Center Point, Inc. - Theory of Change

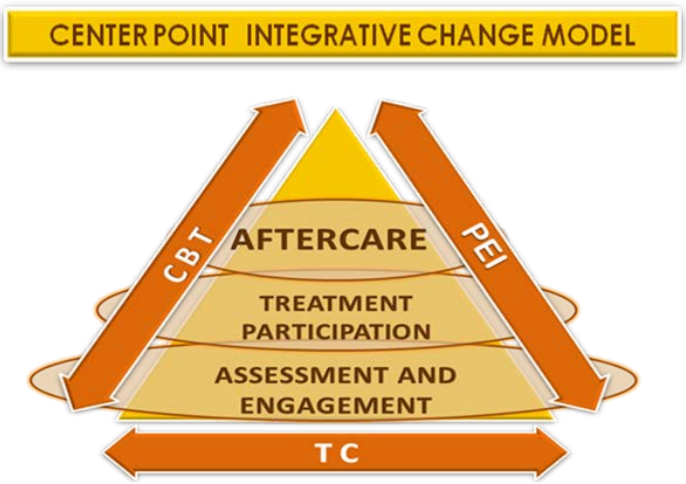
CENTER POINT'S CONCEPTUAL MODEL OF CHANGE

Addictive disorders emerge from a complex set of behaviors that influence an individual's drug-seeking and criminal patterns. Participants who enter Center Point's programs possess varying social, psychological, educational, and vocational deficits, with undeveloped or unlearned values which manifest in problems with socialization, cognition, emotional attachment, and psychosocial development. Typically, participants have low frustration tolerance levels, an inability to delay gratification or manage feelings, poor impulse control, unrealistic goals, the tendency to revert to manipulation and deceit in order to cope and control, and an unwillingness to assume personal or social responsibility. For these reasons, Center Point incorporates lifestyle restructuring in all its treatment activities, providing a value-based internal road map to guide the way in which participants relate to themselves, peers, and society.

Center Point's Treatment Model converges the therapeutic community methodology with cognitive behavioral approaches and psycho-educational interventions along with 12-step maintenance. The one common element to all three interventions is the focus on changing behavior. Implicit in the concept of human behavior change is a developmental perspective. Change takes place over time, at different points in the life cycle and often involves a sequence of events. Addiction and recovery also occur in the context of human development and of the individuals' life space which include both physiological and psychological events and transitions.
The curative factors include the following:

- Many problems or skills deficits associated with substance abuse are interpersonal and the context of a group provides a realistic setting for practice in the acquisition of new social skills.
- Important aspects of skills training, particularly modeling, rehearsal and feedback occur more effectively in the group setting.
- Peer feedback in the context of a group provides an opportunity to observe and motivate others either directly or indirectly through identification and modeling.
- Groups provide participants the opportunity to change their social networks, resulting in the development of a meaningful support system.
- A supportive client centered approach is more effective than the directive, confrontational style in promoting behavior change.

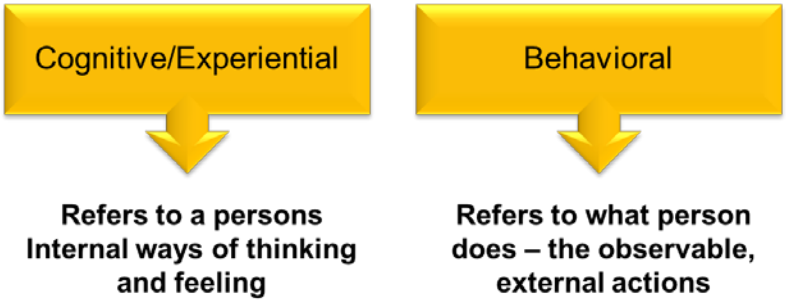
- A number of features, including instilling the belief that addiction can be treated, the realization that others share similar problems, the development of socializing techniques, the enhancement of interpersonal learning and trust have been found to produce cognitive, affective, and behavioral change.



Center Point Treatment Philosophy The focus of Center Point's programs is the recovery of the whole person. This includes the physical, emotional, mental, and spiritual domains. The goal of treatment is pro-social adaptation as measured by abstinence from drug and alcohol use and criminal justice involvement; participation in recovery and other pro-social activities; employment and; productive, crime-free citizenship. Center Point promotes the values of self-help and self-reliance; the system of (community) rewards and sanctions; the pride associated with achievement; the esteem derived from right living, and the progressive privileges earned by doing good for others.

The major premise on which Center Point's integrated program operates is that individuals' social needs are best expressed, explored, and satisfied in social interaction. This premise recognizes that the locus of psychological conflict is within the individual; that its source is in the network of social relationships in which the individual is embedded. Using social contacts as a critical treatment instrument implies that adjustment is achieved first in societal and associational relations; then in family relations; and finally intrapsychically.
The direction of this change process has significant consequences on the conceptualization, organization, and implementation of treatment services. Thus, overt behavior is first dealt with by progressive steps, and the emphasis then shifts to the more sensitive, finer, internal psychic aspects of adjustment.

Clinical considerations guide the overall program structure in which key elements such as assessment, treatment planning, group and individual counseling, treatment plan reviews, progress documentation, and continuing care planning flow together to form a coherent plan. Movement through treatment follows a plan the participant can readily understand.



The human personality is compromised of two basic elements: cognitive or thinking activity and emotional or feeling activity. Adjustment to social situations and the resolution of one's social problems involves both of these aspects. The major concept of human functioning in recent developments in psychology is competence. The defining characteristic of competence is a concern with

the individual's interaction with his environment. Competence models emphasize cognitive capacities such as response repertoires, coping skills, problem-solving abilities, the capacity to generate appropriate match between behavior and situation.
While deficit models concentrate on pathology, competence models focus on positive behaviors and capacities. Individuals are seen as capable of setting goals, identifying needs, and developing skills which will allow them to cope more effectively.
Cognitive-behavioral therapy, as the name indicates, comes from two distinct fields. CBT is based in behavioral theory and cognitive theory.

Behavioral Theory
The development of behavioral theory in the late 1950s and 1960s provided the foundation of the behavior component of cognitive-behavioral therapy, with roots in Pavlov's work on classical conditioning, and the operant conditioning of B.F. Skinner. Behaviorism focuses on observable, external behaviors and disregards internal mental processes. Emerging methods such as "systematic desensitization" and applications of "modeling" and social skills training (Lange and Jakubowski, 1976), are an important component of contemporary cognitive-behavioral therapy.
The historical roots of the cognitive component of CBT are found in philosophy as well as psychology. The basic concept of cognitive psychology—that one's view of the world shapes the reality that one experiences—is found in ancient Greek.

In modern psychology, the cognitive approach was a reaction to the more narrow view of behavioral psychology, which did not attend to the importance of internal thought processes.
Albert Ellis's development of "rational-emotive therapy" (based on the idea that thoughts control feelings; Ellis and Harper, 1961), has been cited as the genesis of modern cognitive theory (Arnkoff and Glass, 1992). The work of Ellis is considered an important precursor to the work of Aaron Beck, who is commonly seen as the founder and developer of cognitive therapy. Other cognitive therapies began to develop that blended the elements of behavioral therapy with cognitive therapy. Over time the two approaches merged into what is now called cognitive-behavioral therapy. Changes reinforce each other. When cognitive change leads to changes in action and behavior, there occurs a sense of well-being that strengthens the change in thought and in turn further strengthens the behavioral changes. This self-reinforcing feedback process is a key element of the cognitive-behavioral approach and is the basis for helping clients to understand the cognitive-behavioral process.

Principles of CBT
CBT uses two basic approaches which Center Point incorporates in bringing about change: (1) restructuring of cognitive events and (2) social and interpersonal skills training. The two approaches are built on two pathways of reinforcement: strengthening the thoughts that lead to positive behaviors and strengthening behavior due to the positive consequence of that behavior. The former has its roots in cognitive therapy, the latter in behavioral therapy. Most cognitive approaches see the process of treatment as starting with helping the client to identify automatic thoughts and cognitive distortions and then addressing the long-term underlying core beliefs that are associated with them. Coping skills training evolved over the last two decades of the 20th century to become an essential component of cognitive-behavioral therapy. It emerged out of social learning theory and has a solid empirical support from outcome research. Its premise is that clients with maladaptive thinking and behavioral patterns lack adequate skills for facing daily issues and problems.

There are a number of specific focal areas for interpersonal and social skill building that Center Point utilizes. These include learning communication skills, assertiveness training, improving relationships skills, conflict resolution training, and aggression management.
In the treatment of offenders, a third focus is added to the traditional CBT focus on cognitive restructuring and interpersonal skills building: developing skills for living in harmony with the community and engaging in behaviors that contribute to positive outcomes in society. This involves building attitudes and skills needed to be morally responsible and to develop empathy and concern for the welfare and safety of others (Ross and Fabiano, 1985; Wanberg and Milkman, 1998). Traditional psychotherapy is egocentric: it helps individuals resolve their personal problems, feel better about themselves, and fulfill their inner goals and expectations. Therapy must also include a sociocentric approach to treatment that focuses on responsibility toward others and the community. This encompasses and emphasis on empathy building, victim awareness, and developing attitudes that show concern for the safety and welfare of others.

Center Point applies evidence-based approaches to substance abuse groups with the transtheoretical model of change (Prochaska and DiClemente, 1992) and motivational interviewing (Miller and Rollnick, 1991).
Behavior change involves a process that occurs in increments and involves specific and varied tasks. The stages of change represent key decision markers along the full continuum of the change process. Each stage of change is predictable, well defined, occurs in a particular time frame and involves an associated set of cognitions or behaviors. The process of behavior change involves the initiation, the modification or cessation of a particular behavior. Change is viewed as a progression from an initial pre-contemplation stage where the participant is not currently considering change, to contemplation where the individual undertakes a serious evaluation of moving

towards or away from change; then to preparation where planning and commitment are secured. Successful accomplishment of these initial stage tasks lead to the final and fifth stage of change which is maintenance, in which the person works to maintain and sustain long-term change.

Prochaska and colleagues (1992) have identified four stages of readiness:

1) Pre-contemplation, in which individuals are not considering change.
2) Contemplation, in which the individual is ambivalent, weighing the pros and cons of change.
3) Determination or preparation, where the balance tips in favor of change and the individual begins considering options.
4) Action, which involves the individual taking specific steps to accomplish change.

There are five specific skills which Center Point teaches to cope against resumption of substance use.

1) *Developing and maintaining healthy relationships:* Healthy relationships can greatly facilitate the recovery process. Conversely, unhealthy relationships can lead to emotional distress and the exacerbation of addictive behaviors.
2) *Mood control—coping with anger, depression, boredom, anxiety:* People use addictive drugs to regulate emotions, moods, and feelings. Hence, many (if not most) people who quit addictive behaviors are likely to experience serious difficulties with moods. In this module, the cognitive models of anxiety, depression, and anger are taught, as well as cognitive-behavioral techniques for mood management.
3) *Motivation, readiness to change, and self-discipline:* Motivation is a continuous (rather than static) process. People range at times from being highly unmotivated to being highly motivated. Some are motivated to engage in certain behavior changes but not others. Group members learn about the processes and stages of change as well as strategies for making changes.
4) *Finding meaning:* As people become increasingly addicted, they are more likely to lose sight of values and activities that potentially make their lives fulfilling. In this module, group members are helped to find meaning in their lives, not necessarily a focus on God or religion—but a search for meaning in work, hobbies, and relationships.
5) *Crisis management:* Addictions and crises go hand in hand; crises trigger addictive behaviors and addictive behaviors trigger crises. Many addicted people experience interpersonal, legal, medical, psychiatric, and financial crises.

Evidence to Practice: Center Point Model

Center Point, Inc.'s mission is to provide comprehensive social, educational, vocational, medical, psychological, housing, and rehabilitation services to combat social problems such as substance abuse, poverty, unemployment, and homelessness. Center Point offers rehabilitation and treatment services that interrupt the abusive cycles of psychological, social, and economic dislocation by providing critical training and support so that individuals and families can claim self-worth and dignity. The Agency defines Theory of Change as the requisite building blocks required to bring about a given long-term goal. This set of connected building blocks– interchangeably referred to as outcomes, results, accomplishments, or preconditions as a pathway of change/change framework, which is a graphic representation of the change process. Built around the pathway of change, the Agency's Theory of Change describes the types of interventions that bring about the outcomes depicted in the pathway of a change map. Each outcome in the pathway of change is tied to an intervention, revealing the often complex web of activity that is required to bring about change. Moreover, the articulation of the assumptions explains both the connections between early, intermediate and long term outcomes and the expectations about how and why proposed interventions will bring them about. These assumptions have been supported in practice *(Sushma D. Taylor, Ph.D., Center Point, Inc. circa 1981*) and research *(George De Leon, Ph.D. The Therapeutic Community: Theory, Model, and Method, 2000)* strengthening the case to be made about the plausibility of theory and the likelihood that stated goals will be accomplished. The Theory of Change model is a specific and measurable description of a social change initiative that forms the basis for strategic planning, on-going decision-making and evaluation. The methodology used to create a Theory of Change is also usually referred to a Theory of Change, or the Theory of Change approach or method. So, when you hear or say "Theory of Change", you may mean either the process or the result. The following illustrations and narrative outlines 1) a causal pathway by specifying what is needed for goals to be achieved, 2) articulation of e underlying assumptions which can be tested and measured; and 3) the way of thinking about initiatives from implementation to outcome.

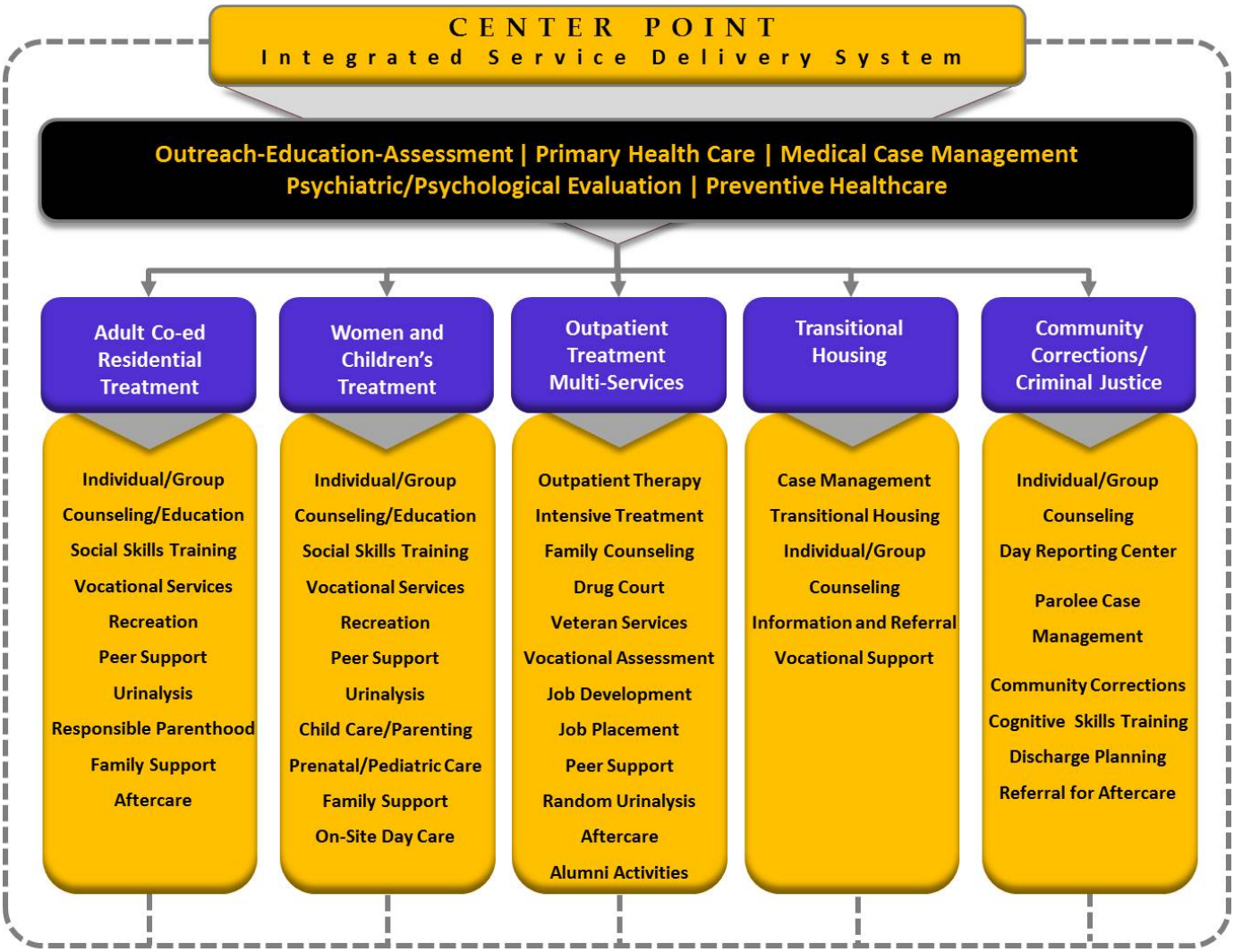
Incorporated in 1971, Center Point provides a multidisciplinary continuum of social rehabilitation services designed for high risk families, men, women, women with dependent children and youth. Services are offered in an array of residential and non-residential settings and share an overreaching goal: to develop individual, personal, social and moral responsibilities and to nurture the potential in every person served. The Agency's vocational, transitional housing and independent living programs promote increased stability, self-reliance, personal productivity and social responsibility.

- *Residential services for pregnant and parenting women and their children; for men and women; for veterans and the homeless; community corrections services for male and female offenders.*
- *Non-residential intensive outpatient treatment, family counseling, continuing care, recovery maintenance and long term aftercare support.*
- *Specialized services such as primary and preventive medical, psychological and psychiatric care; education, training and consultation.*

- *Comprehensive vocational assessment and training, job development, job placement and post-employment job retention support.*
- *Reintegration services for male and female veterans including vocational training, job development and peer support.*
- *Transitional housing with supportive services for homeless families and individuals.*
- *Offender-based assessment, referral, placement and case management services.*
- *In custody treatment programs with case managed linkages to aftercare.*
- *Outreach, engagement, outpatient and residential substance abuse treatment services for individuals at high risk for HIV/AIDS.*
- *Drug and other therapeutic court services for adults.*

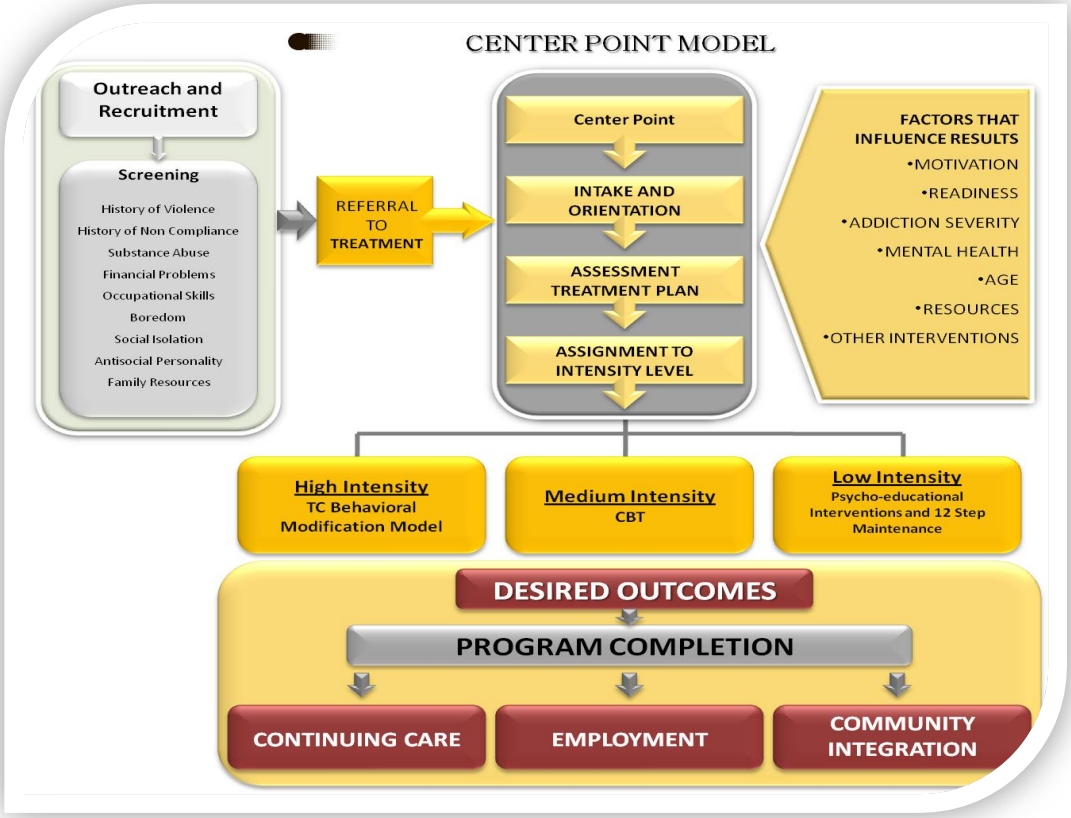
Services Overview

Center Point provides a continuum of health and social rehabilitation and training services designed for high risk families, men, women and women with dependent children. Our innovative programs help individuals and families deal with homelessness, unemployment, substance use disorders, mental illness and medical problems. From working with veterans to ex-offenders and other vulnerable populations, we ensure that our clients receive the most comprehensive services available to improve their quality of life.



Center Point engages person-centered planning as a process for planning and supporting the individual receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires.

Center Point is committed to the proposition that in order to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served spanning the time the person served are involved with the Agency. Moreover, the service planning process is individualized and establishes goals and objectives that incorporate the unique strengths, needs, and abilities of the persons served allowing an easy transition through a system of care.



The focus of treatment is to reintegrate the individual into community life with the coping skills necessary to sustain recovery, employment and housing. Center Point programs include an intensive, psycho-educational approach that focuses on problem identification and the development of strategies to ameliorate them. In addition to the psychosocial therapeutic program, services include the development of vocational and community reintegration skills. Clients are taught job seeking and other vocational adjustment skills associated with locating jobs, working, and preparing to live in the community.

FIVE STAGE TREATMENT CONTINUUM

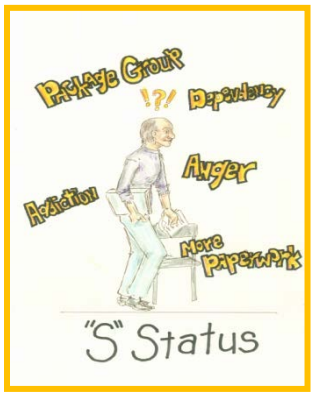
I. *Initial assessment and stabilization;*
II. *Intensive case management, treatment and recovery services;*
III. *Personal Change and Values Clarification*
IV. *Pre-Reentry services emphasizing vocational preparation, job placement, transitional housing and discharge planning; and*
V. *Continuing care and aftercare*

Stage I: Stabilization

Integration: process of change is consolidated. Sobriety is internalized. Affiliation shifts from program to family, professional and social networks.

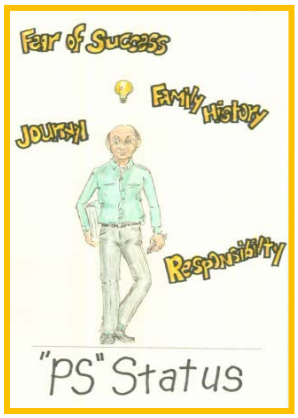
Stage II: Treatment and Recovery

Identity Change: *change in image/identity perceived by self and others. Reframing and relabeling. Sustained and internalized sobriety treatment experiences are validated by generalization to new situations.*



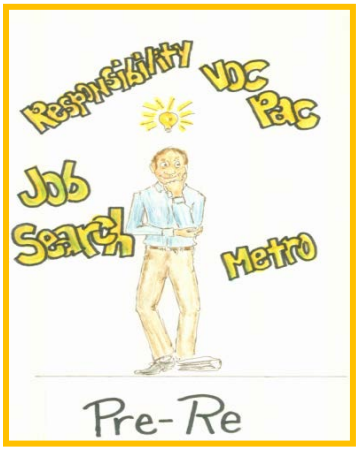
Stage III: Personal Change and Values Clarification

Compliance: *little internalization of values (rules are obeyed to avoid negative sanctions such as rejection and discharge) motivation is external.*



Stage IV: Pre-Reentry/Vocational Services

Conformity: program affiliation but low internalization (Conformity is motivated by seeking acceptance by peers and staff).



Stage V: Continuum Care and After Care

Commitment: Internalization and compliance with recovery principles. Personal responsibility leads to positive social change, career/job, family and community affiliation. Eager to engage in personal and civic responsibility.