

Group sessions frequently become very intense times of deep sharing of feelings and thoughts that may have been unrecognized and unexpressed for a long time. Sharing meals and free time promotes a sense of belonging not unlike what the patients experience with one another.

Referral to the appropriate resource such as out-patient counseling services, Al-Anon, and Families Anonymous make for consistent follow-up.

Recreation

Recreation, including volleyball, ping pong, TV, and group hiking is offered to provide healthy, physical activity and a respite to assimilate the impact of the generally intense program.

Alcoholics Anonymous and Narcotics Anonymous

Patients attend the two A.A. meetings held on the grounds each week. Arranging for A.A. and N.A. sponsorship is an integral part of each patient's preparation for discharge.

Aftercare

Each patient is helped to formulate his discharge plan. A recurring theme in all aspects of the program is that this period of concentrated therapy is only the beginning of what can be a new life. Its rewards will be no better than the effort the person puts into maintaining his sobriety and the growth he started. In addition to A.A. or N.A. with sponsorship, people are encouraged to return to the agency or counselor who referred them.

Many younger, unattached people decide to relocate in this area where they have had no association with the drug culture but do have the support of other recovering people. Many choose to return to White Deer Run for meetings, necessitating weekly urine surveillance at their own expense. The system of Cooperative Living Arrangements (COLA) which are self-supporting, self-regulating groups of sober people sharing an apartment, provides a nearly ideal solution for the newly discharged patient who has so many conflicts, fears, and need for identity. Although with less frequency, older patients relocate also, either to this or another area with an appropriate halfway house.

Former patients are welcome to spend a day or two here, as long as they have maintained their sobriety, when they feel the need for support of the community. If able, he will be expected to cover the charge of his room and board.

Communications with Referral Source

We share the referring agencies' concern for continuity of support of the addicted person's efforts for recovery. The therapist's initial assessment, invitation to participate in our treatment plan staffing, and a report of the decisions coming out of it, notification of upcoming discharge, and the discharge summary with recommendations for aftercare are sent to the referring professional with the patient's permission.

Records

In addition to the reports sent to the referral sources, our records include summaries from other agencies, weekly progress notes, counselor aides' observations, and the social history. Accountability, intrastaff communications, and execution of treatment plan are assured.

Staff

White Deer Run staff includes both non-addicted professionals and recovering persons. The staff to patient ratio is about 1 to 2½, including five office and maintenance personnel. Each of the five counselor/therapists is ultimately responsible for the treatment of a group of about twelve patients. Treatment staff includes counselor aides, caseworkers, doctor, and nurse. We have two consulting psychiatrists and a consulting psychologist. Student interns work with the social service department.



White Deer Run

Treatment Program

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Approach to Addiction

White Deer Run treats alcoholics, prescription addicts, and street addicts. Differences in age, type of drug used, life style, and value systems are used to help patients discover the more basic similarities of addiction and humanness. The age and sex mix provide the ground for the individual patient to gain a new perspective on his own past and present family relationships as well as himself at different points in his life. The staff has developed this approach with the growing conviction that a person can see the dynamics of addiction more clearly when in intimate communication with others who've abused varying drugs of choice.

Admissions Policy

Admission is open to any person with an addiction who wants help. His or her physical and mental health must enable him to benefit from an active, structured program. He/she must be ambulatory, non-psychotic and sober at least five days.

White Deer Run is certified by the Governor's Council on Drug and Alcohol Abuse to provide in-patient treatment for sixty patients. The treatment program is up to sixty days. Sources of financing include: Mental Health/Mental Retardation (Drug and Alcohol), Bureau of Vocational Rehabilitation, Blue Cross, and private funds.

Intake Routines

New admissions are given a complete physical examination.

A counselor/therapist orients the person to the program and gets an idea of his expectations and immediate needs in making a constructive adjustment to treatment.

A social history is taken with particular emphasis on addiction and attempts to recover. The interview is conducted in such a way as to help the patient benefit from the opportunity to review his own life.

In order to assure drug-free grounds, newly admitted patients are thoroughly searched. Those who have used illicit drugs are on a communications blackout and regularly submit urine specimens for drug scanning.

Milieu Therapy

The daily intermingling of counselor aides who are themselves recovering persons is perhaps the greatest single factor in developing the background of hope, attitudes, and daily behaviors conducive to recovery, within the White Deer Run community. Patients who are committed to their own recovery begin to react to what fellow patients do and say with the recognition of their interdependency. This atmosphere is perhaps the most crucial therapeutic modality in that it provides the background for everything else that happens.

Educational Meetings

Many alcoholics and drug addicts simply do not know that they are addicted or even what addiction is. Lectures, films, audio tapes, and rap sessions are included in the daily program to give the patient information about the problem with which he can compare his own use of alcohol and other drugs. This is frequently the turning point in one's acceptance that he does indeed have a chemical problem. Furthermore, a framework for recovery makes an overwhelming task feasible. It is absolutely essential that the patient come to believe that his addiction is self-perpetuating and is not caused by life's problems, however real they may be. The necessity of abstinence from the experience of intoxication, regardless of the chemical agent, is stressed.

Group Therapy

Mutual identification, trust, and hope provide the support required for the individual to take an honest look at himself and share it with his group members. Maintenance of sobriety necessitates a shedding of the sense of uniqueness which most addicted people harbor. In the state of feeling unique, the addiction is immune to outside forces and the person is virtually inaccessible to a meaningful relationship. Group sharing serves to challenge the feeling of being different and gives an initial experience in real communication which will be a continuing support to sustained recovery.

Individual Counseling

Orientation with the counselor/therapist, the history interview, and discharge planning are done in individual sessions. Otherwise, one-to-one interviews are held when indicated as a means of helping a person make better use of the total program. It has been our experience that the patient who seeks out individual therapy in this setting is usually trying to duplicate the medical model of passively accepting treatment administered by the professional or seeing himself in some essential way different from other patients. Exceptions to this general policy are most frequently around specific crises.

Work Therapy

Each patient has one and a half hours a day of useful work therapy assigned on a weekly cycle. This promotes (1) a sense of belonging to the total community of White Deer Run, (2) a demonstratively active role in the patient's own treatment, (3) the opportunity for visible accomplishments, (4) development of responsibility, and (5) cooperation with team efforts and authority.

Family Counseling

The spouse or other primary significant person is seen as near the time of admission as possible. The family needs to know that they cannot make the addicted person stay sober nor be "blamed" for the addiction and that frequently what may seem to help, actually perpetuates the active addiction. The family needs some basic understanding of the problem and preparation for the readjustment that sobriety will demand. Home visits and conjoint sessions may be made by a member from social services staff at the therapist's request.

Family Workshop

A residential Family Weekend is an essential part of our direct work with spouses and parents. Films, discussion, presentations by recovering addicted persons, and an AI-Anon/Families Anonymous meeting provide a core of information.

Helping to find a Beginning, a Purpose, a Way of Life