

## Why is the Circle Program so Successful?

The Circle Program is truly unique and a similar program does not exist in any other state in the country in the fact that anyone can participate in spite of lack of insurance or funds for treatment. This is a “gem” in a state which ranked 50 out of 50 in funding for substance abuse treatment in a 2011 survey. This program has been in existence for almost 40 years at the state hospital in Pueblo.

90-day treatment – there is a great deal of research that supports - longer treatment the better. NIDA recommends a minimum of 90 days. There is scientific data based on the neurobiology of the memory and learning part of the brain – it takes 90 days for stem cells in the hippocampus to grow and differentiate – allowing new memory and learning. (Alcoholics Anonymous has known this intuitively for decades when they state “90 meetings in 90 days” - the necessary requirement for staying sober)

Abstinence based – no addictive drugs and no addictive medications (stimulants, benzodiazepines, and opiates for pain management) are allowed. All drugs work the same way in the brain and one drug can lead to relapse of the other. All these drugs decrease neurogenesis in the hippocampus and shrink the hippocampus, making it difficult to learn anything new. The hippocampus can regenerate with new neurogenesis when the drugs of abuse are removed from the body and the body has a chance to heal. Patients in Circle learn ways to manage their anxiety, concentration and pain problems without medication and do so successfully.

Tobacco-free (since 2000) – this is absolutely necessary but very few inpatient or residential programs have incorporated this yet due to various reasons. Nicotine works in the same place in the brain as all the other drugs of addiction and does the exact same thing. Chronic nicotine use can shrink the hippocampus and can impair new memory and learning just like all the other addictive drugs and alcohol. Our outcome data is definitely demonstrating that tobacco use is highly correlated with relapse. We have made great strides in getting patients to seriously consider staying off tobacco after treatment and this contributes to sobriety as well as improved health.

Fully Integrated Dual-Diagnosis treatment – It is a requirement of Circle that all patients have an Axis I mental illness diagnosis as well as a substance use disorder. All of the patients’ co-occurring diagnoses are addressed and treated at the same time. Patients come to accept their mental illness diagnoses – Axis I and Axis II and they learn a great deal about these and how to manage them successfully. We utilize medications as an aid but focus primarily on teaching patients skills they can utilize to manage their affect, mood and anxiety. We also work on reducing medications to the least necessary and many patients find they do well without any medications once they remain sober.

Teaching tools – Patients are assigned numerous worksheets and books to read and write papers about during their three month stay. These are individualized based on what is going on with each patient. We attempt to get patients to use every part of their brain possible to re-wire their brain with new information to counteract that information from the drug/alcohol use that has been hard wired in their brain. They are in 40 hours of group per week (education and process

groups – some gender specific) and have written assignments out of most every group. All their work is reviewed in a team staffing once a month and new goals are assigned based on their work in their previous month.

**Exercise and Recreational Therapy** – Patients participate in RT five times a week and are encouraged to exercise in their free time based on the information that the best way to increase neurogenesis in the hippocampus to improve memory and learning is voluntary exercise. The access to a full gym and outdoor track and basketball and volley ball courts help with this immensely.

**Cognitive Behavior Treatment** – the gold standard for addiction treatment is utilized in the Circle program through two modalities - Strategies for Self-Improvement and Change (SSIC) and Dialectical Behavioral Therapy (DBT). Patients learn to recognize their distorted and criminal thinking and how to change this to straight/prosocial thinking and how their thinking affects their behavior and outcome. They write a minimum of 6 thinking reports per week and complete phase I and parts of phase II of SSIC.

**Behavior Awareness** – With the recognition that inpatient treatment is not reality and it is very easy for patients to think they will “never use again” when they are not exposed to the substance they crave, we have attempted to create a society that mirrors the outside world. We have developed a small society in the Circle program in which there are many rules. All patients are expected to read the guidelines for the program and know what the rules are and are expected to follow the rules. They are expected to write themselves and others “gifts” to point out their rule violations. These are read in a group where patients can receive feedback and then they are assigned teaching tools – which are papers they write to address their behavior and thinking. Every paper has to have three solutions for the behavior. These papers are then read in group and peers give feed back on the papers, accepting or rejecting the paper/solutions. Most patients initially have great difficulty with this process as they don’t want to “be a snitch”. However, they come to recognize the benefits and power of this process and it does a great deal to increase patients’ self-esteem. Patients usually write excellent, insightful papers, come up with workable solutions, get praise from their peers and learn they can do this and stand up in front of others and read their work. They also write and receive “rewards” in this group in addition to “gifts”. Their levels in the program are granted weekly based on their gifts/behavior. If the patients can follow rules in Circle and realize the benefit of doing so, they are much more likely to be able to follow society’s rules when they leave the program.

**Cue-Exposure Response Prevention** – During the second month patients are exposed to this therapeutic modality in which guided imagery is used to help the patient go in their imagination to a place where they would be tempted to use. They are instructed to get their cravings up as high as possible without using in their imagination. They stay in this place for some time and then the group leader has them walk out of the situation in their imagination, using refusal skills. This group involves a great deal of role play. This is a very powerful treatment to help people learn how to manage their cravings. Patients initially dislike this group very much but ultimately report that it was very helpful to learn that they will be able to deal with situations that come up after discharge. This treatment should never be used in a program in which patients can use

tobacco because smoking after such a group would just negate everything they just did and make them more likely to reinforce the craving rather than learn they can ignore the craving.

**Alternative treatments to manage anxiety/affect** – ear acupuncture (NADA protocol), tapping (EFT, TRT) based on acupressure points, Heartmath (biofeedback based on heart rate variability) and brain synchronization therapy (BST) are all offered and taught to the patients. They are especially effective with patients who have a history of trauma or PTSD.

**Trauma work** – Addiction is generally for most people a trauma-based illness. In order for someone to successfully recover they need to address the underlying trauma they are using drugs and alcohol to mask or avoid dealing with. We have a weekly gender specific trauma group. Starting their second month, patients start writing down their history of trauma, starting in childhood. When they have completed this, they share it with their one to one therapist and then they share it with their peers in the group. This is very powerful and they find support, validation, and understanding from their peers. Patients also do individual trauma work with their one to one therapist who is either EMDR (eye movement desensitization reprocessing) or BST (brain synchronization therapy) trained.

**Medical and Dental** – Because the population Circle serves is those folks who have failed all other levels of treatment and have continued to use substances, many have significant medical problems related to their substance use and often require blood work, EKG, X-rays and medical care throughout their stay in the program. All of this has been available to the patients while at Circle. The majority of patients have significant dental issues related to their substance use. Having access to a dentist, while in the program, who can do the necessary procedures without using narcotics has been an awesome benefit for the patients. A significant place of relapse is often in the community dental office where patients receive a prescription for opiates after most any procedure.

**Good Nutrition** – Eating healthy meals three times a day and taking necessary supplements to counteract deficiencies caused by substance abuse is paramount to healthy recovery. Although the state hospital does not get a lot of money for dietary (compared to the pharmaceutical budget), the nutritional staff provides tasty healthy meals and snacks. Patients routinely get vitamin and mineral supplements to augment their diet, especially based on blood testing for vitamin and mineral deficiencies.

**All of the above components are necessary for an effective program.**