The Portage Program

For Female Mentally-ill Chemical Abusers

(MICA -Women)

Treatment Approach

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❖ Introduction

Homelessness has many faces and affects a wide variety of people, many of whom struggle with both addiction and mental health issues. Services that target people with this dual disorder must take into account their specific circumstances, gender and personal journey.

Homelessness is increasing steadily among women and, for many, it follows a long history of violent treatment. Special attention must be paid to the life circumstances of these women when developing strategies in the fight against homelessness.

Very few services address the specific needs of female substance abusers who also have mental health disorders. Caring for these extremely ill patients is challenging. The high recurrence rate among these patients puts a severe strain on a healthcare system that is not always equipped to provide them with the services they need. Because people who suffer from both substance abuse and mental illness have complex needs, providing integrated treatment that addresses both disorders is vital.

Individuals with co-occurring substance abuse and severe mental illness, such as schizophrenia, experience more psychiatric and psychosocial after-effects; moreover, their treatment poses a greater challenge than that of people with only one disorder. These individuals must fight against both disorders as well as their interrelated effects. There is a high rate of relapse among this population, with recurrent hospitalizations, unstable living arrangements and homelessness, as well as violent and criminal behaviour followed by frequent incarcerations. There is a lower prevalence of concomitant substance abuse among women than among men. However, the severity of substance use does not differ substantially between men and women.

Yet when individuals are committed to their treatment and succeed in reducing or stopping their substance abuse and stabilizing their mental illness, they can achieve notable positive results in terms of symptomatology, ability to function in society, utilization of services and treatment costs (Mueser, Drake and Miles, 1997: 87).

More than 20 years ago, after noting the scarcity of integrated services available to treat mental illness and substance abuse concurrently and to address the specific needs of clients presenting with both disorders, Portage set up a long-term residential program designed to meet the needs of mentally ill chemical abusers. The MICA program addresses the issue of co-occurring substance abuse and mental illness that too often leads to homelessness by treating both disorders. At the end of the program, participants are more autonomous and enjoy a better quality of life.

❖ Treatment Program for Female Mentally Ill Chemical Abusers (MICA – Women)

The MICA treatment program is tailored to a client-base of homeless women who are substance-dependent and mentally ill. It includes three phases: a residential phase that lasts approximately eight months, including two months in a transition phase; a six- to twenty-four month long supervised apartment phase; and an aftercare phase of one year or more, depending on the needs of each individual. The first two phases encompass five treatment stages, three of which take place in a residential setting. During the last two phases (transition and reintegration), residents live in supervised apartments. Each stage comes with its own expectations and objectives. Progression to the next stage is flexible and personalized, since it takes into account the level of functionality and learning ability of

each resident. By setting reasonable objectives for each resident at every stage and every phase, the program remains flexible and the integrity of the client is not compromised. (Sacks et al. 1997: 28).

This long-term program for homeless women with co-occurring substance abuse and mental illness disorders (primarily schizophrenia) addresses all three issues as well as their interrelated effects and impacts. In order to provide effective, ongoing care, the program has a personalized and coordinated treatment plan for each of these three issues, and services are provided in a single location, in cooperation with the resident's medical team, support networks and family.

The structured, flexible program provides a sense of physical and psychological safety as well as a calmer environment that is conducive to personal growth. The MICA-women's program emphasizes group activities, case management, individual counselling, abilities and skills development, and social reinforcement, all designed to respond to identified needs. The treatment approach is based on acquiring competencies and emphasizes individual strengths and personal accomplishments. Every accomplishment, no matter how small, is highlighted and reinforced.

❖ Philosophy and Process

The main therapist in Portage's therapeutic community is the community itself, which includes the social environment, staff members and peers. The peers act as role models for achieving successful personal change and serve as guides and facilitators during the change process. The communal aspect of the program is fostered through community meetings as well as psycho-educational groups and activities aimed at bringing about therapeutic and behavioural change. Participants learn to develop their personal abilities by taking part in activities and assuming various roles and responsibilities.

Case management and treatment plans are priority items for the Portage MICA program, as are ongoing partnerships and cooperation with medical teams, families and community resources. Accordingly, each participant's needs and services are assessed on an ongoing basis. Individual counselling, which is vital to case management, not only aids in preparing monthly individualized plans of care, but also "assists in clarifying personal issues to share with the group, often suggesting ways of approaching and using the group as well as the community as a whole" (Sacks et al, 1997: 30).

Case studies attended by the resident, psychiatrist, medical team, family members or significant others, are formally integrated into the treatment process. These case studies take place during each phase change, approximately every three or four months, and involve an exchange of information as well as identification of the needs, objectives, roles and responsibilities of each individual. The residents present their accomplishments, progress, items to be improved, items that are improving and those they are working on. The medical team comments on the medical and psychiatric progress of each resident in terms of medication and the management of symptoms. Case studies provide a discussion forum that ensures continuity of care with partners and support organizations.

❖ Treatment Phases and Stages

- ♦ Phase 1 – Residential Program

The program begins with a five-week orientation and integration period – a delicate period in terms of program abandonment - during which residents receive information about the program and documentation concerning its structure, rules and related concepts. During the first five weeks of

the program, a big sister is paired with the new resident to help her integrate into the community and to provide motivation and support. Every effort is made to ensure that the new resident feels welcomed, supported and motivated to start the treatment program. The first stage of phase 1 targets integration into the therapeutic program and adaptation to community life; the resident meets her peer group and gets to know the program structure, rules, treatment components and tools of therapy. In stage 2, the resident is more involved in her treatment and plays an active role in groups and activities. This is also when she takes on more responsibilities and leadership in the community. The third stage fosters leadership, personal autonomy, maturity and supervised self-management of medication.

- **Phase 2 – Supervised Apartments Program**

Once the initial residential phase of the treatment program is completed, participants move into a supervised apartment for stages IV and V of the program. Each apartment can accommodate four or five individuals for a period of six months to two years. Transition and social reintegration are the determining stages of rehabilitation.

Phase 2 begins with the transition process, which is the fourth stage of the program. The phase is set in the residential centre. When the time comes, the resident may move to a supervised apartment and follow the residential program every day for approximately six weeks, until she finds an occupation (employment program, volunteer work, studies). During this stage, the resident progressively moves from a very secure, structured environment to the real world. This crucial stage can lead to program abandonment, relapses or psychiatric reactions due to stress, fear of the new environment and apprehension about starting to live independently. To help residents during this transitional stage, the program offers counselling, specific groups and meetings on various themes, as well as intensive case management.

The resident then moves on to the fifth stage, also set in a supervised apartment environment. Community support and supervised lodging are an integral part of the MICA-Women's program. As the community becomes self-sufficient, residents must provide for their own food and clothing needs, plan and prepare their meals, take care of household chores, laundry and budgeting, and manage stress as well as their medication. They apply the abilities and skills acquired during the residential phase. Portage ensures that the living quarters are well-organized and well-maintained, sees to the physical and psychological safety of the residents and makes sure that no drugs enter the premises.

Portage supports residents in planning their schedules, developing support and activities networks, establishing a budget, being disciplined about taking their medication, managing stress, preparing menus and having a well-balanced diet. Portage also supports residents with intervention and crisis management. Staying in a supervised apartment is an excellent opportunity for residents to improve their quality of life and function in a normal fashion. The social reintegration program in a supervised apartment setting requires complete abstinence from drugs and alcohol, and active participation in society, either by working, going back to school or doing volunteer work. Phase II of social reintegration (stages four and five of the program) ends when the resident has satisfactorily acquired the abilities and skills she needs to live independently or in a supervised community apartment.

- **Phase 3 – Aftercare**

In the third phase, known as aftercare, external follow-ups are conducted for as long as the resident needs them, typically from six months to a year. In the aftercare phase, the resident attends weekly peer support groups, receives individual counselling and is actively studying, working or volunteering. The aftercare follow-up provides a security net during the transition to a new, autonomous way of life. In addition, it promotes relapse and crisis prevention (for both mental illness and substance abuse) and helps manage and diffuse crisis situations while in the mainstream community.

Family services

Family services are an integral part of the treatment process. Family members and significant others are encouraged to participate as often as possible in interventions, including case studies, three to four times throughout the course of phase I and at least twice during the supervised apartment phase (phase II). Family and significant others take part in these meetings along with the medical team and Portage staff, and are also welcome to attend weekly support groups. In addition to providing information on mental illness and substance abuse, these groups assist and support family members. Various themes are covered: schizophrenia, substance abuse, homelessness, dual /triple disorder, improving communication, setting limits, the parenting role, management of crisis situations, and relapse prevention.

Personnel

From admission to aftercare, the Portage multidisciplinary team of addiction counsellors, nurses, social workers and specialized educators coordinates the specific medical and psychological requirements of residents. Some staff members are former substance users who have completed a substance abuse treatment program. The Portage team works on an ongoing basis with the residents' medical team, family and support network, which ensures residents have quick access to healthcare services if needed.

Several staff members are graduates of a Portage program. They have gone from struggling with addiction to living a happy, healthy and productive life thanks to the Portage therapeutic community. Their journey through the program has led them to work for Portage and eventually return to school to complete studies in addiction counselling or other subject areas relevant to rehabilitation, and to expand their abilities and hone their counselling skills.

Partners and resources

Since the MICA program for men was established in 1995, it has enjoyed a solid partnership with several community organizations, hospitals and correctional centres. Experience has shown that partnerships and relationships with medical teams and various resources are essential to the success of the program.

The following lists some of the partners Portage has worked with as part of the MICA program. These partnerships are just as relevant for the development of the MICA-Women's program.

- Hospital Centers:
  Douglas Hospital, Fleury Hospital, Jean-Talon Hospital, Montréal General Hospital, Jewish General Hospital, Allan Memorial Hospital Saint-Luc Hospital, Notre-Dame Hospital, Louis-H.-Lafontaine Hospital, Lakeshore Hospital, Cité de la santé in Laval, Albert-Prévost Pavilion, Psychiatric Clinic Hospital in Sainte-Thérèse, Hôtel-Dieu Hospital in Saint-Jérôme, Le Gardeur Hospital, Charles-Lemoyne Hospital, Saint-Hyacinthe Hospital Center, Malartique Hospital, Royal Hospital in Ottawa, Rolland-Saucier Pavilion in Saguenay, Rivière-du-Loup Hospital Centre.
- Mental health outpatient clinics
- CLSCs on the island of Montréal
- Correctional centres:
  - ❖ Philippe-Pinel Institute, Saint-Jérôme Detention Centre, Bordeaux Detention Centre, Rivière-des-Prairies Detention Centre
- Substance abuse rehabilitation centres:
- Cormier-Lafontaine, Clinique du Nouveau Départ, Foster Pavilion, Le Virage in Montérégie, Le Maillon in Laval, Centre Le Rucher in Québec
- Telephone and reference hotlines
- Community organizations:
  Arrimage, Expression Lasalle, Impact, Project Pal, L'Autre Maison, La Maison d'Étapes, La Maison Saint-Dominique, Les maisons Iris, Ami Québec, Schizophrenia Society of Canada.

❖ Conclusion

The needs of individuals with a concomitant substance abuse disorder and severe, persistent mental illness are complex and often exacerbated by the shortage of integrated treatment services available in the community.

Better awareness of this growing social problem is central to properly identifying its underlying issues, increasing treatment and service offerings and making it easier for individuals with concomitant substance abuse and mental disorders to access services. The social and economic impact of this dual disorder on individuals, families and society as a whole cannot be overestimated; that is why we believe that cooperation between substance abuse and mental health service networks is vital and that there is a need to react to the situation with a sense of urgency.

Long-term residential treatment programs for individuals who suffer from substance abuse and mental illness are almost non-existent in Canada. Often victims of the "revolving door" syndrome, these individuals represent increasingly difficult cases, and costs to society continue to escalate. Backed by twenty years of experience with this clientele, Portage has responded by establishing a residential treatment program for women who suffer from a substance abuse disorder as well as mental illness.

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