

services and programs

950 De Louvain Est

CENTRE DOLLARD-CORMIER



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CENTRE DOLLARD-CORMIER
Centre de réadaptation en dépendance



SERVICES AND PROGRAMS

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ORGANISATION OF SERVICES AND PROGRAMS

To ensure the intervention philosophy and principles which guide our activities are put into practice, and to conform to regional orientations, the organization of services enables:

- › Access to services and programs within a short period;
- › Prioritization of certain clientele (pregnant women, youth, the JESSIE component and clinical emergencies);
- › Equity in access to services and programs for all clientele including those with multiple problems;
- › Matching according to the client's age and characteristics;
- › Participation of the clients and their representatives to support them in their mandate to promote the improvement of the quality of the clients' living conditions and to assess their degree of satisfaction;
- › Continuous quality assessment and a formal follow-up mechanism for recommendations;
- › A continuous reflection process on the changing reality of the clientele and the adequacy of services and programs;
- › The application of flexible and effective mechanisms between the programs and services to ensure a rapid response adapted to the client's needs;
- › The availability of a range of services and programs which respond to the diverse needs of persons with problems related to use of psychotropic substances and pathological gambling, as well as the institutions, individuals, groups or resources they frequent;
- › The application of established substance abuse approaches to respond to the diverse problems found among the clients;
- › The integration and development of related programs targeting problems which, due to their nature, are inherent in alcoholism, substance abuse and pathological gambling, and assessment of the compatibility of the behaviour of drivers with alcohol or drug related problems with driving a motor vehicle safely;
- › First-line support.

I CHARACTERISTICS OF THE SERVICES AND PROGRAMS

1.1 Matrix of Services and Programs

To better meet the objectives related to their organization, services have been divided into services and programs. The access services act as the gate of entry to the institution. They are an obligatory step for the client who is then directed to the program which corresponds to his situation and needs. The programs are based on the principle of matching clientele in regard to specific age groups (youth, adult or 55 and older), problems experienced by a group of individuals (gambling, homelessness, etc.), or a specific need (social reintegration). Most of the programs are divided into several components in order to better respond to the complex realities inherent in substance abuse and pathological gambling. The institution can also count on the network services to respond to requests from one of the Centre's programs or other partner organizations, or even to facilitate an approach involving several partners in order to respond to a client's specific needs.

1.2 Clinical Follow-up

Two approaches are possible, outpatient and inpatient, according to certain criteria which will be explained in the description of each service and program. It is possible for clients to benefit from both approaches simultaneously.

Outpatient approach

The client can be assigned the following services and programs as an outpatient:

- › Reception, Assessment and Orientation Service;
- › Clinical group activity Program;
- › Family and Friends Program, Adult component;
- › Family and Friends Program, 6-12 year component;
- › Living Environment and Social Reintegration Program, Social Reintegration component;
- › Living Environment and Social Reintegration Program, Social Housing component;
- › Adult Program, General component;
- › Adult Program, JESSIE component;
- › Adult Program, Justice component;

- › Adult Program, Mental Health component;
- › Youth Program, Outpatient component;
- › Youth Program, Educational service component;
- › Youth Program, Community Outreach component;
- › Youth Program, Services for Family and Friends component;
- › Youth Program, Justice component;
- › Youth program, Mental Health component;
- › Homeless – No Fixed Address Program;
- › 55 and Older Program;
- › Pathological Gambling Program;
- › Driver Assessment Program;
- › Social Integration through Work Program;
- › Living Environment and Social Integration Program, Contractual Resource component;
- › Clinique Cormier-Lafontaine.

The meetings necessary for the outpatient follow-up are carried out, on appointment, in the Centre's various service points. Some clients may also be provided a follow-up in their home.

Inpatient approach

Under certain circumstances, the client is temporarily withdrawn from his living environment and provided inpatient services. This approach is an intensive response for more specific needs, such as:

- › Substance abuse Emergency Triage Service;
- › Detoxification Program, Withdrawal and Recovery component;
- › Inpatient Rehabilitation Program for Adults;
- › Youth Program, Inpatient Rehabilitation component;
- › Living Environment and Social Reintegration Program, Stop-gap residences component;
- › Living Environment and Social Reintegration Program, Foster homes and contractual resources component.

1.3 Client Assessment

The assessment is a crucial **clinical act** in the client's treatment. To be effective, the assessment **must** be **neutral** and meticulous. It must be neutral, because the assessment of the client is the key to matching his needs and the programs. It must be **meticulous** to adequately fulfill its responsibilities in regard to matching, research or other elements. There are three types of assessment:

- › The summary assessment is mainly used by the Reception, Assessment and Orientation Service, the Substance abuse Emergency-Triage Service and the Youth Program, Outpatients component, to rapidly identify the client's state and offer the appropriate response;
- › The general assessment, using the Addiction Severity Index (*Indice de gravité de la toxicomanie*) for adults and adolescents, is designed to identify the clients' main areas of need, enable an appropriate orientation, contribute to the preparation of the intervention plan with the client as well as his follow-up. This assessment may also be made by the Reception, Assessment and Orientation Service for Adults and the Youth Program for clients 24 years of age or less;
- › On the very first contact, a special assessment, adapted to the situation experienced by persons with a problem of pathological gambling, is also carried out by the staff in the Pathological Gambling Program.

The state of certain clients may also call for more specialized assessments (health, psychological, criminological, social). These assessments may be carried out in the access services or in the programs.

1.4 Medical-Nursing Services

The clinical expertise of the **nursing personnel** and their activities are essential to the operations of the Substance abuse Emergency-Triage Service and the Detoxification Program. Their skills are also employed at various stages in all the programs.

The work carried out by the nursing staff is supervised by the head nurse, whose duties include:

- › Supervising and controlling the quality of nursing care;
- › Ensuring care rules are prepared, taking into account the need to provide clients with appropriate and efficient services as well as the organization of the resources available to the institution;
- › Seeing to the smooth operation of the committees of the Council of Nurses and ensuring that the Council evaluates nursing activities in the Centre.

The **physicians** carry out a diagnostic assessment of the clients and identify certain elements essential to their care plan. They are directly associated with the Detoxification Program and the Substance abuse Emergency-Triage Service. They also act as privileged consultants for the other programs and services.

2 Detailed Description of The services AND PROGRAMS

2.1 Access Services

In all, four services or programs offered in the institution serve as a gate of entry for the clientele.

Reception, Assessment and Orientation Service (25 years of age and over)

This service is the principal gate of entry to the Centre. It is responsible for receiving most of the initial applications for service for clients who are 25 years of age and over. It follows a rapid and effective procedure to ensure an immediate response to needs for services.

Reception is carried out on an individual basis, using a summary assessment chart, to identify the client's situation, rule on his eligibility, the urgency of his situation and, if applicable, to proceed with specific assessments to **orient** the client to the appropriate resources according to his means.

Immediately following his assessment, a client who so wishes and who does not present any particular problem, is invited to attend an Initiation Group followed by a Program of group activities. Details of the services offered in this program are described on page 22.

A client who wishes to receive an individual intervention in one of the programs is invited to continue the assessment through the ASI (Addiction Severity Index - *Indice de gravité de la toxicomanie*) and one of the specialized assessments if necessary.

The Reception, Assessment and Orientation Service mainly operates on appointment, from Monday to Friday during the day as well as during the evening according to a pre-established schedule. The Service can also be accessed without an appointment. By virtue of an agreement concluded in 2005 with the CSSS Pointe-de-l'île to increase access to the Centre's services, clients from Montreal's east-end may also access the Reception, Assessment and Orientation Service directly at the Point-de-l'île satellite centre located in the Rivière-des-Prairies – Pointe-aux-Trembles – Montreal East arrondissement, where they can investigate the possibility of obtaining services there.

Substance abuse Emergency-Triage Service

This Service is the gate of entry to the Centre for all clientele, both French and English-speaking, with a substance abuse problem who require immediate intervention. It is accessible 24 hours a day, 7 days a week, in person or by telephone. Crisis situation and biopsychosocial intervention approaches are favoured in this Service, as well as an approach based on a continuous and essential partnership with community organizations.

The team in this Service receives the client's request, creates a secure situation in order to bring the client's tensions to a tolerable level, ensures a safe sobering process, and assesses the nature of his needs and expectations in order to direct him to a service or program at the Centre or to the appropriate outside resource by telephone or in person.

The Service has ten stretchers to observe, assess and support the clientele. The length of stay is usually no longer than 48 hours, with the exception of street youth who may remain for 72 hours. Depending on the results of the assessment, clients of injectable drugs may also remain in this Service for more than 48 hours. The staff in the Service intervene within this very short period. Physical (nursing care) and psychosocial assessments are carried out continually throughout the period.

The Substance abuse Emergency-Triage Service can, on a temporary basis, also provide support to the family, friends and partners, as well as significant support in emergency situations identified by the *Agence de développement de la santé et des services sociaux de Montréal*. The staff in the Service carry out community interventions directly in certain facilities such as the Old Brewery Mission.

The Triage component is available during the day from Monday to Friday. By offering physical (nursing and medical care) and psychosocial assessments, it acts as a gate of entry for the Detoxification Program, Withdrawal or Recovery. When required, recommendations for hospital services can also be made. The Triage component also receives clients directed to the Withdrawal or Recovery component as well as responding to all requests from clients, their family and friends or the partners, for assessment and orientation to the appropriate services in the institution or elsewhere.

Youth Program, Outpatient component

This component is the gate of entry to the Centre for all youth clientele (24 years and under). It is accessible during the day and evenings according to a set schedule. Clients can report with or without an appointment. By virtue of the *Substance Abuse Service path and Access Mechanism for Youth on the Island of Montreal*, persons under the age of 17 years can also access the Centre's Youth Program, Outpatient component directly, or be referred by a CSSS (health and social service centre) or any other partner on the Island. The details of the services offered are described in the Youth Program, Outpatient component, on page 12.

Access Service to the Pathological Gambling Program

This Program is the gate of entry to the Centre for all clients with a pathological gambling problem. The Service carries out a biopsychosocial assessment and directs the client to the appropriate programs in the institution or elsewhere. It is accessible during the day and evening from Monday to Friday, with an appointment.

Access services are an obligatory step for all clients who are then directed to the appropriate program or service, according to their needs.

2.2 Programs

The clientele matching principle, focusing on age or particular situation, has been taken into account in preparing the programs.

YOUTH PROGRAM

This Program is designed for:

- › Youth, 24 years of age or less, whose drug and alcohol use:
 - Seriously disturb their development and affect or concern both the youth and his family or friends;
 - Presents risks for the future or may even cause significant psychological distress and breakdowns within their living environment;
- › Parents concerned by their child's drug or alcohol use whether or not he is enrolled in the Centre's services.

As well as being based on a biopsychosocial model, the intervention takes into account:

- › Issues related to growth and development;
- › Specific impacts of drug or alcohol use on adolescents;
- › The particularity of the reasons for the drug or alcohol use;
- › The youth's difficulties in analysing issues concerning his experience;
- › Risk and protection factors which are often found within the family.

THIS PROGRAM INCLUDES SEVEN COMPONENTS:

Outpatient component

This service is accessible during the day and evening, according to a fixed schedule. The youth can come to the Centre, with or without an appointment, to meet with an educator who will help him clarify and identify his needs. These needs can be responded to in different manners:

- › Intervention in the Walk-In Clinic;
- › Assessment using the ASI chart – adolescent and adult;
- › Integration in group support activities (address drug or alcohol use, information on substances, relapse prevention, etc.);
- › Referral within the program to a professional (psychologist, criminologist, social worker, psychoeducator) to continue the intervention on an individual basis;

- › Referral for a health assessment;
- › Referral for inpatient rehabilitation;
- › School attendance.

The services offered to youth are designed to:

- › Reduce their drug and alcohol use;
- › Reduce the harm caused by their drug and alcohol use;
- › Understand the position drug and alcohol use occupies in their lives;
- › Stabilize their living conditions;
- › Develop a more satisfying lifestyle;
- › Improve their interpersonal relations with their environment.

Under the *Substance Abuse Service Path and Access Mechanism for Youth in the Montreal area*, Francophone and allophone adolescents aged 17 years or less are directed to the Centre Dollard-Cormier following an assessment carried out by the first-line (DEP-ADO, code red). A more in-depth assessment of the youth's situation is carried out and recommendations drawn up. The coordinator of the Access Mechanism receives the results, validates them using matching criteria and recommends a designated centre for outpatient or inpatient services.

Inpatient rehabilitation component

This service provides clinical accommodation supported by a short-term program (24 hours/7 days) where the youth can:

- › Distance himself from the living environment (street, family);
- › Take stock of his drug or alcohol use;
- › Set objectives and the means to attain them;
- › Develop his social skills.

This environment is positioned between stop-gap resources and medium and long-term living environments. The length of stay is approximately one month.

A joint intervention plan is drawn up with the youth by the inpatient and outpatient practitioners to ensure continuity and coherence in the follow-up. The youth also participates in individual and group meetings in a reassuring, comforting and supportive living environment.

Educators are on hand day, evening and night. The nurse follows-up the nursing assessment carried out before the admission.

School attendance component

According to a service agreement concluded with the *Commission scolaire de Montréal*, two teachers provide services in the schools for clients from the schools or from the Centre. This component is designed for youth aged 17 years or under who are enrolled in the Youth Program.

A psychoeducator from the Centre supervises the youths who attend classes up to Secondary 4 (**13 places**) and works with the other practitioners in the Program.

Community Outreach component

The objective of the outreach component is to establish links with youth who have a drug or alcohol use problem and who, for various reasons, do not seek a consultation. A practitioner from the Program works directly in the street with youth and community resources to facilitate the youth's access to various services including those of the Youth Program.

Services for Family and Friends component

Services for Family and Friends are offered in groups or one-on-one and are designed to:

- › Provide information and encourage the participants to adjust their understanding of drug and alcohol use and position it in terms of the youth's development;
- › Help them improve their parenting skills and put the emphasis on their power of action and change.

Family meetings are held when it is desirable to have the youth and the members of his family and/or friends talk openly about the difficulties involved in the drug or alcohol use. Concrete means are explored to improve the family's situation. If the youth is being seen on an individual basis, his practitioner may participate in the meetings.

Justice component

These services are designed for youth who are under the control of the *Youth Criminal Justice Act*. A preliminary one-on-one meeting with an educator from the Youth Program is held, followed by five group meetings on themes such as the impacts of drug and alcohol use and consolidating motivation. A final one-on-one meeting is then organized to review the steps taken and to encourage the youth to continue receiving services.

Mental Health component

During the assessment process, all youth (24 years and under) who have a mental health problem associated with the substance abuse are directed to the Program nurse. This additional assessment encourages a joint approach with the mental health network.

Youth whose situation is considered at risk are treated as a priority. The Program specialists (homelessness, justice, mental health) organize a clinical discussion on such youth and make recommendations on their orientation as well as participating in drawing up possible interventions. All practitioners in the Program can call on this clinical discussion group.

ADULT PROGRAM

This Program is designed for persons from 25 to 54 years of age for whom alcohol or drug abuse has created or risks creating significant areas of disorganization for themselves and their family and friends. It offers rehabilitation activities designed to treat the substance abuse and related concomitant disorders. This program is accessible during the day and evening according to an established schedule.

Once the IGT chart and, if applicable, specialized assessments have been completed, the client's record is given to an educator who analyses the application in order to refer the client to the appropriate practitioner (educator or professional).

The educator receives clients who require a follow-up on their drug and alcohol use and social reorganization (daily life support). The professionals (psychologist, criminologist, social worker, human relations officer) generally receive clients who wish to embark on a therapeutic course of treatment. A walk-in service is also accessible for clients already enrolled.

Four levels have been developed to ensure the best response to these problems. The members attached to each of these levels offer a range of activities for individuals and groups as well as for couples and families, adapted to the needs of the clients and specific to each problem identified. The objectives and type of follow-up are set out in an individualized intervention plan supported by a rigorous clinical assessment and the client's active involvement in his treatment.

Each of the four levels is marked by the characteristics of each clientele.

General component

This level is designed for clients whose problems are less severe, who have been exposed to the substances for a shorter period and whose employment and living conditions are more stable.

These clients do not have severe mental disorders, their motivation to consult is not related to pressure from the legal system and they do not identify themselves with the sub-culture of delinquency and homelessness.

The intervention at this level is based on Prochaska and Di Clemente's theory of change and considers three fields of work:

- › Drug and alcohol use;
- › The need for social reorganization;
- › Psychological comfort.

The target for change must be adjusted to the client's degree of motivation and must take into consideration the severity of the person's situation.

Justice component

This component is designed for clients who have a double problem of substance abuse and problems with the law:

- › An individual who is currently under judicial control or who has had judicial problems in the past;
- › An individual who has a complex profile including several problems (impulsivity, mental health disorder, potential danger to himself or others, sexual disorder, etc.);
- › An individual who uses rehabilitation services to conform to a court order.

The client's follow-up respects the following therapeutic framework:

- › A block of commitment: clarification of expectations, decision concerning pursuing the treatment, commitment to the process of change and identification of work objectives to be pursued throughout the treatment;
- › A stabilization block: crisis resolution, stabilization of the client's biopsychosocial situation;
- › A block of improvement and consolidation: implementation of strategies to increase or maintain motivation.

Mental Health component

This component targets clients with a double problem of substance abuse and one of the four following types of mental health disorder:

- › Psychosis, severe and persistent disorders in the process of stabilization;
- › Severe borderline personality disorder;
- › Severe anxiety and depression disorders;
- › Other personality disorders and fragile functional structures.

The Program pursues three main ends:

- › Stabilization: interruption of the disorganization process;
- › Improvement: learning of personal and basic skills;
- › Consolidation: achieving psychological, social and psychic equilibrium.

The JESSIE component

This component is designed for parents of children from 0 to 5 years who are referred to the Youth Protection Department in Montreal for neglect. It allows a joint intervention plan to be developed by practitioners from the Centre and from the *Centre jeunesse de Montréal – Institut universitaire* so that the problems of dependency and parenting skills of these individuals can be dealt with at the same time. The ultimate objective is to maintain the child's safety and, if possible, have him return to his family. This clientele is considered to be a priority and, therefore, may have access to all the components of the Adult Program as well as the other programs when necessary.

55 AND OLDER PROGRAM

In addition to having a problem of abuse, mainly alcohol and medication, this clientele may also be in an on-going process of adapting to losses related to aging and multiple bereavements (living conditions, health, cognitive functions, vigor, libido, breakdown of the social network, etc.). These events sometimes cause an increase in anxiety and depression. Overconsumption of psychotropic substances can come about through self-medicating to reduce the symptoms of anxiety and depression.

This clientele has a number of different profiles. Some individuals are still part of the labour market, others are about to or have just retired and are trying to adapt to their new situation, or they may have been retired for a long time. For some, their problem of overconsumption is a major handicap. Others live in a situation of social isolation or have reduced mobility.

The practitioners have adopted a flexible formula to respond to the needs of this clientele. In addition to one-on-one therapy, they offer groups specifically adapted to the clients' particular needs.

The therapeutic objective is to help clients understand the function of the drug and alcohol use and find alternatives, encourage acceptance and adaptation to changes related to aging and to increase their empowerment. The intervention is based on Prochaska and Di Clemente's theory of change and also takes into account specificities related to geriatrics.

This Program is accessible during the day and evening and services may be provided in the Centre's facilities or at home when the situation requires.

PROGRAM FOR FAMILY AND FRIENDS

This Program offers support to the family and friends of a person who has problems related to the consumption of psychotropic substances and alcohol or pathological gambling.

Adult component

Once an application is received, a telephone contact is made to find out the person's needs. He is then invited to a one-on-one meeting to better identify his needs and the type of support desired so that he can be referred to the most appropriate resources.

At the end of this meeting, three options are offered:

- › A referral to another resource;
- › A referral to another program to stabilize the situation as part of an individual follow-up (1 to 10 meetings);
- › An invitation to join a therapeutic group, beginning with eight meetings designed to understand the dynamics of substance abuse and how to manage the difficulties it involves.

The person can then continue with another group initiative of ten meetings designed to maintain the work on oneself through understanding one's relational patterns.

Clients who are 18 years old or younger are referred to a one-on-one meeting with a professional and the follow-up is developed according to the needs expressed.

Component for 6-12 year-olds

This service responds to the needs of children from 6 to 12 years of age in relation to a parent who has a dependency problem.

It is offered as part of a bimodal intervention program designed for children and their parents at the same time. It is broken up into a sequence of 12 group meetings and occasional statutory family meetings.

The group meetings cover a number of themes:

- › Interdependence in the family;
- › The phenomenon of dependency;
- › The emotional world;
- › Problem solving;
- › Roles in the family and boundaries;
- › The child's needs;
- › Drug and alcohol use;
- › Secrets and privacy.

HOMELESS – NO FIXED ADDRESS PROGRAM

This Program is designed for persons 25 years of age or more who live on the Island of Montreal and whose problems related to drug or alcohol use and homelessness result in many different difficulties.

Based mainly on the biopsychosocial approach and harm reduction, in a context of a high tolerance threshold, this Program offers interventions designed to increase motivation and ensure the maintenance of the clients' acquisitions, as well as their stabilization and progress in regard to:

- › Drug and alcohol use and reducing its impacts;
- › Housing;
- › Affiliations and social relations;
- › Independent behaviours and social skills;
- › Physical and mental health;
- › Relations with the law.

Interventions are carried out in complementarity with the range of services and programs offered at the Centre (Emergency-Triage, Detoxification, Social Reintegration, etc.) linked to complementary services offered by several partners (shelters, day centres, defence of rights, etc.).

The services correspond to the diversity and complexity of the needs of clients who are homeless or have no fixed address, and include the reception group, psychosocial assessment, nursing follow-up, trust and reaching out. Other than emergencies, adjustment, rehabilitation and social integration are the main targets.

PATHOLOGICAL GAMBLING PROGRAM

This program is designed for persons who have a pathological gambling problem and their family and friends. When it does not significantly affect their ability to follow the treatment, the Program can receive clients who have a double or triple problem (gambling, mental health, substance abuse, etc.).

The client's situation is assessed, following which he is integrated in the treatment which focuses on recognition and modification of erroneous ideas concerning gambling. It employs biopsychosocial approaches with the objective of harm reduction. The Program is based on the assessment and treatment program for pathological gamblers developed by Robert Ladouceur, Ph.D. and involves a cognitive-behavioural approach. It is spread over a series of stages, designed to develop the individual's ability to stop gambling and includes various components designed for the gambler and his family and friends:

- › Biopsychosocial assessment;
- › Individual follow-up (approximately 10 to 15 meetings);
- › Financial consultation;
- › Group support and self-help;
- › Service for the family and friends.

This Program also offers the client support during a crisis, budgetary and legal advice and assistance, and recommendations for his other problems. If the need arises, three inpatient places are also available.

Whether or not he is registered in our services, the gambler's family and friends may also obtain a follow-up to help them understand the dynamics of a pathological gambler and to develop means to deal with the situation. Services are accessible from Monday to Friday during the day and evening with an appointment.

An interactive Web site is available for gamblers or their family and friends who would like to receive more detailed information or who wish to contact the Centre, at: **www.joueur-excessif.com** or via the Centre's site: **www.centredollardcormier.qc.ca**. The e-mail address is **joueur-excessif.cdc@ssss.gouv.qc.ca**.

DETOXIFICATION PROGRAM

This program is designed for alcoholics or drug users who have stopped their consumption and are going through a period of detoxification, whether or not they are pursuing a rehabilitation treatment at the Centre. This period is characterized by an imbalance which can cause physical symptoms requiring specialized nursing care as well as a number of other factors in which supervision can assist the recovery process with the objective of creating a new equilibrium (physical, psychological and social). The detoxification program has two components: Withdrawal and Recovery.

Withdrawal component

This component enables the client to pass through the period of physical withdrawal in a safe and reassuring environment under medical supervision. Ten places are available and the length of this inpatient stay is seven to ten days. A rigorous nursing follow-up is necessary as well as one-on-one meetings with an educator to encourage and support the client.

Recovery component

This component offers inpatient supervision for clients who are not consuming and who do not show any evidence of physical withdrawal or who have completed their withdrawal period.

Eighteen places are available and the length of this stay is ten days. It includes individual or group meetings (effects of substances, relapse prevention, drug or alcohol use cycles, etc.) to support the client's motivation. A nursing follow-up is also provided. This component is also accessible for clients with a pathological gambling problem.

At the end of the stay, whether for withdrawal or recovery, the client is offered a referral to the appropriate resources.

INPATIENT REHABILITATION PROGRAM FOR ADULTS

This Program is designed for drug users or pathological gamblers who present symptoms of psychological distress (depressive moods, suicidal ideation, presence of elements of psychological disorganization, etc.) and often a situation of social disorganization. It is only accessible to clients being followed-up at the Centre Dollard-Cormier.

The objective of this program is to help to:

- › Re-establish the client's psychological state;
- › Encourage the client to appropriate and become accountable for his own state of health;
- › Support the client in his functional skills;

- › Help the client reintegrate his natural living environment (social assistance, housing, legal problems, etc.).

An intervention plan is prepared jointly with the client, his practitioner in the referral program and the inpatient educator, in which the objectives of his stay are clearly identified. The client also participates in individual and group meetings in a reassuring, safe and supportive living environment.

The nurse assesses all clients and a follow-up is offered; educators are present day and night and a guard is on duty during the night and will intervene, if necessary. The average length of the stay is from two to three months; eighteen places are available, three of which are reserved for pathological gamblers.

GROUP ACTIVITY PROGRAM

Immediately following his assessment, the client may participate in group activities focussing on three elements:

- › **Consumption:** includes activities which take into account the client's objectives in regard to his drug or alcohol use (mourning for the drug or alcohol use, relapse prevention, motivation, triggers, etc.);
- › **Social:** mainly affects life styles and social reorganization (communications, stress management, social network, conflict resolution, etc.). These activities are also open to pathological gamblers;
- › **Psychological:** designed to develop or increase skills concerning interpersonal relations, personal esteem (experiencing emotions, anger management, self-affirmation, self esteem, etc.).

SOCIAL INTEGRATION PROGRAM THROUGH WORK

This Program is designed for persons registered with the Centre and participating in a program. It offers employability assistance and occupational orientation services. It provides access to the following services:

- › Evaluation and occupational orientation;
- › Support for the person;
- › Recommendations to the following partners offering employment search and support services in the Montreal area:
 - Integration companies;
 - Employability services;
 - Job search clubs;
 - Adapted work centres;
 - *Carrefours Jeunesse-Emploi*.

LIVING ENVIRONMENT AND SOCIAL REINTEGRATION PROGRAM

This Program provides accompaniment for clients who are experiencing problems involving housing, shelter or social reintegration. It ensures service continuity and access for clients to housing or placement resources which correspond to their needs. It is divided into four components:

Stop-Gap Residences component

This component responds to all requests for stop-gap residences from other programs in the Centre. It acts as the liaison between the Centre and the community resource with which it has a service agreement for eighteen places (thirteen men, five women).

The main objective of the stay, a maximum of fourteen days, is to allow the client to stabilize his situation and reorganize his social life (social assistance, health insurance card, housing, judicial and legal situation, medical appointments, etc.). During the period of the accommodation, the client continues to receive services from the Centre. At the end of his stay, if necessary, he can take recourse to other types of shelter.

Foster homes and contractual resources

This component is the actual gate of entry to applications for accommodation in the various networks in the 06A Administrative Region (Island of Montreal). It is designed for individuals who have a problem involving substance abuse, AIDS, homelessness and/or social dysfunction, and who require specific short, medium or long-term services under continuous supervision. Several types of residential services are available: supervised apartments, foster homes, supervised rooms, group homes, etc.

The clients are referred to intermediate or family-type resources according to a precise assessment. Each client receives services from one of two case practitioners who draw up an intervention plan together with the person responsible for the resource who follows the client in his daily life.

In addition, each resource receives services from a “resource” social worker from the Centre who verifies the clients’ eligibility and the quality of the services offered. All resources are evaluated each year in accordance with article 108 and articles 301 to 309 inclusive of the *Act respecting health services and social services* according to the certification assigned by the *Agence de la santé et des services sociaux de Montréal*.

Social Reintegration component

This component meets the client's needs for support and stabilization during his social reintegration, when he has access to subsidized or affordable housing. Eighteen places are currently available and the development of other resources in this service is planned in the short term.

This service is available for clients registered with the Centre who participate in a program for a minimum of six months. The practitioners work in partnership with rental agents, real estate companies, city representatives, social housing janitors and guidance counsellors. The service is accessible from Monday to Friday, during the day and evening according to needs, and in the home. Evaluation of applications is carried out on appointment.

An intervention plan is prepared with the client to identify his priority needs (budget, groceries, housekeeping, relations with neighbours, education, return to the job market, social assistance, etc.). A trust is required to support clients in their integration and is supervised by the program practitioners. The trust is used as a privileged rehabilitation intervention tool.

The Centre offers this service for a period of nine months to one year to each person.

Social housing component

This component is basically designed to provide support for social housing and to contribute to the development of new projects. It also promotes the integration of the Centre's clients in social housing and even their involvement in its management.

2.3 Network Services

Network services respond to applications from one of the Centre's programs or other partner organizations. They can also promote cooperation between several partners to meet a client's specific needs.

Training and clinical consultation service

This service is designed for organizations, individuals, groups or resources in the O6A region (Island of Montreal) that have contact with drug users clientele and require support. The service participates in implementing activities or programs emanating from the health, justice, work and education networks. These resources may be public, private or from the community. The service is designed to create a better partnership between the various resources, implement action on the substance abuse continuum, identify, screen and provide support for the intervention. The intervention support component is offered to external resources as well as to the Centre's practitioners.

The staff of this service offer promotion, representation, training and consultation services, ensure that the Centre is represented on work committees as well as at various professional events.

Occasional tools are created to support the services activities and reference books are drawn up to complete the substance abuse training materials.

Driver assessment program

Société de l'assurance automobile du Québec

This Program is designed for all drivers who have been found guilty of impaired driving (section 76, Bill 12) as well as individuals identified by the *Société de l'assurance automobile du Québec* (SAAQ) who wish to obtain or renew a driving permit (section 73, Bill 12).

It offers an assessment of the compatibility of the client's type of consumption in regard to driving a vehicle safely, an evaluation of the risk of recidivism, a supervisory plan designed to make the client accountable as well as a report and recommendations to the SAAQ concerning the client's behaviour at the end of the assessment process.

This service is available on appointment during the day and evening.

Court assessment service

Offered at the Montreal Court House, this service is designed to assist the magistrature in making decisions inherent in the needs of the accused for alcoholism or drug abuse rehabilitation. It is available for criminal as well as penal cases. The interventions take place at the time of the bail hearing.

2.4 Links to Third-Line Services

Clinique Cormier-Lafontaine

Over the past two decades, attention has been focussed on concomitant disorders related to alcoholism, drug abuse and mental health, due to the high rate of prevalence of such comorbidity and its diverse repercussions. Dealing with this double problem means that the obstacles inherent in specialized systems, which often work in parallel, must be overcome in order to create an *integrated approach* in terms of the system as well as the treatment program so that it responds to the clientele's specific needs.

In this context, in November 2001, the *Clinique Cormier-Lafontaine* was founded to serve as a third-line service. The clinic's name reflects the linking of expertise from two institutions: the Centre Dollard-Cormier, a leader in alcoholism, drug abuse and pathological gambling rehabilitation; and *Hôpital Louis-H. Lafontaine* recognized for its state-of-the-art expertise in mental health.

The regional mandate of the *Clinique Cormier-Lafontaine* is explicit. It must provide and make accessible integrated third-line care and services to persons who have severe, if not persistent, mental health problems and addictive behaviours or who have a real risk of relapse related to one of these conditions, thereby extending the missions of the Centre Dollard-Cormier and the *Hôpital Louis-H. Lafontaine*. To this end, it must also develop pertinent knowledge and know-how through research, teaching and assessment activities, and disseminate the results among clients, practitioners and the public.

Requests for services can be made by a physician or a second-line specialist from the psychiatric or rehabilitation network, according to specific agreements. The application **must be** accompanied by recent clinical documentation on the state of the person involved. Since the partners' contribution is essential, the clinic's approach involves working closely with guidance counsellors throughout the assessment and treatment process. These second-line partners ensure case continuity following the clinic's intervention.

The organization of services is based on three main principles:

- › The importance of an integrated approach, involving simultaneous interventions for the substance abuse and for the psychiatric disorder;
- › The importance of early assessment of the use of psychotropic substances in view of the clinical repercussions of abuse on the course and outcome of psychiatric disorders;
- › The effectiveness and efficiency of a specific intervention based on the approach of harm reduction and encouraging motivation.

The principal **direct services** dispensed to clients are:

- › Interdisciplinary assessment and treatment;
- › Individual and group interventions;
- › Interventions by the network (family, practitioners, etc.);
- › Liaison and support for professionals who could make recommendations.

The Clinic also offers **indirect services** to its partners (institutions, organizations):

- › Support to second and third-line practitioners involved in the treatment of conditions involving a combination of mental health and addiction disorders;
- › Clinical consultation services to practitioners in both networks;
- › The transfer of knowledge through training activities in Montreal and outskirts;
- › Contribution to the advancement of research into comorbidity, working with other research teams in Quebec such as the *Centre de recherche Fernand-Séguin*, RISQ, etc.

The Clinic offers specialized services to persons with pathologies involving a psychosis or who have a severe personality disorder associated with addictive behaviour. Two programs have been established to meet the specific needs of these populations.

In this integrated approach, the objective of the treatment involves a number of services which take the client's motivation into account (Prochaska's cycle of change), with the motivational interview adapted to each stage of the change. This treatment is based on an eclectic therapeutic approach drawing pertinent elements from strategic, cognitive-behavioural approaches, an adapted version of Marsha Linehan's behavioural dialectic approach, certain psychodynamic concepts borrowed from Fonagy and Bateman (mentalization), Kohut, Gunderson, harm reduction and psychosocial rehabilitation support completed by a psychoeducational component, to mention just a few elements of the treatment program.



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