THE APPLICATION OF A PHASE-LEVEL APPROACH FOR THE TREATMENT OF YOUNG ADULT ALCOHOL AND MULTIPLE SUBSTANCE ABUSERS IN AN URBAN COMMUNITY

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During 1974, the Charing Cross Clinic for Drug and Alcohol Problems: one of Glasgow's largest out-patient substance abuse treatment facilities, developed the first program within the National Health Service, for the treatment of young adult (ages 16-30) alcohol and multiple substance abusers (Fischer and Coyle, 1976). The program, called the Young Persons Program, of YPP, was developed to obviate problems brought about by the traditional approach of interspersing younger and older patients in the same treatment regime (Coyle and Fischer, 1977).

Almost from the inception, it was felt that no one modality could satisfy all patient treatment needs. A phase level approach, similar to that used by residential therapeutic communities, in which the client can progress through different phases, based on assessed readiness and need would seem to be the optimal treatment design. Development of a phase level approach was gradual. New elements were added in response to problems arising from the day-to-day functioning of the program. The purpose of this paper is to briefly outline the structure of the YPP, and to discuss the applicability of the model as a means for treating inner-city addicts, as well as alcohol and multiple substance abusers.

YPP PHASE LEVEL STRUCTURE

Following intake, all patients thought to be suitable for treatment are admitted into the Orientation phase. Each new patient must attend Orientation for a minimum of six (6) weeks. During this time the patient meets at least twice a week with a recovered alcohol and/or drug abuser, who has successfully completed the program. The
counselor reviews with the new patient, the program structure and
tries to support the client in initial attempts to remain drug free,
or reduce alcohol consumption. Depending on the number of new patients,
there may also be an Orientation group. The focus of the group is
similar to individual counseling, except that it affords a greater
opportunity for positive peer pressure to be used as a therapeutic
intervention. An additional focus of this phase, is to begin to
help clients develop strategies for coping with environmental and
peer pressures that might encourage substance abuse, and to set
tentative treatment goals that are mutually agreed upon. Orientation
affords the client an opportunity to assess the program and its
staff, while allowing the client a chance to decide if he, or she
is ready for, or in need of treatment. This trial period is particu­
larly important, since many clients are quite ambivalent about seek­
ing help. The criteria for completing Orientation is six (6) weeks
of regular attendance and some initial movement toward drug freedom,
or reduced consumption and/or abstinence.

The client is then eligible to enter into the Main therapy group
During this phase, the client continues the therapeutic tasks began
in Orientation. There is a greater emphasis, however, on exploring
emotional problems that may underly alcohol and drug consumption.
Treatment goals that were initially established in Orientation are
re-evaluated by the entire treatment group, in light of client pro­
gress.

After regularly attending the Main therapy group for three (3)
months, the client is eligible to enter the Environmental Support
Group. Entry into this component is contingent upon satisfactory
progress in treatment. The group meets once a week in the pub. Its
goal is to help the client learn how to cope with peer pressures
within the pubs, which encourage abuse or addiction. This is partic­
ularly important, since alcohol and illicit drugs are readily at­
tainable in pubs frequented by young persons. Furthermore, the pub
is the center of all socialization. This facet of the program will
be discussed in more detail in the next section. Clients are ex­
pected to attend the Environmental Support Group as well as the Main
therapy group for at least one (1) year.

The final phase consists of a staff development and training
program, by where clients, who successfully complete the program,
and, under supervision, learn counseling skills necessary to function
as a clinic worker in the Orientation phase. After six (6) months
of work in Orientation, new clinic workers are then able to co-lead
(with a trained staff member) on-going therapy groups.

The clinic workers have been an invaluable asset to the program.
Not only have they increased staffing capabilities and hence, the
ability of the program to expand services, but more importantly,
they serve as a role model, a source of immediate identification