

| DESCRIPTION | |
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| 1. Name of the good practice (title, year): | Cross-section of addictological care in Kethea, 2018 |
| 2 General objective of the good practice: | This GP aims to introduce a system of addiction treatment in Kethea as a possible model for subjects that work with the same target group and are considering creating a treatment system or changing it. I'm interesting in residential and outpatient treatment for adult. |
| 3. Name of the Host Institution: | Kethea – Nostos + Alfa |
| 4. City and country: | Athens + Pireas, Greece |
| 5. Name and Email of the Contact Person in the host institution: | Fotis Panagiotounis - fpanagiotounis@kethea.gr |
| 6. Your name will be added automatically by the system: | Translator Good practices |
| 7. Dates of the traineeship: | From 22 October 2018 to 26 October 2018 |
| 8. Topic to which the GP is related: | Specific client groups and treatment system, taking into account the specific needs of these groups |
| 9. Reason for choosing the GP: | <p>The process of creating an addictological care system is currently developing significantly in our organization. New programs are being created, some are being modified and changed. And the treatment system of another organization can provide a good model for successful completion of this process, or at least can help to change some parts of the structure of the system.</p> <p>Our client care system is based on a therapeutical relationship, but it is not always positive. It was important for me to take a look at accessing another country and seeing the benefits of a different approach.</p> <p>I work with different target groups and I see that each has its own specifics and needs. Clients forced to treatment by a court, mothers of a child under the supervision of a child's social and legal protection body, people after imprisonment, pensioners - or old users. Working with these people we want to distinguish individually, at the same time feeling that there is a need for some system.</p> <p>Recently, we have been struggling with a significantly lower interest in residential treatment services and, on the contrary, an increasing interest in outpatient services has grown enormously. I was interested in comparison with another state, another approach, whether it is a general trend or our specificity. And how it might be appropriate to revise the service offer.</p> |

10. Description of the GP (+/- 500 words):

1. Day: Kethea Nostos – therapeutic community (Salamina Island)

This facilities Is situated in Salamina Island, but in near future, It will move to urban area in a land. Community is only for drug useres. Before enter to this facilities, clients must visit the Counseling Centre, where are find out the adictology problem, motivation and decision to treatment. Program in comunnity last 6 mounts and have free phases. The first of them is for acclimation in facility. It last about 7 days and client has time for think about etc. In this phase client don't participate in program of community. After that client can enter to the second phase and became a regular member. This phase last about 3 mounts. In this time client get used to regime and daily routine. Than the thirt phase comes. The capacity of community is about 60 persons, but now is bere about 30 resident. This service is free of charge. Clients pay only cigarettes. Program in community have many rules, but the main are: abstinence (don't use the drug), leave the community is prohibite, and no relationships and sex between members. The daily program start at 6 o'clock in the morning and ending around 5 p.m. Than clients have their own leasure time (sports, education etc.). During the day have members community meeting, therapeutic groups, the time for cooking, cleaning, etc. In community isn't stuff 24 hours as in one country. Stuff come in the morning and go home in the afternoon after oficial program. After that are on phone. Members can't leave the facility for visit the family, only family can come on weekends (but it isn't common). When clients finish the program in community, they can continue to Rehabilitation Centre.

2. Day: Kethea Alfa - therapeutic program for legal dependencies, alcohol and gambling

It was the first therapeutic program for legal dependencies od Kethea. It offers its services since 2003, starting with alcohol addiction and one year later with gambling. It addressed to adults, over 21 years old, that alcohol or gambling affects, in a negative way, aspects od their lives and to their relatives who are interested in receiving information about dependence of alcohol or gambling.

The general principles of this program are: outpatient basis, voluntary attendance, confidentiality, free of charge services, acceptance without any discrimination, emphasis on individuálně needs, psychologická support without any substitutes, main goal is total abstinence and addressed to families/relatives.

Main goals of program are: identifiy addiction, improve And increase motivation to change and gain self control, involve in therapy (it last 8 - 24 mouths) and formation of therapeutic contract, commit to the plan for abstinence, reduction and total abstinence, reduction of stress and internal/external conflicts, stabilization of abstinence, repase prevention, improvement of couple and family relationships, reduction and prevention od violent or illegal behavior, facing medical, legal, financial, professional issues, management of free time, development of

skills and encouragement of creative leisure activities and acceptance of new identity

Therapeutic methods, which are used: personal counselling (in the first contract client and relatives have to fill many questionnaire and therapist add this information to elektronické database, and write report), support for psychiatric treatment, self-help groups (for the dependentní and historie relatives too) - Is it the specific form od leading the group only in Alfa, family and couple counselling, gender group, drama therapy, relapse prevention group and seminars for improving sociál skills.

Now there are about 200 clients and 5 groups (2 for alcohol dependant, 2 for gambling dep. and 1 for relatives). Average age of clients with alcohol addiction is 43 year, of client gambling addiction 39 year.

The therapists changes the groups everyday 2 mouts, the reasons are to keep distance and to know clients.

3. Day: Rehabilitation Centre Kethea Nostos

This facility follows on the therapeutic community and offers residential supported program for drug users from 21 years old. The capacity of this service is about 30 people, but now is there over 20 persons kostky man (now only 1 woman). Clients can stay here up to 2 years. As at therapeutic community, clients care for the house, their rooms, cook etc. The main goal is to find some job (it should take about 2 mounts), financial, professional, psychological and health situation. The service is free of charge. The therapeutic methods are therapeutic groups, all members meeting, organization meeting (one in the morning and one in the afternoon), individual counselling, planning of daily program, relapse prevention. The stuff come about 9 a.m. and leave about 5 p.m. Except therapeutic program, clients realize many leasure time activities (sport, visits of theater, cinema etc.). In the program must be full abstinence, but laiter, after stabilization is accepted control consumption of alcohol as necessary social possibility.

4. Day: Counselling Centre Kethea Nostos

Is the first step for drug users who want to stop their addiction. Client must come cleare from narcotic substances. Stuff do entrance counseling with them including questionnaires on the basis of which recommend him continue the following procedure. Psychologist can recommend the Therapeutic Community (residential care) or Day Care Centre (outpatient program). Or if the the client don't know what he want, they can met several times on therapeutic groups (twice a week - on Monday and Thursday) or individual counseling. During this time therapists with client find motivation and decision. Except of therapeutic methods, clients clean the house and prepare for example snack or cofee. Because in the same building are two services - Counseling Centre and Day Care Centre, clients have to change (about 3 p.m. leave clients of Day Care C. and come clients of Counseling C.). Program may take about one year maximum. During this period, member of

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| | <p>program must be cleaning. If client relapse, he or she can come and plan client's life together again. I participated individual and group meeting here and talked with clients about their lives, problems, drug histories etc. We discussed with clients and staff together about differences between czech and greek approaches in the treatment.</p> <p style="text-align: center;">5. Day: Day Care Centre Kethea Nostos</p> <p>Day Care Centre which I visited on the fifth day of my intership is in the same building as the Counseling Centre. This service is for clients - drug users, who don't have a job and have own home or live in the another facility od Kethea (Rehabilitation Centre). They must be cleare from narcotic substances. They stay here from about 9 a.m. to 3 p.m. The program offers them resocialisation (they clean the house, prepare the food), therapeutic methods like the groups, meeting, individual counseling, sports and other educational activities. These clients with the other clients from Reh. Centre participated in last months on the interesting project. They painted the basic school. Now they prepare to participate in the reintegration sport project.</p> |
| <p>11. Description of target group:</p> | <p>Adult users of narcotic substances, alcohol and gambling, specific group – mothers users, pensioners, protective treatments, people after serving prison sentences.</p> |
| <p>12. Skills involved for the staff:</p> | <p>The staff in the therapeutic programmes in Kethea Nostos and Alfa has a background in the social sciences, psychology and mental health. It has internal and external, team and individual supervisions. Staff members has a very warm and welcoming approach to clients. Staff only work with clients who enter the service on a voluntary basis, that is, they do not persuade, do not lean, respect the client's decision. They respect the fact that the client uses the service according to their specific needs, but they must comply with the rules of the program.</p> <p>They use self-organized group programs (Kethea Alfa) in which the staff occupies the role of observer, as well as supporters of a leading member of clients.</p> <p>In spite of the professional discretion the stff hold towards clients, the therapist can prove to clients with an informal relationship that is manifested, for example, by talking to clients at coffee breaks.</p> |
| <p>13. Resources (Human, technical and other needs to implement the GP):</p> | <p>The staff in the therapeutic programmes in Kethea Nostos and Alfa have a background in the social sciences, psychology and mental health. Staff members have appropriate education. They work in the organization for a long time (10-20 years), so they can build on their experience.</p> <p>The work of organization is supported by volunteers and ex-users.</p> |

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| | <p>The premises of the individual facilities offer very good facilities for the realization of the services and the fulfillment of the needs of clients - ambulant and residual.</p> <p>The organization historically closely cooperates with the government (it is financially supported). It also works with many school, non-governmental organizations, etc.</p> |
| <p>14. External conditions needed to be met for implementing the GP:</p> | <p>Good interconnection of services and meeting the needs of clients is important for the coherence of programs. Staff of all Kethea Nostos programs have regular meetings that individual clients are discussing. In Kethea Alfa, they also use regular group rotation for the purpose of knowing all clients, but also to stay away from clients (here is the question of what it does with the psychotherapeutic relationship and whether it is possible to follow it well under these conditions).</p> <p>As a very important thing for clients to resocialize, I see cooperation with other institutions such as schools, theaters and sports activities. Clients engage in projects that enable them to spend quality time, but also develop their skills and skills, show their talents, and so on.</p> <p>In order for the therapeutic program to be free of charge (which can be very motivating), including accommodation and meals, financial connections to the government are absolutely necessary.</p> |
| <p>15. Risk related to implementation of the GP:</p> | <p>A very interesting approach, but maybe risk too, is to divide clients according to dependence on legal and illegal drugs or behavioral addiction. As an advantage of this division, I see the targeting of the program for the needs of the type of clients. However, I can't fully imagine in our circumstances that a client who suffers from cumulative addiction (narcotic substances, alcohol and gambling) will invest time in the treatment of one type of addiction and then a second type of addiction. And here we don't take into account even very frequent dual psychiatric diagnoses that, if they should be resolved separately, prolong the total time spent with the treatment.</p> <p>In addition, I perceive myself as a cultural difference or a situation that wouldn't be beneficial to our dependent client, the daily agenda / regime. In terms of our culture, it is necessary to ask our clients for greater entitlement to a day-to-day regime that can help them redraw existing drug-related behavioral mechanisms towards a functioning socio-economic unit.</p> |
| <p>16. Expected results of the GP for the clients (or staff):</p> | <p>More important supporting clients (financial and organization) in treatment and resocialization towards successful return to society.</p> <p>A greater therapeutic distance from the client can be helped by its tendency to chronically dependence and its substitution from dependence on addictive substances to dependence on institution and help.</p> |

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| | <p>Involvement of clients in projects carried out with external organizations can raise the issue for the public, but at the same time show that addiction is a disease as any other, and that people who are often deprived of their personal and social destitution are not despicable.</p> <p>For staff, expanding collaboration with other subjects is a departure from theoretical therapeutic work, which can give more work, but offer this investment of time to the benefit of the client and his real life.</p> |
| <p>17. Can the GP be measured? Which can be the indicators?:</p> | <p>A measurable indicator of the success of using this good practice may be the number of long-term successful abstinent clients who have managed to resocialize and socially rehabilitate. An important indicator is then their subjective feeling of satisfaction in their new life, new lifestyle. If organizations or staff have an opportunity to see success in this client's stage, it is imperative that organizations implement measures that will be able to monitor the client in the long term. It's meant to introduce graduate meetings, annual meetings, or questionnaires to the system of treatment sent to clients at a time after they are no longer involved in the therapeutic program.</p> |
| <p>18. Theoretical references or documentation about the GP:</p> | <p>Good practices, described by the organization here in Ecett</p> <p>Power point presentation of Kethea Alfa with description of the treatment system based on standards of Kethea care</p> <p>Leaflets of the organization Kethea for client and about programs and services</p> <p>Website of Kethea</p> |
| <p>19. Web link about the GP:</p> | <p>www.zsi-kladno.cz</p> |
| <p>20. Pictures:</p> | <p>foto</p> |
| <p>21. Additional information:</p> | |
| <p>21a. Notes:</p> | |
| <p>CRITICAL REFLECTION</p> | |
| <p>22. What elements of good practice will you take for your work?:</p> | <p>The system's interconnection programs of treatment.</p> <p>The involvement of self-control groups with the therapist's supervision in the system of psychotherapeutic group therapy.</p> <p>Regular rotation of group programs at a certain time, designed to keep clients away, while recognizing their higher number (offering different therapies to different clients).</p> <p>Wider and systematic involvement of adrenalin outdoor and sporting activities in the process of reintegration of clients.</p> |

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| <p>23. What might be the added values for you clients, staff, others?:</p> | <p>For clients : Better connectivity to individual services can provide the client with a more comprehensive program that can better suit their individual needs and motivate them to stay in a new, abstinent lifestyle. Collaboration on external projects can provide clients with new experiences and skills and highlight their strengths.</p> <p>For staff : Expanding collaboration with other subjects is a departure from theoretical therapeutic work, which can give therapist new information about the client, its different qualities. In addition, the worker himself can try out other activities to learn new skills.</p> <p>For public : Involvement of clients in projects carried out with external organizations can raise the issue for the public, but at the same time show that addiction is a disease as any other, and that people who are often deprived of their personal and social destitution are not despicable.</p> |
| <p>24. Which elements of the GP are transferable to your own work?:</p> | <p>A certain degree of service continuity is common in our system - an interesting contribution could be to ensure that it is provided free of charge (including residential services). The other mentioned elements are actually transferable to my practice.</p> |
| <p>25. Which elements of the GP are <u>impossible</u> to transfer to your own work?:</p> | <p>Full free of charge in all system of treatment.</p> |
| <p>26. Would you suggest your organisation to implement this GP?:</p> | <p>Yes, some of my experiences have already been discussed with my supervisor.</p> |
| <p>APPROVAL BY HOST</p> | |
| <p>27. Did you submit your description to your host?:</p> | <p>Yes</p> |
| <p>28. Did you receive his/her agreement (i.e. he/she confirms that there are no major errors in the description of the GP)?:</p> | <p>Yes</p> |
| <p>29. Language:</p> | <p>English</p> |