2): 415-37.

²⁷ Nutt D, Lingford-Hughes A. Addiction: the clinical interface. *British Journal of Pharmacology*. 2008; 154(2): 397-405.

²⁸ Ceste J, Kamarulzaman A, Kazatchkine M et al. Public health and international drug policy. *The Lancet*. 2016; 387(10026): 1427-80.

²⁹ Jane-Llopis E, Matytsina I. Mental health and alcohol, drugs, tobacco: A review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*. 2006; 25(6): 515-36.



In describing the program as “abstinence/recovery focused”, it is important to clarify that a client is not discharged after use of substances. Substance use is viewed as a relapse to previous ways of coping. Phoenix Society works with clients through relapse and uses harm reduction practices to reduce the negative consequences of drug use, as appropriate. Clients with varying levels of motivation are supported as much as possible given that motivation is anticipated to fluctuate throughout recovery.³⁰ Motivational interviewing and enhancement of the client’s desire for recovery is central to the program and its goal of client self-determination.

Safe Early Discharges

An early discharge may be required on occasion. Substance use or other behaviors that endanger other clients (e.g., selling drugs, repeated use of drugs on site, encouraging others to use drugs, severe violence), or a use pattern indicating recovery and addiction treatment are no longer the client’s goal, may result in discharge. Every client has a Safe Early Discharge Plan that articulates the resources and supports that will be provided to ensure an appropriate and safe transition from treatment. The plan includes concrete strategies for relapse prevention and clear linkages to community supports.

Appendix B shows a Safe Early Discharge Decision Tree, highlighting the importance of addressing client behaviour proactively with care planning and behavioural contracts. Staff and physicians follow the Safe Early Discharge Policy, and clients are discharged early only if all the options in the decision tree have been exhausted. The client’s registered clinical counsellor and nurse lead discussions on early discharge, in collaboration with other members of the interdisciplinary team.

Clients receive instruction on use of naloxone kits in case of self or other overdose, either while on pass from treatment or after discharge. In the case of early discharge, a medical check up is also offered. Individuals who discharge early also have access to aftercare.

Use of Urine Drug Screens (UDS) as a Therapeutic Tool

UDS is a common method used in substance use disorder treatment to monitor adherence to treatment and abstinence from drugs. If used therapeutically, UDS may add accountability to a recovery plan. There is however a lack of evidence about the

³⁰ DiClemente C, Nidecker M, Bellack A. Motivation and the stages of change among individuals with severe mental illness and substance abuse disorders. *Journal of Substance Abuse Treatment*. 2008; 34(1): 25-35.



association between frequent UDS and health outcomes, and use of UDS in a treatment program is of uncertain value.³¹

Use of UDS in treatment should be therapeutic, not punitive. A standardized protocol/decision making tool for use of UDS is utilized, including a consistent screen. Clients are informed as to the use of UDS in the program at admission to build trust and engagement. Use of UDS, including frequency of administration is determined by the stability of the client, and is intended to support client safety or medical issues (e.g., client late returns from passes with clear signs of intoxication, medical instability as determined by the medical team). UDS administration is undertaken by a member of the Phoenix Society medical team.

Core Elements of the Treatment Program

The Provincial Specialized Substance Use Treatment Program provides the following core evidence-based treatments, beginning in Assessment and Stabilization and continuing through Intensive Treatment. These evidence-based interventions are the interpersonal or informational activities, techniques or strategies that target biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors with the aim of reducing symptoms and improving functioning or well being.³²

Cognitive Behaviour Therapy (CBT)

CBT is a short-term, goal-oriented psychotherapy that enables individuals with serious emotional or mental health disorders and substance use disorder to identify and understand their current problems, challenges and experiences and change their patterns of thinking and behaviour. CBT teaches individuals to modify problematic thoughts and behaviours, and helps to highlight that thoughts, behaviours, and moods are interconnected. CBT is customized to the needs of the individual, and all clients receive individual, weekly sessions with a registered clinical counsellor. The client is given concrete tools and resources to facilitate change during treatment.

³¹ Sobel HG, Warrington JS, Samuel F, Crocker AM, Berger CA (2021). A descriptive analysis of urine drug screen results in patients with opioid use disorder in a primary care setting. *Addiction Science and Clinical Practice*. 16: 59. Available at aspcjournal.biomedcentral.com/articles/10.1186/513722_021_00264_4. Accessed July 2023.

³² Institute of Medicine. Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards. 2015. Available at <http://www.nationalacademies.org/hmd/Reports/12015/Psychosocial-Interventions-Mental-Substances-Use-Disorders.aspx> Accessed May 2023.



Core Components of the CBT Intervention

- Relationship building
- Assessment and treatment planning
- Using socratic dialogue
- Understanding biological factors (illness, sleep, diet, routines, exercises, substances, relaxation)
- Understanding social/environmental factors
- 10 thinking styles
- Diary keeping

Relapse Prevention (RP)

Relapse Prevention was originally developed as a stand-alone clinical intervention; it is now an integral part of most evidence-based substance use treatment approaches.³³ Both SAMHSA and the BC Ministry of Health recommend teaching skills to aid with relapse prevention.^{34 35}

Phoenix Society utilizes a specific CBT approach designed to assist with relapse prevention known as the Relapse Prevention Model (RP). RP helps clients identify internal and external high-risk situations and triggers and offers behavioural and cognitive interventions to aid in the use of new skills and coping strategies. The goal is to increase self efficacy across high-risk situations without using substances.³⁶ RP encourages the individual to engage in problem solving and skill building activities, drawing from a range of therapeutic strategies, including cognitive behaviour therapy, psychoeducation, motivational enhancement, and mindfulness.

RP groups are based on principles of cognitive therapy and include opportunities for education and training related to specific coping skills, such as increased self-efficacy and self-control. Relapse Prevention is also integrated into other group-based therapies, including Seeking Safety and Matrix.

³³ Hendershot CS, Witkiewitz K, George WH, Marlatt GA (2011). Relapse Prevention for Addictive Behaviours. *Substance Abuse Treatment, Prevention and Policy*. 6 (17).

³⁴ Substance Use and Mental Health Administration. Substance Use Treatment for Persons with Co-occurring Disorders. 2013. Available at <https://store.samhsa.gov/system/files/sma13-3992.pdf>. Accessed May 2023.

³⁵ BC Ministry of Health. Provincial Guidelines for Biopsychosocial spiritual Withdrawal Management Services – Adult. 2017. Available at <https://www.health.gov.bc.ca/library/publications/year/2017/adult-withdrawal-management-services-guidelines-final.pdf>. Accessed May 2023.

³⁶ Morin J, Harris M, Conrod P. A review of CBT Treatments for Substance Use Disorders. Oxford University Press. 2018.



Mindfulness is a key focus of RP; it is a meditative technique that encourages the individual to pay attention in the present moment, without judgement, rather than allowing the mind to wander automatically to negative thoughts. Mindfulness training has been proven to lead to less dysfunction in brain systems and pathways that are implicated in addictive behaviours and addiction behaviour relapse.³⁷

A Mindfulness-Based Relapse Prevention (MBRP) group-based intervention integrating mindfulness practices and cognitive and behavioural-based relapse prevention techniques is offered, with a goal of helping individuals avoid a return to substance use.

Dialectical Behaviour Therapy (DBT)

Dialectical behaviour therapy (DBT) is a modified type of cognitive behaviour therapy (CBT). The goal is to teach clients how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others. DBT has been adapted to treat a range of mental health conditions, including for individuals who have difficulties with emotional regulation or exhibit self-harming behaviours, including substance use disorders. DBT is also used to treat post traumatic stress disorder. DBT includes four areas of focus:

- Mindfulness
- Distress Tolerance
- Emotional regulation
- Interpersonal effectiveness

DBT groups are offered for men, women, and youth/young adults and DBT principles are integrated into individual therapy. DBT milieu skills are also utilized by support staff in their daily interactions with clients.

Seeking Safety (Trauma Treatment)

The link between exposure to traumatic events and substance use problems is well documented.³⁸ Risk factors for substance use dependency include a variety of factors (having a mental health disorder, peer pressure, lack of family involvement, genetic predisposition) and traumatic experiences such as childhood abuse, emotional abuse, rape sexual assault death of a loved one, being a victim of crime, natural disasters are all examples of traumatic events are linked to substance abuse and addiction, given the

³⁷ Witkiewitz K, Bowen S, Harrop E et al. Mindfulness-based treatment to prevent addiction behaviour relapse. Theoretical models and hypothesized mechanisms of change. *Substance Use and Misuse*. 2014; 49: 513-24.

³⁸ International Society for Traumatic Stress



cognitive, behavioural and social impairments associated with the impacts of trauma on the brain.

Seeking Safety (SS) is a therapeutic approach proven to effectively address co-occurring substance use disorder and post-traumatic stress disorder (PTSD) with a focus on “establishing safety for the individual”.³⁹ SS is manualized, addressing cognitive, behavioural, and interpersonal challenges and coping skills for PTSD and substance use problems. There are 25 coping skills taught in Seeking Safety, and every skill applies to both addiction and trauma.

Areas of focus include:

- Setting Boundaries in Relationships
- Honesty
- Compassion
- Healing from Anger
- Recovery Thinking

Topics are independent of one another, and each session can be targeted to the issues and concerns of clients in the here and now. SS is delivered both individually and in a group format in the program.⁴⁰

Matrix Model

The Matrix model is a manualized treatment protocol that provides clients with the skills and understanding they need to overcome addiction. It is a structured, multi-component behavioral treatment model that consists of evidence-based practices, including relapse prevention, family therapy, group therapy, psychoeducation, and self-help, delivered in a sequential and clinically coordinated manner. The model consists of 16 weeks of group sessions held three times per week, which combine cognitive behavioral therapy, family education, social support, individual counseling, and urine drug testing.

Matrix is fully integrated into the program for all clients.

³⁹ Canadian Centre on Substance Use (2014). Seeking Safety: The Benefits of Gender-specific versus co-educational therapy. Accessed May 2023 from <http://ccsa.ca/Resources%20Library/CCSA-Seeking-Safety-Rapid-Review-2014-en.pdf>

⁴⁰ Canadian Centre on Substance Use (2014). Seeking Safety: The Benefits of Gender-specific versus co-educational therapy. Accessed May 2023 from <http://ccsa.ca/Resources%20Library/CCSA-Seeking-Safety-Rapid-Review-2014-en.pdf>



Contingency Management (CM)

Contingency Management (CM) is the systematic application of incentives and/or disincentives to help modify behaviours. It encourages clients to make healthy changes by providing immediate rewards for positive behaviours. CM posits that external rewards can take the place of internal motivation to help the individual achieve a goal (e.g., alcohol or drug abstinence) until recovery has progressed sufficiently to allow one's internal motivation to guide movement towards goals. The approach assumes that the person will feel motivated to reduce their substance use when clear and relatively immediate incentives are offered as a reward for positive behaviour. Incentives can include low-cost prizes, cash vouchers, gift cards, food items, etc.

CM is considered an effective and cost-efficient component of substance use treatment and can be implemented from a Cognitive-Behaviour Therapy (CBT) framework or using Dialectical Behaviour Therapy (DBT). It is most successful when combined with other treatment approaches.⁴¹

Previous systematic reviews of the effectiveness of contingency management for the treatment of substance use disorders have demonstrated strong evidence for its in increasing abstinence from substance use and retaining individuals while in treatment. This finding was sustained across a wide variety of substance use disorders, with moderate effect sizes. Factors with the greatest impact on effect size were the use of higher incentive monetary values, and greater immediacy in delivering incentives to participants.⁴²

Phoenix Society operates a contingency management program, facilitated by support staff and peer workers.

Motivational Interviewing and Motivational Enhancement Therapy (MI)

Motivational Interviewing (MI) and Motivational Enhancement Therapy are directive, person-centred counselling strategies for eliciting behaviour change by helping clients explore and resolve resilience. MI is focused and goal-directed and features the therapy technique of influencing clients to consider making changes. The approach aims to

⁴¹ Winters KC, Tanner-Smith EE, Bressani E, Meyers K (2014). Current advances in the treatment of adolescent drug use. *Adolescent Health, Medicine and Therapeutics*. 5: 100-210.

⁴² Davis DR, Kurtin AN, Skelley JM, Redner R, White TJ, Higgins ST (2016). A review of the literature on contingency management in the treatment of substance use disorders, 2009-2014. *Journal of Preventative Medicine*. 92: 36-46.



evoke rapid and internally motivated change, rather than guide the client stepwise through a recovery process.

Motivational interviewing is supported by over 200 randomized controlled trials⁴³ across a range of target populations and behaviours including substance use disorders, health promotion behaviours, medical adherence, and mental health issues.

The central purpose of MI is to resolve ambivalence and the counsellor is intentionally directive in pursuing this goal.⁴⁴ It is a highly collaborative approach, highlighting the working relationship between client/counsellor/team to solve problems. MI respects the individuals' sense of self and autonomy and helps to resolve uncertainties and hesitations that may interfere with making changes in behaviour or habits.

MI includes five principles:

- Expressing empathy
- Developing discrepancy
- Avoiding arguments
- Rolling with resistance
- Supporting self efficacy

Motivational Interviewing groups are highly interactive, focused on positive change and harness group processes for evoking and supporting positive change. They are delivered in four phases:⁴⁵

1. Engage the group
2. Evoke member perspectives
3. Broaden perspectives and build momentum for change
4. Move into action

Motivational interviewing strategies are delivered both individually and in a group format in the program.

⁴³ Miller, WR, Zweben A, DiClemente CC, Rychtarik RG (1992). *Motivational Enhancement Therapy Manual*. Washington, DC: National Institute on Alcohol Abuse and Alcoholism.

⁴⁴ Shannon S, Smith VJ, Gregory JW (2003). A pilot study of motivational interviewing in adolescents with diabetes. *Archives of Disease in Childhood*. 88 (8): 680-683.

⁴⁵ Wagner CC, Ingersoll KS et al. *Motivational interviewing in groups*. New York: Guildford Press. 2013.



Psychoeducation

Psychoeducation involves providing clients with clear information about substance use and mental illness, generally in a group setting. In a systematic review, group counselling interventions, all of which included education were highly consistent in producing positive effects on substance use outcomes and a wide range of outcomes other than symptoms of mental illness.⁴⁶ Resilience-focused psychoeducational groups are particularly helpful in providing a range of education on topics important for overall recovery and well being. These groups also provide information to help establish mental wellness recovery and guide clients towards more productive decision making.⁴⁷

Psychoeducational groups addressing a range of topics are available on a weekly basis.

Self Help

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) and SMART Recovery provide highly beneficial structured peer support for individuals in recovery, are utilized as an adjunct to therapeutic programming in residential treatment. The inclusion of peer support and lived experience roles are helpful for individuals in recovery by offering hope, role modelling and fostering a person-centred approach to programming.⁴⁸

Long considered a key component of recovery, 12-step programs such as AA and NA are familiar to and popular among clients. Groups focus on self reflection, behavioural change, and spirituality, and are structured based on “The Big Book” by Bill W. Groups are designed to help people share support, advice, experiences, and hope, and are typically led by peers in recovery. Research indicates that the beneficial effects of 12-step programs are conveyed predominantly through the social, cognitive, and affective components of program delivery,⁴⁹ and can be successful in promoting self-efficacy, healthy coping, and ultimately contribute to positive treatment outcomes.⁵⁰

⁴⁶ Worrall H, Schweizer R, Marks E et al. The effectiveness of support groups: A literature review. *Mental Health and Social Inclusion*. 2018; 22(2): 85-93.

⁴⁷ Substance Use and Mental Health Services Administration (2005). Substance Use Treatment: Group Therapy (Treatment Improvement Protocol Series) – Psychoeducational Groups. Available at <https://www.ncbi.nlm.nih.gov/books/NBK64226/>

⁴⁸ BC Centre on Substance Use, BC Ministry of Health and BC Ministry of Mental Health and Addictions. Guideline for the Clinical Management of Opioid Use Disorder (2017)

⁴⁹ Kelly JF. Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of behavioural change research. *Addiction*. 2017; 112(6): 929-936.

⁵⁰ Tracy K, Wallace SP (2016). Benefits of peer support groups in the treatment of addiction. *Substance Use and Rehabilitation*. 7: 143-154.



SMART Recovery's present and future based group-based approach to behavioral change is built around a 4-Point Program: (1) Building and maintaining the motivation to change. (2) Coping with urges to use. (3) Managing thoughts, feelings, and behaviors in an effective way without addictive behaviors. (4) Living a balanced, positive, and healthy life. The program addresses four areas: motives and goals, beliefs, emotions, and behaviours. Peer facilitators are trained to follow the SMART Recovery program and principles and help facilitate change in others.

Self help groups are offered regularly both on and offsite. These are optional for clients to attend.

Social Skills Training

Social skills training involves practicing conversational skills, assertiveness, and drug-refusal skills in a group context with a goal of helping clients reach their recovery goals. Elements of social skills training include listening, self-disclosure, expressing feelings and desires and addressing conflict. In a group setting, the skill is discussed, the group leader demonstrates or models the skill and then the group practices using role plays for situations where the skills can be useful.⁵¹ Active practice with feedback is considered critical to ensure an engaging and memorable best-practice.

Social skills training is fully integrated into the program, through a range of group activities.

Increasing Healthy Pleasures

Increasing healthy pleasures or engaging in meaningful life activities a cornerstone of the recovery process. For individuals who use substances and are coping with substance use disorder, a great deal of time is spent finding and using substances; during recovery, time is spent in a structured environment working on change. Boredom, anxiety, depression, and cravings present real risks to making lasting change, so it is important to introduce daily meaningful activities into the treatment program with a goal of helping clients incorporate these into their daily lives, particularly as they transition from treatment to the community. These activities should be aligned with the individual's needs, interests and values and be both healthy and engaging.⁵²

⁵¹ Substance Use and Mental Health Services Administration. Substance Use Treatment for Persons with Co-occurring Disorders. 2013. Available at <https://store.samhsa.gov/system/files/sma13-3992.pdf>. Accessed May 2023

⁵² Nordaunet M, Saelor K. How meaningful activities influence the recovery process. *Advances in Dual Diagnosis*. 11(3): 114-125.



Meaningful routines including structured activities such as school, work, volunteering, recreation, and hobbies are critical to not using substances and are incorporated into the program daily to help avoid risky situations and support clients to increasingly gain pleasure from sources other than substance use.

Medical Interventions

Pharmacotherapy

Pharmacotherapy is an evidence-based component of treatment for adults, young adults, and youth with substance use disorders. This includes Opiate Agonist Therapy (OAT) where appropriate, under the guidance of an Addiction Medicine Physician.⁵³ OAT is provided in the Provincial Specialized Substance Use Treatment Program in alignment with the Guideline for the Clinical Management of Opioid Use Disorder.⁵⁴ BCCSU also provides important prescriber guidance on safer supply that may be relevant for clients in residential treatment. More information can be found at www.bccsu.ca.

For clients who have a treating or prescribing physician in the community, the physician will be informed during residential treatment and consulted prior to any significant change in medications, including OAT. Phoenix Society has capacity to support both substance use and mental health medications, and clients receive treatment free of barriers, stigma, or bias.

The range of pharmacotherapy includes the following:

- Medication to treat substance use disorder and addictions such as substitution therapy, aversive medications, and medications to reduce cravings
- Medications to treat mental disorders such as anti-depressant, anti-anxiety, mood stabilizing and anti-psychotic medication
- Medication to support nicotine withdrawal/smoking cessation
- Traditional indigenous medications
- Education to support individuals to increase independence where clinically indicated

⁵³ BC Ministry of Health (2011). Service Model and Provincial Standards for Adult Residential Substance Use Services.

⁵⁴ www.bccsu.ca



Physical Health

Primary healthcare support with links to community is provided during treatment. This includes chronic disease management, episodic care, and education on a range of topics including medication management, smoking, sexual health, infectious/communicable diseases, healthy eating, etc.

Aftercare

Continuing care or “aftercare” is provided to ensure treatment and support once an individual achieves their initial treatment goals. It can take many forms including in person, telephone, or virtual care. Relapse rates for substance use disorders are high, and those who participate in aftercare services experience lower relapse rates than those who do not participate.⁵⁵

Aftercare is designed to ensure that the individual has a plan of support for early recovery, including the prevention of relapses and help for working towards post-treatment goals. Aftercare plans typically include activities, interventions, and resources (community, family, culture) to help the individual cope with triggers, stress, and cravings they may face once intensive residential treatment is complete.

Phoenix Society provides a full year of aftercare for clients from across the province with structured check ins at 3, 6 and 12 months. Services and supports are provided in person, by telephone and/or virtually, depending on the needs, preferences, and geographical location of the client. The aftercare counsellor establishes a relationship with each client early in Intensive Treatment and ensures that the client has a realistic discharge and transition plan, including a robust relapse prevention plan and linkages to their home community for ongoing care. The aftercare counsellor establishes linkages with family members, community care providers and other local resources as indicated by the client. Group support may be provided as part of aftercare, and in some instances a peer worker will assist. The aftercare counsellor attends treatment review meetings, to ensure safe transition planning.

Aftercare services are provided both for clients who return to community and for those who step down to transitional housing.

⁵⁵ McKay JR. Continuing care research: What we've learned and where we're going. *Journal of Substance Abuse Treatment*. 2009; 36(2): 131-145.



Special Treatment Considerations for Phoenix Society Clients

Women

Phoenix Society recognizes that addressing the needs of women in a gender-responsive treatment environment can lead to better outcomes compared with treatment in a fully mixed-gender environment, especially for pregnant women and women with children.⁵⁶ The focus of treatment in the Provincial Specialized Substance Use Treatment Program is on women’s patterns of substance use, and their specific issues, concerns, and needs in residential treatment.

While the evidence-based individual and group programming described in this document are similar for men and women, a women-only environment offers a unique opportunity for recovery, due to women’s concerns regarding safety, feeling support and empathy, and experiencing honesty and comfort.^{57,58,59,60,61,62,63} Most importantly, “women clearly want safe, accepting environments and sensitive and informed health professionals with whom to work in partnership on all their health concerns.”⁶⁴

Gender responsive programming includes the following program elements:

- Assertiveness and effective communication
- Healthy relationships
- Parenting, including family education and family therapy
- Mental wellness
- Women’s Relapse Prevention and Mindfulness

⁵⁶ McHugh R, Votaw V, Sugarman D et al. Sex and gender differences in substance use disorders. *Clinical Psychology Review*. 2018; 66: 12-23.

⁵⁷ Greenfield S, Brooks A, Gordon S et al. Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*. 2007; 86(1): 1-21.

⁵⁸ Greenfield S, Cummings A, Kuper L et al. A qualitative analysis of women’s experiences in a single-gender versus mixed-gender substance abuse group therapy. *Substance Use & Misuse*. 2013; 48(9): 772-82.

⁵⁹ Neale J, Tompkins C, Marshall A et al. Do women with complex alcohol and other drug use histories want women-only residential treatment? *Addiction*. 2018; 113: 989-97.

⁶⁰ Swift W, Copeland J. Treatment needs and experiences of Australian women with alcohol and other drug problems. *Drug and Alcohol Dependence*. 1996; 40: 211-19.

⁶¹ Grosenick J, Hatmaker C. Perceptions of the importance of physical setting in substance abuse treatment. *Journal of Substance Abuse Treatment*. 2000; 18(1): 29–39.

⁶² Clarke H. Nowhere to be Safe: Women’s Experiences of Mixed-Sex Psychiatric Wards. Available online at <https://wmhmv.org.au/wp-content/uploads/2016/11/Nowhere-to-be-Safe-Final-layout.pdf>. Accessed June 2023.

⁶³ Kulkarni J, Gavrilidis E, Lee S et al. Establishing female-only areas in psychiatric wards to improve safety and quality of care for women. *Australasian Psychiatry*. 2014; 22(6): 551-6.

⁶⁴ Schachter C, Radomsky N, Stalker C et al. Women survivors of child sexual abuse: How can health professionals promote healing? *Canadian Family Physician*. 2004; 50: 405-412.the



- Understanding domestic violence
- Women’s wellness, including sexual health and medication management
- Healthy eating, activity, recreation
- Women seeking safety
- Comfort planning and comfort kits
- Future planning/life goals

Youth and Young Adults

Emerging adults have the highest prevalence of problematic substance use and substance use disorders, and many mental health disorders present themselves during adolescence and with some challenging developmental/transitioning tasks presented to this population.

Phoenix Society understands that the transition to adulthood is complex, and that youth frequently use substances to cope with issues of identity and related stressors (relationships, finances, school, employment, housing, etc.).⁶⁵ Histories of abuse, trauma, problematic substance use in families of origin and major life disruptions can complicate the picture and substance use dependency can become a challenge during this distinct phase of life.⁶⁶

Rates of service utilization among youth and young adults with substance use disorders are low, and an approach that considers the whole person is essential to engage and motivate the individual. This includes primarily psychosocial interventions, family therapy, use of specialized online applications, and in some cases, medications.

Recommended well established, evidence-based therapeutic interventions for youth⁶⁷ include the following:

- Cognitive Behavioral Therapy (CBT)
- Contingency Management
- Mindfulness and Mindfulness Based Relapse Prevention
- Motivational Interviewing
- Online/Digital Interventions

⁶⁵ Arnett JJ, Mitra D (2018). Are the features of emerging adulthood developmentally distinctive? A comparison of ages 18-60 in the United States. *Emerging Adulthood*. 1: 1-8.

⁶⁶ Adribigbe O, Stewart S, Hirdes J, Perlman C (2022). Substance use among youth in community and residential residential mental health care facilities in Ontario, Canada. *International Journal of Environmental Research and Public Health*. 19: 1-19.

⁶⁷ Fadus MC, Squeglia LM, Valadez EA, Tomko RL, Bryand BE, Gray KM (2019). Adolescent substance use disorder treatment: An update on evidence-based strategies. *Current Psychiatry Reports*. 21: 96.



- Family Based Therapy/EFT
- Peer Support
- Physical Activity/Recreation
- Goal Setting/Life Planning

Digital Interventions

Youth and young adults make extensive use of the internet, and online interventions can provide unique opportunities to overcome traditional barriers that often prevent successful engagement in treatment. Digital interventions have the capacity to overcome difficulties associated with face-to-face treatment and can reduce costs and while increasing the standardisation of traditional care. Treatment interventions may be web-based, game based or mobile based,⁶⁸ and can be integrated into traditional residential treatment.

Phoenix Society recognizes the benefits and disadvantages of access to personal cell phones/devices during residential treatment. Access is guided by a clearly articulated device policy with restrictions during structured treatment program time. Close monitoring is required as access may interfere with full engagement in therapeutic programming and can place the individual at heightened risk of relapse, particularly during the assessment and stabilization phase of treatment.

Physical Activity

Significant relationships have been found between mental health and physical activity, with regular exercise significantly associated with decreased prevalence of major depression and improved abstinence rate for substance users. Exercise and regular physical activity, when combined with evidence-based psychotherapies, can give youth who want to recover what they need to be successful on the road to recovery/wellness. The impact of physical activity and exercise in supporting recovery include:

- Improving physical and mental health
- Increasing positive self image and self esteem
- Restoring health including organ function, blood pressure, sleep, executive function, etc.
- Distracting individuals from cravings

⁶⁸ Monarque M, Sabetti J, Ferrari M (2023). Digital interventions for substance use disorders in young people: Rapid review. *Substance Use Treatment, Prevention and Policy*. 18: 1. Accessed July 2023 at <https://substanceusepolicy.biomedcentral.com/10.1186/s13011-023-00518-1>.



- Establishing healthy, substance free living habits
- Forming social connections with others

Daily physical activity and structured recreation are provided as a part of the youth and young adult program.

Family Interventions

Family-based interventions, including awareness, education and therapy are critical in youth and young adult treatment, with ‘family’ defined by the client. Family groups, education and therapy are offered, including a weekly family psychoeducation group for all clients, and individual family-based therapeutic interventions for those who need it. The goal of these interventions is to help families develop skills to address issues, conflicts etc. that may exist between themselves and the young adult, to understand how family issues may play a role in the challenges faced by the young adult, to strengthen family bonds and to assist the family in building a ‘family recovery plan.’

Peer Support

Age-appropriate peers with lived experience are embedded in the treatment program to work with young adults and play a role in psychoeducational activities, group discussions, and even one to one work, relaying their shared experiences of their own journeys to recovery/wellness.

Safety for Youth and Young Adult Clients

Youth and young adult clients are particularly vulnerable to peer and adult influencers, and it is critically important that careful consideration be given to the treatment environment, including potential exposure to adults with severe and chronic substance use disorders and disruptive or unsafe behaviours. Phoenix Society provides close supervision and a highly structured environment for youth in residential treatment and takes special measures to minimize potentially negative interactions with clients from other program areas. Specific precautions include the following:

- Separate floors and building, controlled by fobs only accessible to youth and young adult clients
- Separate programming including gym, art and music therapy
- Separate mealtimes
- Staff supervision on units 24/7



Acquired Brain Injury

Individuals with ABI are a small but significant sub-group of clients within the Provincial Specialized Substance Use Treatment Program. These individuals require standardized assessment, individualized treatment and client and family education as core components of care.

Standardized assessment is provided through use of either the MoCA (Montreal Cognitive Assessment), or the MMSE (Mini Mental Status Exam). These tools are evidence-based and have broad applicability across clinical settings including substance use treatment. They can be easily administered by a nurse, physician, clinician, or OT within a 15-minute time frame.

Tailored substance use treatment and modified materials with consideration for cognitive deficits related to brain injury are recommended for residential treatment.⁶⁹ Proven strategies include:

- Shortened and simplified evidence-based program content
- Clear instructions provided verbally and in writing
- Written visual reminders posted on doors, bulletin boards, smart boards
- Assistance with structuring time
- Daily individual check-ins
- Comfort planning and comfort kits
- Motivational interviewing
- Contingency management
- Art and music therapy
- Peer support – AA/NA SMART Recovery

Measuring Outcomes

Qualitative and quantitative measurement of client and program outcomes are critical to assessing the real impact of treatment provided by Phoenix Society through the Provincial Specialized Substance Use Treatment Program. The following are the primary points of measurement in domains of clinical status, program access and flow and client/staff safety.

⁶⁹ Corrigan JD. Substance abuse. In Zaster ND, Katz DL, Zafonte RD, et.al, eds. Brain Injury Medicine. Principles and Practice. Demos Publications. 2013.



Clinical

- Change in use of alcohol, drugs, tobacco
- Change in mental status
- Change in physical status
- Client program ratings
- Continuity of care post discharge (successful transition to community resources)
- Participation in aftercare – 3/6/12 month evaluations
- Goal attainment during aftercare

Access and Flow

- Wait times for access/admission
- Occupancy rates
- % of clients who complete the program
- Length of stay/average length of stay

Safety

- Incidents of client aggression, overdose, suicide attempt or completed suicide
- Staff injuries

Summary

The province recognizes the need for effective, evidence-informed services for individuals with severe and complex substance use disorders and mild to moderate mental health challenges. Phoenix Society provides Tier 4 residential treatment through an ongoing funding agreement with the PHSA, to meet the needs of individuals from across the province who require highly specialized interventions and have not been successfully supported in their Regional Health Authority. The Provincial Specialized Substance Use Treatment Program offers a unique, community-based approach to care, meeting clients where they are at to support and facilitate recovery. Clients including men, women and youth/young adults are welcomed to a homelike environment where clinical and medical professionals, support staff and peers provide accessible services and opportunities to people who face barriers related to addiction, mental health, housing, education, criminal justice involvement and/or employment.

The clinical model of care articulates the Phoenix Society philosophy and approach; it provides a road map for the delivery of high-quality leading Tier 4 care in British Columbia.



Appendix A Sample Treatment Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00	Wake Up / Personal Care	Wake Up / Personal Care	Wake Up / Personal Care	Wake Up / Personal Care	Wake Up / Personal Care	Wake Up / Personal Care	Wake Up / Personal Care
8:00	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)	Breakfast (8:00-8:30) Serving Time: (8:00-8:15)
9:00	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff	Daily Planning (9:00-9:30) Unit Staff
10:00	Healthy Living Unit Staff	Healthy Living Unit Staff	Healthy Living Unit Staff	Client Council / Fishbowl Unit Staff	Healthy Living Unit Staff	Open Art	Open Art
11:00		Women Seeking Safety	Mindfulness (11:00-12:00)	Open Art (11:00-12:00)	Social Skills (11:00-12:00)		
		Men Seeking Strength	DBT (11:00-12:00) *Closed*		Mindfulness (11:30-12:00)		
			Cooking for Cognition (11:00-12:00)				
12:00	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)	Lunch (12:00-12:30) Serving Time: (12:00-12:15)
1:00	Smudging (12:30-1:00)	Matrix II: Relapse Prevention (1:00-2:00)	SMART Recovery (1:00-2:00)	Clothing Boutique (1:00-1:50)	Gym Time (1:00-2:00)	Travel to Alaska (1:00-2:00)	
	Matrix I: Early Recovery (1:00-2:00)	Beginner Photography (1:00-2:00)	Good Eats (1:15-3:00)	Community Walk (1:00-2:00)			
2:00	Healing Rituals (2:00-3:00)	Name That Tune (2:00-3:00)	Gardening (2:00-3:00)	Brain Gains (2:00-3:00)	Drug Awareness & Overdose Prevention (2:00-3:00)		Make a Scrunchie (2:00-3:00)
	Whimsical Walk (2:00-3:00)	Community Walk (2:00-3:00)	Brain Gains (2:00-3:00) *Closed*	Voucher Village/CM (2:30-3:30)	Voucher Village/CM (2:30-3:00)		
		Voucher Village/CM (2:30-3:30)	Voucher Village/CM (2:30-3:30)				
3:00	Individual Therapy (3:00-4:00)	Gym Time (3:00-4:00)	Open Art (3:00-4:00)	Mindfulness-Based Relapse Prevention (3:00-4:00)	Karaoke (3:00-4:00)	Open Art (3:00-4:00)	Open Art Studio (3:00-4:00)
		Open Art Studio (3:00-4:00)	Indigenous Teachings (3:00-4:00)	Exploring the Zone (3:00-4:00)	Indigenous Teachings (3:00-4:00)		
		Nail Salon (3:00-4:00)	Gym Time (3:00-4:00)				
4:00	Doggie De-Stress (4:00-4:30)	Restorative / Relaxation Yoga (4:00-5:00)	Current Events (4:00-5:00)	Yoga (4:00-5:00)	Rec Centre Outing (4:00-6:00)		
	Gym Time (4:00-5:00)	Biking Group (4:00-5:00)		Book Club (4:00-5:00)			
5:00	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)	Dinner (5:00-5:30) Serving Time: (5:00-5:15)
5:30	SMART Recovery (5:30-6:30)	Academics (5:30-7:00)	Academics (5:30-7:00)	Academics (5:30-7:00)	SMART Recovery (5:30-6:30)	Games Night (6:00-8:00)	Movie Night (6:00-8:00)
		NA Meeting (7:00-8:00)					
8:30	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff	Evening Check-in (8:30-9:00) Unit Staff