

# Layman Way Recovery Center

A Collaborative Effort of



November 14, 2019

**Opening Day:** May 7, 2018

**Total Referrals Made:** 146

**Total Denials:** 67

- 8 refused admission
- 5 were viewed as a flight risk
- 2 were not York County residents
- 3 were revoked by attorney after referral
- 4 had high medical acuity
- 8 had high mental health acuity
- 19 were violent offenders, or had criminalized behaviors beyond treatment at Layman
- 1 was a sex offender
- 14 needed alternative treatment (higher or lower level of care)
- 1 had a conflict with a current individual in treatment
- 2 had outstanding warrants that needed clearing

**Total Admissions:** 79

**Current Census:** 18 (1 admission occurred after report completion, is noted in census here, but not in remainder of reported numbers and percentages)

**Total Discharges:** 62

**Successful Completions:** 33

**Non-completion:** 29

**Towns Served:** 25

Since opening in May of 2018, Layman Way has provided residential treatment to 79 individuals, representing 25 towns in York County. For all 79, treatment was previously unattainable due to a lack of insurance, an extensive waiting period for admission, or a lack of the appropriate level of treatment for the specific individual. There is a demonstrated need for residential treatment in York County, especially for the incarcerated individuals who are being referred.

The majority of admissions (63 in total) have been between the ages of 20-39 (81% of total), with 43% being under age 30. The primary drug of abuse for many has been opiates at 76%, followed by alcohol at 19%. As envisioned during the planning process for the program, the primary population is proving to be young, with a chronic opiate use disorder. Co-occurring disorders are also present, with 89% reporting a previously diagnosed mental health issue. The common mental health diagnoses seen in Layman Way residents include post-traumatic stress disorder, depression, and anxiety. These co-occurring illnesses provide a unique challenge in and of themselves that tends to complicate the recovery process.

The number of completions of the program thus far is 33. This demonstrates a completion rate of 53%. Layman Way Recovery Center is a 6 month program, qualifying it as "long term," per the National Institute on Drug Abuse (NIDA). Data from the addictions field supports a completion rate of about 30% for therapeutic communities, serving the same population we serve at Layman Way. Substance Abuse and Mental Health Services Administration (SAMHSA) reports a 50.7% completion rate for all of the long term treatment programs in the State

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of Maine. It is important to note that our non-completion rate of 29 people included a handful who “ran” after release from jail, a few who requested a release from treatment and a return to jail, and the remainder of individuals being returned to jail for behavioral or assaultive activity in the program.

During the first year, we learned a lot. Our conceptualized target population has not solely been who we have served at Layman Way. General eligibility has remained the same (York County Residents, involved with the criminal justice system, currently incarcerated, who are in need of treatment), but the acuity level of need for who we are serving has not been what we anticipated. Many of our residents have chronic, long standing histories with the criminal justice system. It is much more common to admit someone into treatment with over 10 lifetime arrests than the person who is a first time offender. Of the 79 admissions, 76 of them report at least 5 lifetime arrests (96% of those admitted), and 28 of the 76 report at least 10 or more lifetime arrests (37%). There has only been 1 person admitted into Layman Way following their first, initial interface with law enforcement. This has been a primary determinant of changing the residential milieu into something that closely resembles a therapeutic community. Research supports long term incarcerated or criminalized individuals require a heavy degree of structure and guidance as they make attempts at rehabilitation. A therapeutic community can deliver both the structure and guidance required to help effect change. Layman Way offers 6 months of treatment, while typical therapeutic communities offer up to 2 years in programming. This is largely driven by the time required to fully reform someone with a criminalized mind and criminalized behaviors. We lay a foundation, which is a huge step forward.

We have observed and noted a progression through 3 basic stages for the individuals who come into Layman Way. This is purely our own internal observation, not based on any specific model of treatment, per se. For the first 2 months, individuals attempt to insert themselves into the hierarchy often seen in a jail or prison setting. There are leaders and there are followers. There is a “code” or culture of incarceration, and we have seen that. It includes basic rules like “don’t rat” and that you have to “earn your place.” There are many challenges amongst themselves, as well as with staff. Learning that staff are not jail personnel, but trained counselors meant to help them is a difficult transition to make. Acceptance of help is not something easily come by. Individuals do not present their “authentic self” but rather who they think they need to present in order to survive. We spend the first 2 months attempting to break down this façade and help someone discover who they may be. Those who return to jail tend to do so during this time period. They are unable to regulate their emotions, they may become impulsive or explosive, and it becomes a difficult environment to be in for those who are demonstrating changes.

In the second stage, typically months 3 and 4 we often see a lot of ambivalence about continued recovery efforts. A lot of self-doubt and questioning. Statements like “I am not sure I want to do this” as well as “I don’t think I can do this” are quite common. Staff spend efforts reassuring and continuing to employ motivational interviewing skills in efforts to help the individual break down their ambivalence. The majority of transformation occurs in these couple of months. The façade is broken down, and we get to see and know the “real” person. Residents themselves will comment about “just getting to know myself.” A return of hope and self-reliance presents itself.

By month 5, we tend to see some heightened anxiety. Individuals who previously questioned a commitment or desire to stay in treatment begin to express concern about leaving. The environment has been safe and supportive. Returning to a previous living situation or making “a go of it” outside in the “real world” is a scary prospect. At this stage, leaders have evolved. They take on roles in the program, mentoring others and offering peer support. They have seen in order to remain in recovery, and to continue to help themselves, they must share

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what they have learned with others. In conjunction with this, we applied for a community spotlight grant through Kennebunk Savings Bank. This grant will pay for peer recovery coach training for graduates of Layman Way. Peer recovery coaching is becoming recognized as an appropriate adjunct to professional treatment approaches. It also gives individuals in recovery an opportunity to help others. The training is curriculum based, with specific units of training. Individuals who complete the training become “Certified Peer Recovery Coaches” who then may go on to become volunteers or even employed in various settings as recovery coaches.

As we near completion at 6 months, individuals are excited about their success, and rightly so. The completion rates of Layman Way are higher than the National average. Remaining clean and sober and working a program of recovery for 6 months is an incredible accomplishment. As they ready for departure, we line up after care and a plan of action for when something challenges them. At this point, we have some individuals who are over 1 year clean and sober. We also have some who have had a short term return to use, but have gotten back into recovery with our help. No major damage was done. This is what you hope to accomplish for long-lasting change. A connection, and a creation of a safe place to turn to when you have experienced a return to use.

The primary modality of treatment at LWRC continues to be cognitive behavioral therapy, and the utilization of motivational interviewing. Cognitive Behavioral Therapy (CBT) investigates distorted thinking patterns that then drive behaviors. Motivational Interviewing (MI) focuses on various stages of change and the individual’s readiness to change. Despite consciously knowing alcohol and/or drugs have created multiple problems, sometimes, the individual struggles to see it as a problem. Other times, there may be admission of the problem, but behaviors continue to support an addictive lifestyle. MI offers opportunities for the counselor to align themselves with the individual, build trust, and open doors to recovery. Effective utilization of MI can move an individual from ambivalence to commitment to recovery efforts.

We have also incorporated many of the components of a therapeutic community at Layman Way. Therapeutic communities have a long-standing history of success in treating individuals who are incarcerated. TC’s can often be found inside prison systems. The primary component of a TC is “community as method.” This treatment approach integrates counseling staff and senior members of the treatment program, working together to change patterns of behavior. It is a confrontational style of treatment, calling individuals on behaviors within their community that do not represent integrity, honesty, responsibility, and decency. Recipients of service help define what their community looks like. They are encouraged to come forward and openly discuss concerns, without fear of retribution for doing so. TC’s facilitate an investment of the individual not only in their recovery, but also in their community. An individual working on sobriety will have a better chance if their environment is safe and secure. They are equally responsible in ensuring LWRC remains substance free, conducive to telling the truth, and as a place for healing.

The daily schedule supports 3-4 hours of group activities, a “Family Matters” curriculum on weekends, individual counseling, case management, open 12 step meetings (NA and AA), peer support, pet therapy, and a host of professional organizations and entities supplying ancillary services. Massabesic Adult Education provides HiSET testing for GED and diploma pursuits, college application, and tutoring. USM School of Nursing provides a weekly (when school is in session) educational component on topics like nutrition, nicotine education, medication compliance, and overall health and wellness. We have a certified professional exercise coach who comes weekly and delivers an array of workout experiences catered to the recipients in the program. Kids Free to Grow provide weekly parenting education and support. In addition, we have established a “Sponsor Night” at the Center,

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happening in the evening. This is an opportunity for individuals to meet people in recovery who are willing to sponsor them in 12 step programming.

For anyone who has completed the full 6 month program successfully, we offer a continuing aftercare component. There are an array of offerings available for graduates to consider. They include:

- Individual outpatient addictions counseling
- Continuing case management services
- Housing opportunities through YCSP
- Continued attendance at our in-house AA and NA meeting
- Medication management with the psychiatrist
- Medication assisted treatment with the psychiatrist
- A medication assisted treatment group (for those who continue on with suboxone in our care)
- Weekly phone check in-the case manager initiates weekly phone contact to check on progress in continued recovery, to field any concerns, and to provide an on-going connection to Layman Way
- A safety net for those who relapse-relapse is often a part of recovery efforts. Relapse rates for individuals with substance use When relapse occurs, the goal of LWRC is to get involved as soon as possible to reduce the consequences, potential for harm, avoid continued legal interaction, and bring additional services in to assist in a return to recovery efforts

At this time, we have 12 graduates who regularly come back to Layman Way and participate in aftercare (counseling, group, case management, or medication management services), the 12 step meetings, or to reconnect with their sober community. There are an additional 5 who regularly call Layman Way and stay in touch, reporting continued sobriety and engagement in recovery efforts.

All of these services, from start to finish, are included in the funding provided by the County of York, at no cost to the individual. We appreciate the incredible community support this program has been a recipient of.

Thank you.

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LWRC has implemented curriculum, group topics, parameters for the program, and general research activities through the following resources:

<https://www.samhsa.gov>

- Therapeutic community
- TIP 51-Addressing the Specific Needs of Women
- TIP 56-Addressing the Specific Needs of Men
- Medication Assisted Treatment in the Criminal Justice System
- Treatment completion data

[Seeking Safety: A Treatment Manual for PTSD and Substance Abuse, Najavits, 2001](#)

<https://co.straftord.nh.us/jail-therapeutic-communities>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636787/>

- US National Library of Medicine National Institutes of Health

<https://www.nhchc.org/wp-content/uploads/2012/02/SubstanceAbuseTreatmentLitReview.pdf>

- National Health Care for the Homeless, Substance Abuse Treatment Approaches

<https://www.asam.org/resources/the-asam-criteria>

- American Society of Addiction Medicine

<http://www.sanctuaryweb.com/Portals/0/PDFs/Other%20PDFs/SELF%20COMPLETE%20INTRODUCTORY%20MATERIAL.pdf>

- SELF-a Trauma Informed Psycho-educational Group Curriculum

<https://www.smartrecovery.org/correctional-facility-substance-abuse-programs/>

[Criminal and Addictive Thinking: Mapping a Life of Recovery and Freedom for Chemically Dependent Criminal Offenders](#), Minnesota Department of Corrections, Hazelden Foundation Publishing

Website: [Learntocope.org](http://Learntocope.org) information for families affected by another's substance use disorder

[Alcoholics Anonymous Central Office](#)

[Narcotics Anonymous Central Office](#)

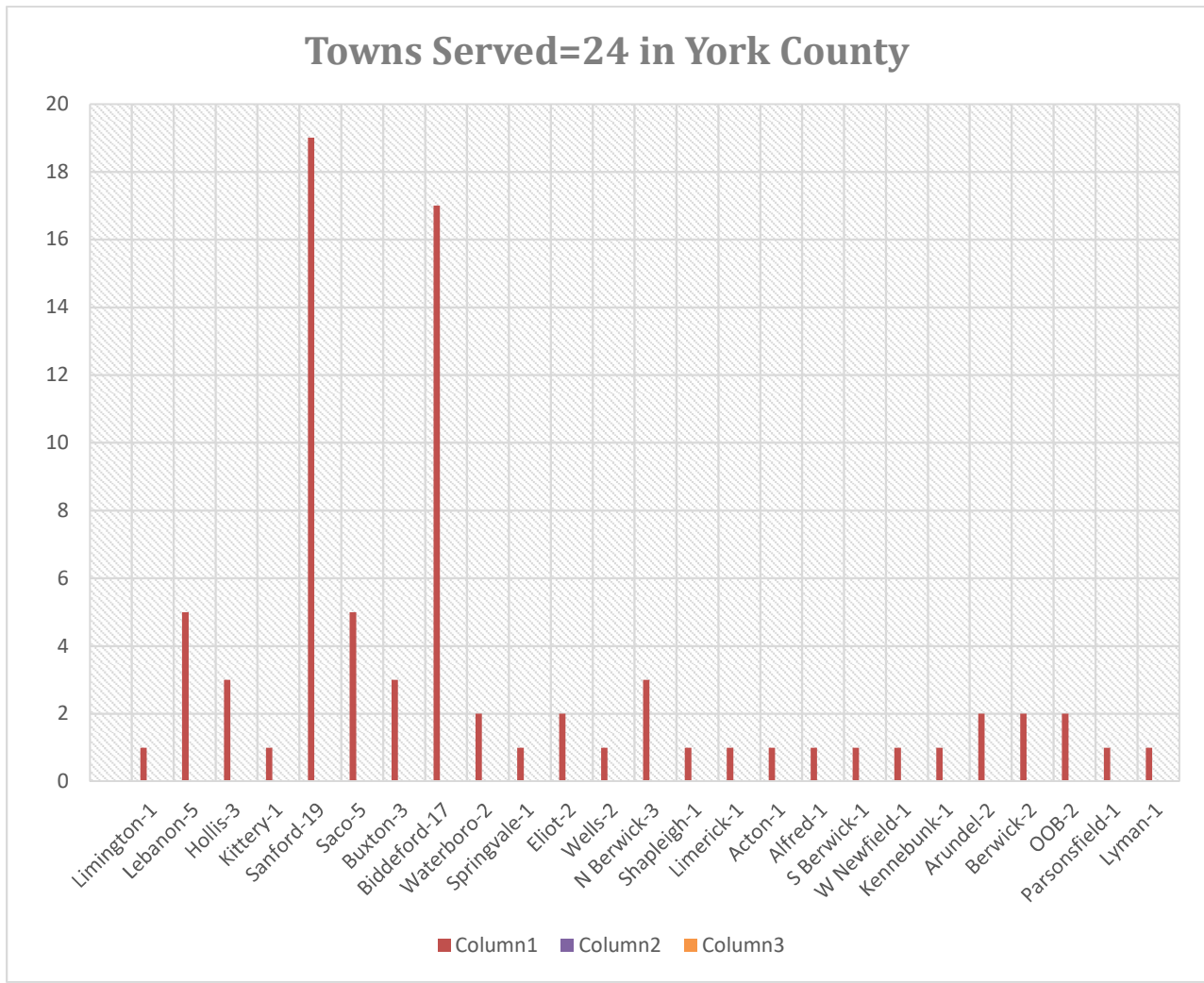
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[therecoveryvillage.com](http://therecoveryvillage.com) for information regarding definition of successful completion of rehab

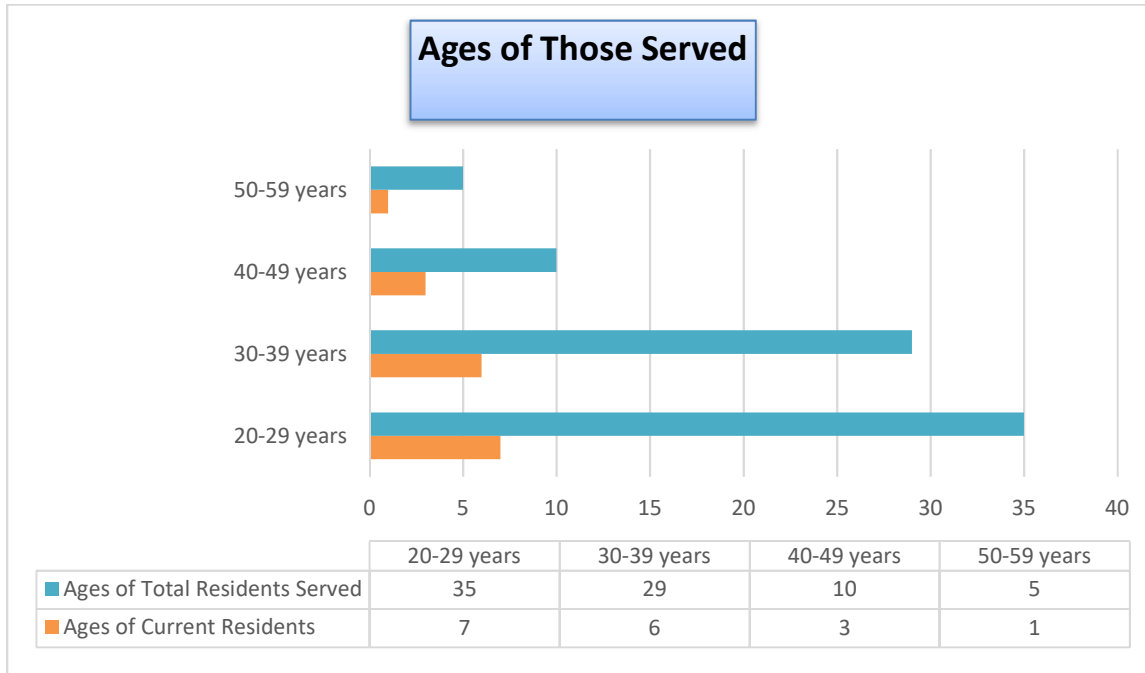
NIDA the National Institute of Drug Abuse for information on long term treatment





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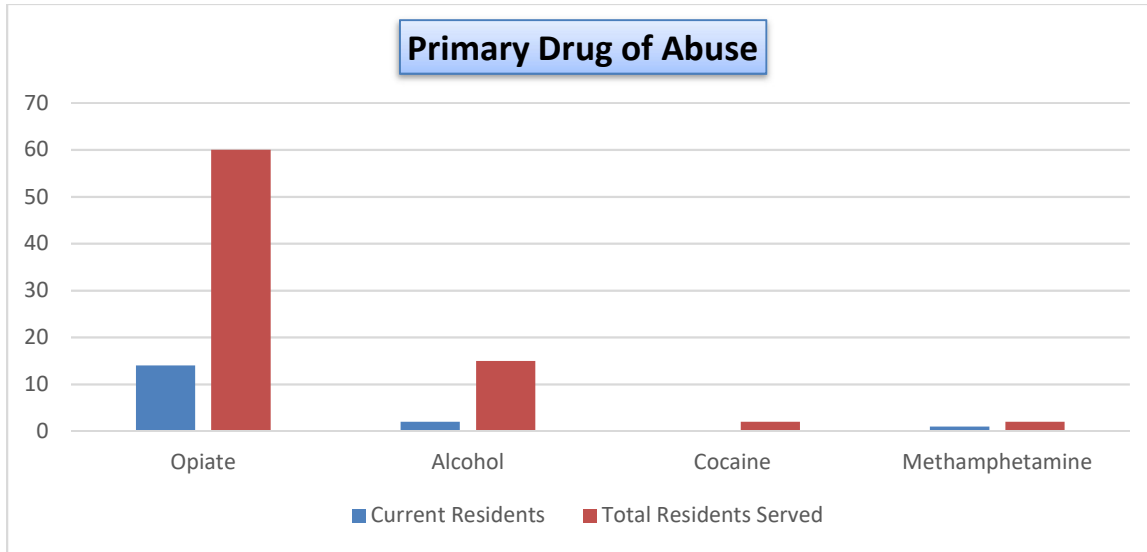


To date, Layman Way has served 79 individuals:

- 35 people (44% of total served) aged 20-29
- 29 people (37% of total served) aged 30-39
- 10 people (13% of total served) aged 40-49
- 5 people (6% of total served) aged 50-59

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Of the 79 individuals admitted in total, 60 identified opiates as the primary drug of abuse (76%), 15 identified alcohol (19%), 2 identified cocaine, and 3 identified methamphetamine (remaining 5% combined)