

OVERVIEW OF PROGRAM

Arbour-Fuller Hospital has a 15 bed Dual Diagnosis Acute Residential Treatment Service (DDART), also known as Enhanced Acute Treatment Service (EATS), which provides substance detoxification services through a planned therapeutic 24-hour living situation with specific levels of supervision, structure, restriction, and multidisciplinary treatment intervention. The Arbour-Fuller DDART/EATS will provide medically monitored evaluation care and treatment for clients with co-occurring disorders within the community allowing the individual the opportunity to avoid more intensive treatment, while preparing him/her for ongoing treatment of his/her addiction and psychiatric conditions. Given that DDART/EATS is voluntary and patients are less acute than those requiring inpatient care, the therapeutic milieu is a prominent component of treatment.

INFORMATION AND REFERRALS

For more information on Arbour-Fuller's acute residential treatment services for dual diagnosis patients, please call the Program Director at 508-761-8500. **To make a referral, contact the Intake Department, 24 hours a day, 7 days a week, at (800) 22-ACCES or (617) 390-1320. Many insurances are accepted.**

ABOUT THE COVER

In all its beauty, the arbour is a symbol of comfort and hope, safety and shelter.

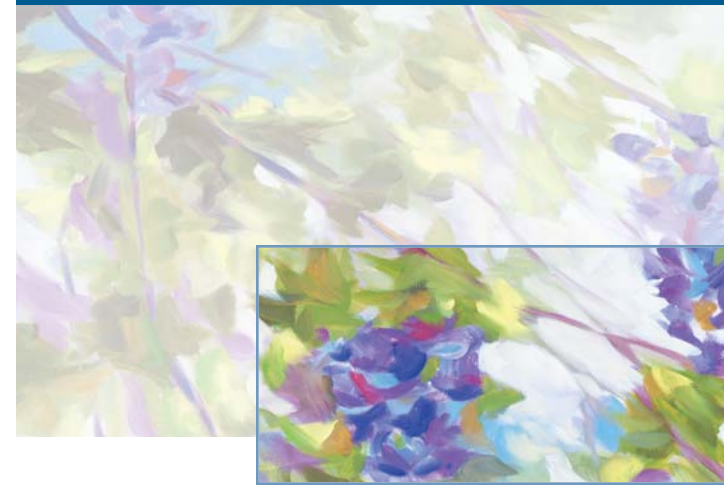
ABOUT ARBOUR-FULLER HOSPITAL

Arbour-Fuller Hospital is an 86-bed licensed private psychiatric hospital in South Attleboro, MA. Arbour-Fuller is conveniently located fifteen minutes north of Providence, Rhode Island and within one hour of Boston. Other services at Arbour-Fuller Hospital include:

- Crisis Evaluation and Intervention
- Adult Inpatient, Partial Hospitalization and Intensive Outpatient Programs
- Adolescent Inpatient Program
- Adult Inpatient Developmental Disabilities Program
- Partial Plus Supervised Dorm

Arbour-Fuller Hospital is a division of Arbour Health System, the largest private behavioral health system in Massachusetts. In addition to Arbour-Fuller Hospital, Arbour Health System consists of Arbour Hospital, Boston; Arbour-HRI Hospital, Brookline; Pembroke Hospital; Westwood Lodge; Lowell Treatment Center; The Boston Center, Arbour Counseling Services, with eleven locations throughout eastern Massachusetts; and Arbour SeniorCare.

Arbour-Fuller is accredited by The Joint Commission and licensed by the MA Department of Mental Health and Department of Public Health Bureau of Substance Abuse.



ACUTE RESIDENTIAL TREATMENT SERVICE FOR DUAL DIAGNOSIS PATIENTS DDART/EATS



ARBOUR-FULLER
HOSPITAL

A Division Of Arbour Health System

200 May Street • South Attleboro, MA 02703 • (508) 761-8500
Easy Access to Quality Mental Health Services
www.arbourhealth.com



PROGRAM COMPONENTS

The DDART program will provide a “culture of recovery” which is essential to the rehabilitation and recovery of the patient. The treatment philosophy is “care and accountability”, with each person, according to their ability, expected to be an active participant in their treatment and aftercare planning.

The following will be components of the DDART treatment program:

- Psychiatric assessment and follow-up
- Nurse managed medical monitoring
- Medical monitoring of mild withdrawal symptoms,
- Pharmacological services
- Group and individual counseling that is trauma-informed,
- Relapse prevention and behavior management counseling,
- Coping Skills Groups (Distress Tolerance, Mood Coping, Frustration Tolerance),
- Social Work Services
- Aftercare Planning Focus Groups
- MMTP Education and Information,
- HIV/STD Education and Information,
- Evening NA/AA Meetings
- Family evaluation and intervention (as needed)
- Vocational assessment
- Rehab recovery counseling

The DDART/EATS program will be a part of the continuum of care for dually diagnosed clients. The importance of organizational linkages with other community agencies, as well as DDART/EATS staff facilitating effective connections between the client and aftercare providers, will be a priority for the program at Arbour-Fuller Hospital.

PROGRAM ADMISSION

Criteria for acceptance to the DDART/EATS will include:

1. Adults aged 18 and over and voluntarily admitted
2. GAF of 35 or above
3. Client has primary psychiatric illness, but is at risk of instability due to substance abuse
4. Client demonstrates symptoms consistent with DSM-IV (Axes I-4).
5. Client can participate in group programming and case management work with clinician.
6. Self-harming behaviors are in the “superficial” range
7. Client demonstrates significant impairment in social, psychiatric, interpersonal, or educational/vocational function requiring intense treatment intervention by trained staff in 24 hour residential setting.
8. The client may have vague suicidal ideation, with no plan, connected to feelings of hopelessness and helplessness associated with addiction. The client is able to engage in safe behavior.
9. The client may have completed or does not require medical detoxification. For those being discharged from inpatient units, they may be transferred to DDART/EATS at the end of their detoxification process and/or complete detoxification in the DDART/EATS.
10. The client may be taking methadone and be linked to a community methadone maintenance program.

The DDART/EATS will not admit patients who have a history of complicated withdrawal, i.e., seizures or DTs. DDART/EATS does provide uncomplicated detoxification.

TREATMENT AND DISCHARGE PLANNING

The program staff ensures that the treatment team reviews the assessment and initial treatment plan within 24 hours of admission. Detoxification protocols are prescribed on an as needed basis. At minimum these include protocols for alcohol, stimulants, opioids and sedative-hypnotics (excluding benzodiazepines).

The program staff develop initial treatment plans that include a description of all services needed during the course of treatment, goals, expected outcomes and time frames for achieving the goals, indication of the strengths of the individual and his/her family as identified in the assessment, when appropriate, indication of the need for involvement of a state agency such as DMH or DPH/BSAS and treatment recommendations consistent with the service plan of the relevant state agency.

A comprehensive, formal, structure treatment program is in operation which includes psycho-educational groups per day on the effects of substance abuse and mental health and the complications associated with co-occurring disorders and recovery.

The staff will begin discharge planning at the time of admission and will involve the family, guardian, significant other, outpatient or community-based providers, PCCs, and other entities and agencies that significant to the client as appropriate. Components of the program’s discharge planning will incorporate the client’s identified concerns, including, but not limited to the following: housing, finances, healthcare, transportation, familial support, occupations, educational concerns and social supports.