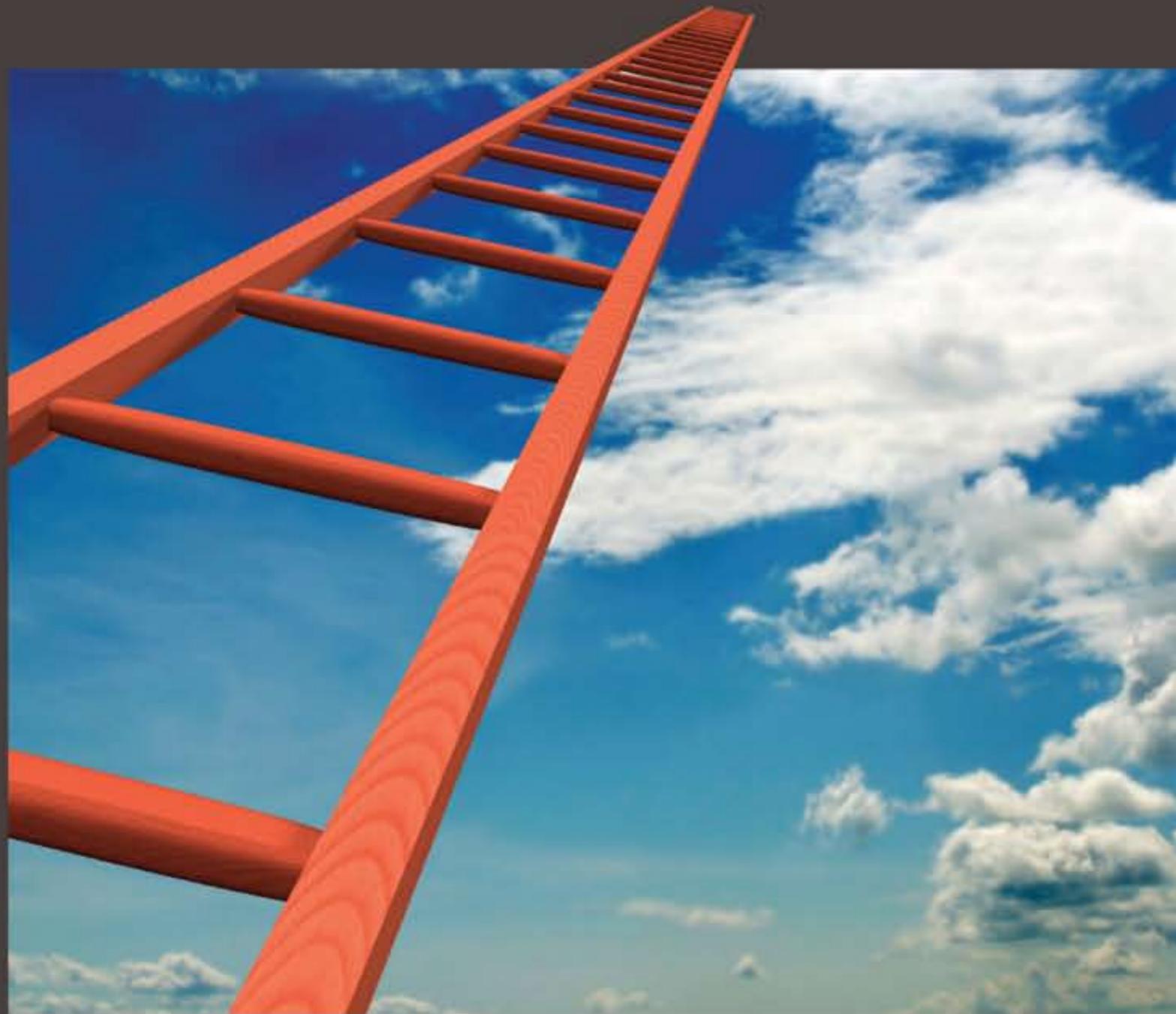


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2004-2006 Alcohol and Drug Treatment
Outcomes Report

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for Life



S Y N E R G Y
TREATMENT CENTERS



What is Synergy?

Synergy is a 1-year residential alcohol and drug treatment program. The name Synergy is derived from the Greek word *synergos*, meaning a combined action or operation. The treatment center is committed to the belief that spiritual conversion or rebirth is reflected by a combination of human will and divine grace.

Synergy's mission is to empower chronic addicts with the tools to transform their lives. Our vision is to continue healing and equipping individuals with the knowledge and skills to maintain their abstinence and become productive members of society.

Our dedicated staff share the values of hope, integrity and accountability. Synergy stresses human dignity, mutual respect, tolerance, and confidentiality. These values are integral to developing trust, which is the cornerstone of successful treatment.

Synergy's 1-Year Residential Alcohol & Drug Treatment Program

Outcomes Evaluation Study

2007

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This outcomes study has been funded by:

The Urban Child Institute
Eugene K. Cashman, Jr., President and Chief Executive Officer

Funders of Synergy Treatment Centers

Synergy Treatment Centers' Board of Directors
Synergy-owned and operated businesses:
Synergy Moving Company
Synergy Lawn Care Service
Synergy Mailing Services

Grants and Donors

Individual donors within the community
State of Tennessee, Department of Mental Health and Developmental Disabilities,
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CSAT (Center for Substance Abuse Treatment)
The Assisi Foundation of Memphis
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The Canale Foundation
The Community Foundation of Greater Memphis
The Federal Home Loan Bank of Cincinnati
Cargill, Inc.
Junior League of Memphis
United Way of the Mid-South
The Urban Child Institute
SunTrust Bank
Women's Foundation for a Greater Memphis

Synergy Treatment Centers is a 1-year residential alcohol and drug treatment program

During the 1-year treatment program, clients receive:

- An assigned counselor and an individualized treatment plan
- Individual and group counseling
- Job skills training
- 12 Step meetings
- GED and Adult Basic Education classes (if needed)
- Room, meals, clothes, personal items
- Minor medical, dental, and vision care

DAY 1

Admission and orientation

DAYS 2-35

INTENSIVE TREATMENT PHASE

Five weeks - clients receive treatment exclusively

DAYS 36 - 365

THERAPEUTIC WORK PHASE

10 ½ months – clients receive job training, working throughout the day and continuing their treatment program in the evenings

DAY 90

Clients can write and receive mail

DAY 120

Clients can make phone calls

DAY 300

Clients can take passes on weekends until the year is completed

DAY 320

AFTERCARE PLANNING

Clients begin their aftercare plan, which includes writing a resume, interviewing for permanent jobs, and making housing arrangements

DAY 366

AFTERCARE PHASE

Transitional housing provided by Synergy (if needed)

Clients are encouraged to join the Synergy Alumni Association

A Typical Day at Synergy

6:20 – 7:00 AM

Morning prayer, breakfast

7:00 – 7:30 AM

12 Steps & 12 Traditions of Alcoholics Anonymous

7:30 – 4:30 PM

Work day begins for clients in the Therapeutic Work Phase

Classes begin (Individual Counseling /12 Step Meetings/ Therapeutic Groups) for clients in the Intensive Treatment Phase

4:30 – 5:00 PM

12 Step Group

5:00 – 5:30 PM

Shower and dress for dinner

5:30 – 6:00 PM

Dinner

6:30 – 9:30 PM

GED class for clients without a high school diploma; therapeutic groups and individual counseling sessions; Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous meeting

10:30 PM

Lights out; all clients must be in their rooms



Treatment Protocols and Client Outcomes

- Synergy offers a 1-year residential substance abuse treatment program.
- There are no admission fees or insurance requirements for treatment at Synergy.
- The program is based on the therapeutic community model, and it integrates both clinical treatment and work therapy to help clients maintain abstinence.
- Synergy's program draws from the 12 Step model of Alcoholics Anonymous. Clients undergo both individual and group counseling.
- In addition to helping clients maintain their sobriety, Synergy also helps clients develop necessary life skills through training in basic education, personal finance, parenting, and conflict resolution, among other important topics.
- Synergy's program has proven to be successful in helping clients maintain abstinence as they reintegrate into society following treatment. 18 months after their admission to Synergy, over 70% of clients reported being abstinent.
- Other positive treatment outcomes, such as reduced criminal activity, improved employment rate, and better emotional and mental health, were also reported.

Client Employment

- In the Therapeutic Work Phase, clients work about 40 hours per week for approximately 10 ½ months.
- Clients work in exchange for room, board, and treatment, which includes therapeutic groups, individual counseling sessions, and minor medical care in lieu of direct monetary compensation.
- Clients may be placed in jobs at one of Synergy's owned and operated businesses: Synergy Moving Company, Synergy Lawn Care Service, and Synergy Mailing Services.
- Other clients are placed in jobs at a partnering employer in the local community, such as: The Memphis Zoo, Memphis Public Library, Cottonwoods Golf Course, Methodist Hospital, Cargill Inc., Memphis Botanic Gardens, or other work sites.

The Cost-Effectiveness of Synergy's Treatment Program

- Clients come to Synergy in most cases as an alternative to incarceration for nonviolent crimes.
- The taxpayer cost to incarcerate an individual for one year can exceed \$40,000, or \$110 per day.
- The taxpayer cost to provide treatment to an individual at Synergy for one year is \$11,000, or \$30 per day. Thus the annual savings for taxpayers can exceed \$29,000 per client when treatment services are offered over incarceration.
- Synergy is licensed for 74 beds and remains full. An annual taxpayer savings of \$29,000 per client x 74 beds equals a taxpayer savings of over two million dollars per year.

Treatment Success at Synergy

70.6% Percentage of Synergy clients who were abstinent at the 18-month follow-up.

Arrest Rate

94.1% Percentage of Synergy clients who had been arrested in the 30 days before entering Synergy's program.

13.2% Percentage of clients who reported being rearrested in the past 30 days at the time of the 18-month follow-up.

Employment Rates

88.2% Percentage of Synergy clients who were unemployed upon admission.

67.6% Percentage of clients who reported being employed at the 18-month follow-up.

Interpersonal Conflict

70.6% Percentage of Synergy clients who reported having conflicts with family members 30 days prior to entering treatment.

4.4% Percentage of clients who reported such problems at the 18-month follow-up.

Performance at School or Work

95.6% Percentage of Synergy clients who said their performance at school and work had improved at the time of the 18-month follow-up.

Spirituality

97.1% Percentage of Synergy clients who reported that spirituality played an important role in their recovery at the time of the 18-month follow-up.

Client Satisfaction

86.8% Percentage of Synergy clients who rated their treatment at Synergy as "very helpful."

Emotional and Mental Health

While over a quarter of Synergy clients at admission had been treated at a hospital for emotional problems in the past 30 days, no clients reported having been treated at a hospital for emotional problems within 30 days of the 18-month follow-up.

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Letter from the Board Chair

In 2000, I joined the Board of Directors of Synergy Treatment Centers. I was impressed with the program's unique design to offset treatment costs and generate income by employing clients in community jobs. It was my belief then, and is now, that job training can boost self-esteem and have a great practical impact on the lives of recovering individuals. Over the last seven years, I have watched Synergy's owned and operated businesses grow, and have seen client on-the-job training expand to many work sites in the Memphis metropolitan area.

Income earned through client employment currently provides 43% of Synergy's annual operating budget. Client income provides evidence for the cost-effectiveness of Synergy's program, and work therapy allows clients to rebuild productive lives. Since early in my tenure as Board Chair, the clinical staff has estimated that two thirds of clients remain sober in the year following discharge from treatment. As a result of this 3-year study, we have confirmed this figure to be accurate. Not only are sobriety rates better than we previously believed, but statistics on our former clients' abilities to gain and maintain employment and reunite with their families and children are equally impressive. Also, recidivism to the criminal justice system has been greatly reduced.

This study is an encouraging portrait of a cost-effective, long-term treatment program, and it will allow Synergy to emerge as a national model for addiction treatment. Because of studies like this one, treatment professionals can further improve upon opportunities to help recovering individuals find a life beyond their addiction. I consider myself fortunate to have played a part in opening a door for some of these individuals who need society's help.

It is my honor to work with the staff of Synergy Treatment Centers, because it is their dedication, spirit, and love that makes this program possible. I would like to thank The Urban Child Institute's Board of Directors and its President and Chief Executive Officer, Eugene K. Cashman, Jr., for their support of Synergy's mission and for funding this 3-year study.

Stewart G. Austin
Board Chair
Synergy Treatment Centers

Letter from the Executive Director

Our commitment to long-term residential alcohol and drug abuse treatment, at no cost to the individual and with no insurance requirement, is what sets Synergy Treatment Centers apart from most other treatment providers in the Mid-South and throughout the country. Extended residential care for chronic addicts is often required for successful recovery, yet it is costly and therefore difficult to find. For many addicted individuals who have neither money nor insurance, long-term treatment opportunities simply do not exist. Synergy's innovative approach of providing job skills through client employment generates a significant portion of the income required to provide a long-term treatment stay.

Why is Synergy's program so important? In most cases, the reason for an individual's criminal activities stem from drug addiction, and these activities usually do not stop until the addiction is treated. The long-term cost-effectiveness of treatment versus jail is obvious, since individuals who have been through treatment and remain sober do not often commit crimes. This outcomes evaluation report clearly illustrates the reduction in criminal activity after clients have gone through long-term treatment.

Although some of Synergy's clients come to the program voluntarily, the majority are admitted as an alternative to incarceration for nonviolent crimes to support their addiction. If Synergy were not a viable resource for these men and women, they would be serving an average jail sentence of 1-3 years at a cost of approximately \$40,000 per year—100% of which is funded by taxpayers. Synergy provides room, board, and clinical treatment for \$26,000 per year per client, only \$11,000 of which is funded by taxpayer dollars; the rest of the funding comes from the clients' earnings and through private donations.

We are very excited about this study, which provides us with a science-based outcomes evaluation for our program. Synergy's Board of Directors, the staff, and I have been looking forward to the results of this evaluation. Although I have always believed that our outcomes were excellent, it is very rewarding to see that the statistics are as good or in some cases better than I had thought. Such a study gives us an added level of confidence when discussing the success of Synergy's program.

I am very fortunate to have spent the last 14 years of my life working side by side with a dedicated and involved board of directors and facility staff who are not only committed to the well-being of the individuals we treat but are also passionate about the treatment philosophy of our program. I want to acknowledge all staff and consultants, especially Dr. Margaret Kedia and Dr. Satish Kedia, for their expertise with this outcomes evaluation study.

A heartfelt thank you to all.

Walter Williams
Executive Director
Synergy Treatment Centers

Executive Summary

This report presents the results of a long-term outcomes evaluation study to measure the effectiveness of substance abuse treatment for clients admitted to Synergy Treatment Centers' extended residential rehabilitation program in Memphis, Tennessee. This evaluation study was conducted over a 3-year period, from January 2004 to December 2006. Eighteen months after their admission to treatment, follow-up interviews were conducted with clients who had been admitted in the 2004 calendar year.

Initially, 103 clients consented to participate in this outcomes evaluation research. Project interviewers made more than 800 calls to conduct follow-up interviews, eventually completing 18-month follow-up calls with 68 clients. Upon admission, Synergy staff collected quantitative data from clients using the Addiction Severity Index (ASI). Between July 2005 and June 2006, interviewers gathered follow-up data using a modified version of the ASI, comparing the two data sets to assess treatment effectiveness.

Synergy's treatment is a 12-month residential program; therefore, the 18-month follow-up provides the most valuable indication of treatment effectiveness, as clients have been out of treatment for 6 months or longer. A summary of the report's findings follows.

Demographics of the Study Population

- The majority of clients in the study population were male (67.6%), White (63.2%), and between the ages of 25 and 44 (60.3%). African American (33.8%) and female (32.4%) clients comprised nearly a third of the population.
- More than two thirds (69.1%) of clients reported having some high school education, and 26.5% reported being college educated. Only 1.5% reported having a middle school education.
- Half (50.0%) of clients had children who were minors, but more than four fifths (82.4%) did not have custody of their minor children. About two thirds (66.2%) of clients had no dependents.
- A third (33.8%) of clients had never been married, and over a quarter (26.5%) were divorced. Just under a fifth (19.1%) of clients were separated, and 17.6% were currently married.
- The majority (54.4%) of clients were court-ordered into treatment, while another 45.6% were referred to treatment through other means. Just less than a third (30.9%) of clients were on probation/parole.

Treatment Features

Three quarters (75.0%) of clients reported waiting to enter Synergy's program, but of those, the majority waited less than two weeks, with 27.5% waiting 1-7 days and 33.3% waiting 8-14 days. Frequently, the delay before entering treatment at Synergy was due to factors such as a client's wait for a court date, completion of detoxification, or jail time. Many clients preferred to postpone their entry into Synergy's long-term treatment in order to address personal business.

Nearly two fifths (38.2%) of clients at the 18-month follow-up had completed the entire duration of treatment, and another tenth (10.3%) had completed more than half.

Clients' Substance Abuse History

- The majority (55.9%) of clients began using substances when they were 17 years old or younger, with a median age of 16 years for onset of abuse. A third (33.8%) began using substances between the ages of 18 and 30.
- Three quarters (75.0%) of clients reported a family history of substance abuse. Well over two fifths identified a parent (47.1%), sibling (43.1%), or other relative (54.9%) as having a substance abuse problem.
- The three most commonly abused substances at admission were crack/cocaine (42.6%), marijuana (41.2%), and alcohol (36.8%).
- A sizeable percentage of residents used other substances over a prolonged period: opiates/analgesics (7 years), sedatives/hypnotics/tranquilizers (6 years), hallucinogens (6 years), and amphetamine/methamphetamine (5 years). Other substances reported included heroin (4 years), barbiturates (4 years), inhalants (3 years) and methadone (2 years).
- Clients who reported using more than one substance per day typically had a very long history of chronic polydrug abuse, averaging almost 12 years.
- Almost half of clients who reported polydrug abuse used a combination of alcohol, crack/cocaine, and/or marijuana.
- Intravenous drug users comprised a fifth (20.6%) of clients at admission.

Treatment Outcomes

- Treatment greatly helped reduce clients' substance abuse. More than two thirds (70.6%) of clients were abstinent at the 18-month follow-up.
- Abuse of crack/cocaine, marijuana, and alcohol, the three most commonly reported substances at admission, fell dramatically from 42.6% to 2.9%, 41.2% to 2.9%, and 36.8% to 8.8%, respectively.

- The frequency of clients' drug use also decreased. The percentage of clients reporting drug use within the last 1-5 days fell significantly from admission (17.6%) to follow-up (5.9%).
- Although only 11.8% of clients were employed at admission, over two thirds (67.6%) of clients were employed 18 months after admission.
- A large majority (95.6%) of clients at the 18-month follow-up reported that their performance at work or school had improved since treatment.
- While at admission, most (94.1%) clients reported having been arrested within the last 30 days, only 13.2% did so at follow-up.
- More than four fifths (83.8%) of clients reported being satisfied with their living arrangements, up from 51.5% at the time of admission.
- Less than a tenth of clients (7.4%) reported living with someone who abused alcohol or drugs at the 18-month follow-up, down from 30.9% at the time of admission.
- Clients reported fewer problems with personal relationships following treatment. While at admission 70.6% of clients reported troubles with family conflicts, this percentage fell to only 4.4% at the 18-month follow-up.
- Over a third (33.8%) of clients reported at admission that they had been emotionally abused by others in the past 30 days; in contrast, only 2.9% reported this at the 18-month follow-up.
- Males reported higher abstinence rates than females, 73.9% vs. 63.6%, respectively, and African Americans reported higher levels of abstinence (87.0%) than Whites (62.8%).
- A greater percentage of male clients (47.8%) completed treatment than female clients (18.2%). There were higher percentages of Whites who completed either all of treatment (39.5%) or less than half (41.9%) than African Americans (34.8%).
- A much higher percentage of clients whose treatment was court-ordered (48.6%) completed treatment than those whose treatment had not been court-ordered (25.8%). Similarly, there was a higher level of treatment completion among clients who were on probation/parole (47.6%) than those who were not (34.0%).
- Spirituality was an important aspect of treatment for most clients, with 97.1% of clients reporting that spirituality played an important role in their recovery.
- Almost nine tenths (86.8%) of clients reported that their treatment was "very helpful," and over a tenth (11.8%) said the treatment was "somewhat helpful." No client reported that the treatment was "not helpful."

1 Synergy Treatment Centers in Memphis

What is Synergy?

Synergy Treatment Centers was established in 1989 as a long-term, residential treatment program for chronic substance abusers. Its program is based on the 12 Steps of Alcoholics Anonymous and the therapeutic community model. Synergy integrates clinical treatment and work therapy in order to help clients achieve long-term recovery and successful reintegration into society. While generally considered ideal for successful treatment of chronic addiction, long-term residential care has not been widely available due to high costs. Synergy's unique model provides long-term care for chronic substance abuse at no cost to the individual. The work therapy model empowers clients to take financial responsibility for their own treatment by participating in jobs in exchange for their room and board. This model is cost-effective and lessens the taxpayer burden.

After five weeks of intensive counseling and a brief job training period, clients are placed in a meaningful work assignment in the community. While clients learn to live sober lives, they are taught job skills and a strong work ethic, to help them live productively and achieve financial independence once they leave the treatment facility. Over the years, clients' earnings have funded more than 43% of operating income; the remainder is provided by various public funds and private donations.

Synergy's History

Synergy's nineteen-year history has seen the agency evolve from a small organization housing only a few clients to one of the largest treatment centers in Memphis and the Mid-South, with the capacity to house 74 clients. This has been made possible through financial support from Synergy's Board of Directors, private foundations and individual donors, and federal, local and state governments. This journey for Synergy has been marked by a number of significant milestones and events that have helped the agency grow over the years.

Milestones by Year

- 1988** • Synergy was originally established as a 2-year alcohol and drug treatment program for men that would be used as an alternative to incarceration; it would offer comprehensive treatment and aim for financial self-sufficiency through residents working in jobs in exchange for room, board and treatment.
- 1989** • \$50,000 in start-up funding was received from Tennessee Governor Ned McWherter.
 - Lawrence L. Crane, Jr. formed a board of directors and became the first Board Chair.
 - The agency received 501(c) 3 status as a nonprofit corporation on September 12.
 - The program started in an apartment building at 1157 Peabody Avenue and was licensed by the Department of Mental Health for eight beds.

- 1990** • Volunteers renovated the facility at 1157 Peabody, and the first resident was admitted on December 12.
- 1991** • The staff was expanded to eight members.
 - Synergy-owned and operated businesses were launched.
- 1992** • Additional business ventures were started, and by the summer Synergy had generated nearly \$47,000 in client revenue.
 - The agency began to receive financial support from local businesses, private foundations, and government sources.
 - A board member donated funds to Synergy for the purchase of a truck, which facilitated the establishment of Synergy Moving Company.
- 1993** • CSAT (Center for Substance Abuse Treatment) a federal funding agency, awarded Synergy over \$1 million.
 - The agency purchased its current building, formerly a three-story hotel, at 2305 Airport Interchange.
- 1994** • The agency moved to the Airport Interchange location in May.
 - The first female resident was admitted to Synergy on June 1.
 - Synergy hired a Clinical Director to develop and implement a comprehensive treatment program.
 - Synergy hired additional counselors to expand the treatment program.
- 1995** • Synergy shortened the length of the program from two years to one year.
- 1996** • The facility passed state inspection to increase its capacity to 65 beds.
- 1997** • Synergy became a United Way partner agency.
- 1998** • The Urban Child Institute, formerly LeBonheur Healthcare Systems, Inc. funded \$530,091 for a Family Intervention and Treatment Program.
 - The U.S. Department of Housing and Urban Development funded \$292,943 to convert Synergy's original property at 1157 Peabody into transitional housing units for treatment program graduates.
 - Frank G. Barton, Jr. was elected Synergy's second Board Chair in June.
 - State licensing increased capacity from 65 to 74 beds.
- 1999** • The State of Tennessee license was expanded to include outpatient services and DUI classes.
 - The Assisi Foundation provided funding to retire the debt and further renovate the transitional housing units at 1157 Peabody.
- 2000** • The Plough Foundation funded expansion of the Synergy Moving Company.
- 2001** • The State of Tennessee's ADAT-DUI (Alcohol & Drug Abuse Treatment-Driving Under the Influence) program for repeat DUI offenders was implemented at Synergy.
 - Working with Arnoult and Associates, Synergy began to develop a 5-year Strategic Plan.
- 2002** • Stewart G. Austin was elected as third Board Chair.
 - A draft of the 5-year Strategic Plan was completed.
 - The Women's Foundation for a Greater Memphis funded a staff position to assist the women at Synergy with job placement and life skills. This position has been funded annually since 2002.

- 2003** • The State of Tennessee provided SAPT (Substance Abuse Prevention and Treatment) Block Grant funding for treatment services, allowing for the implementation of Synergy's Intensive Treatment Phase. This award has been received annually from the state since 2003.
- The Urban Child Institute, formerly LeBonheur Healthcare Systems, Inc. granted funds to conduct a 3-year outcomes evaluation study.
- 2004** • The Federal Home Loan Bank of Cincinnati partially funded building renovations for 2305 Airport Interchange.
- 2005** • Synergy acquired a contract and funding from the statewide Access to Recovery (ATR) program.
- A nonprofit agency in Nashville, You Have the Power: Know How to Use It, produced a documentary, *Meth: Big Time Drug in Small Town America*, featuring Synergy as a successful treatment provider for methamphetamine addicts in Tennessee. The film has been widely distributed throughout the U.S. and Canada.
- 2006** • Synergy began a 5-year capital campaign to raise \$2.9 million.
- Synergy completed a 5-year Business Plan to support the capital campaign drive.
- 2007** • The Assisi Foundation provided funding toward the 5-year capital campaign.
- Synergy raised \$1.1 million of its \$2.9 million capital campaign goal.

Treatment Model

Synergy's alcohol and drug treatment program operates primarily within the philosophical framework of a therapeutic community model. This innovative model differs from the traditional approach, offering a dynamic blend of Alcoholics Anonymous's 12 Step protocol with milieu, cognitive-behavioral, insight-oriented, and work therapies.

Synergy maintains many of the essential elements of the traditional therapeutic community model, including treating the whole person rather than solely treating the substance abuse or addiction problem. Synergy also works to enhance positive social values such as a strong work

Elements of Synergy's Treatment Program	
Milieu Therapy	Approach by which the client's social environment is manipulated for his/her benefit.
Cognitive-Behavioral Therapy	Approach in which the client's thoughts are related to his/her feelings and behaviors.
Insight-Oriented Therapy	Approach that explores the unconscious aspects of an individual's emotions and attitudes.
Work Therapy	Approach by which clients are trained and placed in jobs in exchange for treatment, helping clients to invest in themselves and preparing them to be successful following treatment.

ethic, social productivity, and community responsibility through three phases of treatment (the Intensive Treatment, Therapeutic Work, and Aftercare Phases). Other elements of Synergy's program, such as the use of a biopsychosocial framework, are modifications of the traditional therapeutic approach. Such modifications have been uniquely incorporated to effectively meet the needs of Synergy's clients.

Elements of Synergy's Treatment Program

Synergy views the whole person as the site of change, individualizing treatment and tailoring counseling for each client. This approach helps foster a therapeutic alliance that enables clients to explore core issues. Clients collaborate with staff to determine their specific problems, goals, and progress.

All clients undergo a comprehensive assessment and receive intensive individual and group counseling using evaluation instruments such as the Addiction Severity Index (ASI), the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R), and biopsychosocial measures. Comprehensive assessments enable the clinical staff to formulate diagnostic impressions and help clients identify their strengths and weaknesses, including physical, emotional, and interpersonal problems that require exploration and healing. Identifying problem areas help treatment staff and clients formulate individualized treatment goals and recognize potential change agents.

In the first phase of treatment, the Intensive Treatment Phase, cognitive-behavioral therapy is used to help enable clients to focus on distorted thinking and facilitate behavioral change. Treatment is exclusively reality-based, and the disease concept of addiction is emphasized. Following stabilization, the second phase of treatment uses insight-oriented therapy and focuses on inner-conflict resolution which, if left unaddressed, could serve as a powerful trigger to relapse.

Clients at Synergy receive individual and group counseling. The individual counseling is tailored to the client's specific needs. Counselors and clients work together to establish a close therapeutic bond and to develop treatment plans and goals, meeting each week to monitor and document progress. Group counseling sessions are both educational and therapeutic, and they address a wide cross-section of issues common to chronic addicts, enabling them to build mutual trust, develop interpersonal skills, and experience identification as well as peer support.

Work therapy is an integral part of the therapeutic regimen. Clients' training and placement in jobs in exchange for treatment, thereby earning their own way, provides the opportunity to invest in themselves. Self-investment enhances clients' feelings of self-worth by providing a sense of empowerment, positively influencing their self-esteem and belief system. Ultimately, this process positively impacts clients' long-term recovery and transition back into the community following treatment.

Synergy Treatment Centers attributes much of its success to its comprehensive and innovative treatment model, which has changed the lives of hundreds of alcoholics and drug addicts. This approach has proven to be not only cost-effective, but has also resulted in a 70.6% sobriety rate 18 months after admission, especially for those who spend the entire 12 months in Synergy's

structured recovery program. In addition to its remarkable abstinence rate, Synergy has had a tremendous influence on clients' families and communities by restoring relationships, rebuilding lives, and reestablishing hope.

Eligibility Criteria for Admission

Adults 18 and older who have a primary alcohol and/or drug addiction problem are eligible for treatment at Synergy. Clients must demonstrate a high level of motivation to complete the 1-year structured program and must be willing to work at a designated job in exchange for room, board, and treatment. The program is open to both men and women without regard to race, religion, or national origin. Interested individuals must submit a written letter for admission. Clients are referred from a variety of sources which include other substance abuse treatment centers, the criminal justice system, and self-referral.

The Therapeutic Journey at Synergy

Orientation

The client is assigned to an orientation group designed to acclimate him/her into the strict treatment regimen. The orientation group reviews rules and regulations with incoming clients and promotes retention. Incoming clients are matched with a counselor who is empathetic and nonjudgmental, offering positive reinforcement, compassion, and guidance.

Intensive Treatment Phase

Upon initial admission into the program, clients enter the Intensive Treatment Phase, which lasts approximately five weeks. During this time, clients are not employed; they receive individual counseling and attend group counseling sessions for most of the day in an effort to maintain abstinence. Clients are educated about addiction as a disease and also study strategies for relapse prevention, anger management, and processing emotions. Though groups are primarily co-ed, there are separate men's and women's groups to address gender-specific issues. Clients are assessed to determine their need for continued treatment in addition to their job readiness and placement possibilities. During this phase, Synergy also works to restore physical health through referrals to medical, dental, and ophthalmologic services as needed.

Therapeutic Work Phase

After the Intensive Treatment Phase, clients move to the Therapeutic Work Phase, which lasts for the remaining 10 ½ months of treatment. The Therapeutic Work Phase is typically marked by greater emotional exploration and processing of underlying emotional conflicts. Clients are taught to understand the diseases of alcoholism and drug addiction, and acquire the skills and resources necessary to maintain a sober, productive life. During the Therapeutic Work Phase, clients continue to participate in the 12 Step program and counseling sessions each evening as they begin working in a Synergy-owned and operated business or for a community-based contracted business during the day.

Work therapy helps prepare clients to secure and maintain employment upon completion of treatment by teaching appropriate workplace values and behaviors. Conflict resolution skills, efficiency, and effectiveness in personal job performance are emphasized. To help clients transition into the structure and responsibilities of a work routine, Synergy implements a number of measures such as transportation to and from work and collaboration with employers to address and evaluate job performance.

Synergy emphasizes the need for clients to learn skills that will facilitate obtaining employment after treatment. Counselors teach clients how to access available jobs through classified ads, Internet job postings and employment agencies. Throughout their time in the program, clients are also instructed in résumé writing, interviewing skills, and career development. Adult Basic Education (ABE) and General Education Development (GED) courses are also available, and clients who do not have a high school diploma typically spend four hours per week in these courses.

Spirituality and the 12 Steps: Cornerstone of the Recovery Process

Twelve step programs are spiritual in nature. For example, Step Two of Alcoholics Anonymous reads "Came to believe that a power greater than ourselves could restore us to sanity." Synergy believes establishing a spiritual connection is essential to long-term recovery. "Synergy" means the simultaneous action of separate parts which together have a greater total effect than the sum of their individual parts. The word Synergy comes from the Greek *synergos*, which expresses the belief that a spiritual awakening is caused by a combination of human will and divine grace. It is the *synergy* of all the aspects of this program—clinical treatment, work therapy and an environment conducive for spiritual awakening—that helps produce such positive outcomes.

"I loved the groups, the sessions with my counselor, the rapport with my peers, the activities they allowed. I liked that we worked. The most important thing was that the year was enough time for me to work on [myself]. The program taught me so much. I've learned about myself. I'm still learning, still learning."

~ 52-year-old male client





Requita is a 52-year-old African American female who is separated from her husband. She has four grown children and is a recovering crack addict.

Requita spent her early childhood in Chicago. Sometime before she was in the 6th grade an older cousin molested her. Her parents divorced when she was 13, and she moved with her mother to a small town in Kentucky. She saw her father sporadically after that and says she can "hardly remember my father in my life much at all." In Kentucky, her mother would take weekend trips with a boyfriend, leaving Requita alone on weekends, unsupervised. Requita ended up having her first child at age 15 and another child at age 17. She went on to get her GED and LPN license.

Requita's mother did not talk to her about alcohol and drugs or "about anything it seems like a parent should teach their child." She was around 13 when she had her first experience with alcohol. She got "drunk as a dog" and "never did drink much after then." She started smoking marijuana at age 14. Although she said she didn't know what it was, she wanted to try it.

During her lifetime, Requita also used pills, powder cocaine, and crack cocaine, which she first tried when she was 36. She and her husband sold crack for about a year before she actually used it. After a couple of years, she realized she was addicted. She explained that once she began an episode of using crack, she "didn't stop until it was gone."

She was physically abused by her husband. She participated in shoplifting and drove

under the influence of drugs. She stole from her mother to support her habit and sold and manufactured crack. She was incarcerated twice, "back to back," and spent five months total behind bars.

As a result of using crack, Requita lost much.

"I lost a house. I lost cars. I lost respect. I lost . . . my license. They didn't take my LPN license away from me. I just didn't go get my [renewal credits], you know . . . I lost [my job], 'cause I went to jail for 147 days."

Requita was once able to stop using on her own for 30 days but relapsed because she was living in "a drug house." She continued to use while in jail because "drugs come in there more than they do on the streets." She sought treatment at Synergy because her probation officer told her she needed in-house treatment.

She works full-time for a cleaning service, and has been sober for about 20 months. She believes the support of her family made the difference in her ability to stay sober.

"Well, once I started working with my kids . . . they really stuck by me. They really did."

Requita recommends Synergy to other addicts because of the structure it provides.

"[Synergy] is a structured program and really, that's what addicts need. Something very structured, because they haven't had structure and stability in their life. We haven't had stability in our life."

Treatment Classes/Groups Offered by Synergy

Individual Counseling

Reality-based, behavioral and directive, and interpersonal during early treatment stages. The focus shifts to treatment of symptoms and resolution of conflicts during later stages.

Dinner Club

Based on the 12 Steps of Alcoholics Anonymous (AA). Each client presents steps and must complete all 12 steps as a requirement for completing the program.

Big Book Study / AA, NA, CA / Inside Speaker Meetings

Designed to address recovery issues, and based on the Big Book of AA and the 12 Steps and Traditions of Recovery. These groups effectively address the recovering addict's denial and projection of responsibility for their behaviors onto others, explain the disease model of addictions, and outline the process of healthy recovery. Speakers share their experience, strength, and hope with clients.

Cognitive Restructuring Group

Restructures the cognitions or thoughts in order to help prevent relapse. Addictive thinking is based upon incorrect or faulty appraisals of the self or situation. The group process helps clients change long-held distortions and misconceptions.

Sexual Abuse Group

Provides education as well as treatment to survivors of sexual trauma.

Anger Management Group

Provides education about anger, stress, and conflict, as well as strategies for its effective management and resolution. Group members are taught to identify anger, stressors, and triggers, and to gain more effective modes of communication and control over the expression of their emotions.

Creative Quiet Time

Designed to foster health and wellness through meditation and relaxation.

Vocational Rehabilitation

Focuses on established methods for preparing for and securing employment, including accessing available jobs through classifieds, Internet, and employment agencies. Résumé writing, interviewing skills, and career development are also emphasized.

House Meeting

This weekly meeting provides clients with information, education, and guidance.

Relapse Prevention Group

Educates clients about subtle cues and multiple factors that influence relapse, such as physical, psychological, and social aspects that lower resistance to craving and help trigger events. The abuser's lifelong vulnerability to relapse, the disease model, and characteristics and patterns of codependence are also discussed.

Process Group

Provides a forum for greater emotional exploration and ventilation of feelings. Efforts are made to help clients draw a connection between unresolved emotional conflicts and addictive behaviors.

General Education Development (GED) / Adult Basic Education (ABE)

Educational instruction for preparing to take the GED examination. Clients who have less educational achievement are provided basic educational instruction.

Men's Group / Women's Group

Provides gender-specific group process. Clients explore their roles as men or women in society. Perceptions of masculinity and femininity are examined.

Homework / Study Hall

Designated period for study and completion of required homework and assignments such as step work. Treatment requires completion of assignments and rigorous participation in classes/groups.

Journaling Group

Period designated to explore and document emotions, thoughts, and concerns in written form.

Orientation Group

Designed to acclimate new clients to the strict therapeutic regimen. Primary focus is to impart to newcomers their rights and responsibilities, along with treatment rules and regulations. The secondary goal is to promote client retention.

Self-Esteem Group

Designed to help clients restore self-esteem lost during the addictive period. The group works to repair self-image through self-praise and support. Clients work toward forgiveness and recognition of their own value. Other group topics include unconditional love and the client's relationship to the universe and God.

Aftercare Planning

As clients move toward completion of their treatment, they work with Synergy staff to strengthen relapse prevention strategies and to develop long and short-term aftercare plans. They begin attending the Recovery Pass/Plan group, which is reserved for those who have been in residence for more than nine months. In this group, clients focus on socialization and reintegration into the community. Clients receive passes to leave the facility, which are issued in increments. After 11½ months in treatment, clients begin actively seeking employment and are transported to and from interviews.

Aftercare Phase

Upon completion of the program, clients enter the Aftercare Phase of treatment, during which time they are employed and maintain a greater level of independence. The Case Manager and Job Placement Coordinator help clients secure and maintain employment. For clients who need it, Synergy provides safe, affordable transitional housing for up to 24 months. When clients are ready to leave transitional housing, Synergy’s Case Manager assists clients in obtaining permanent housing.

Synergy’s Alumni Association provides recovery, emotional, and spiritual support to members during biweekly meetings. The group maintains close ties with Synergy, providing activities for clients, accompanying clients on off-campus passes, and helping with community service outreach.

Residential Treatment for DUI Offenders

In addition to Synergy’s main treatment program, the agency also offers a treatment program for DUI offenders, who often have no insurance or access to other intensive substance abuse services. A recent state law allows DUI offenders to serve 28 days of their 45-day sentence in a residential treatment program. Synergy offers DUI clients a comprehensive plan for treatment, which includes the option to remain at Synergy and complete the one-year program.



Employment Opportunities for Synergy Clients

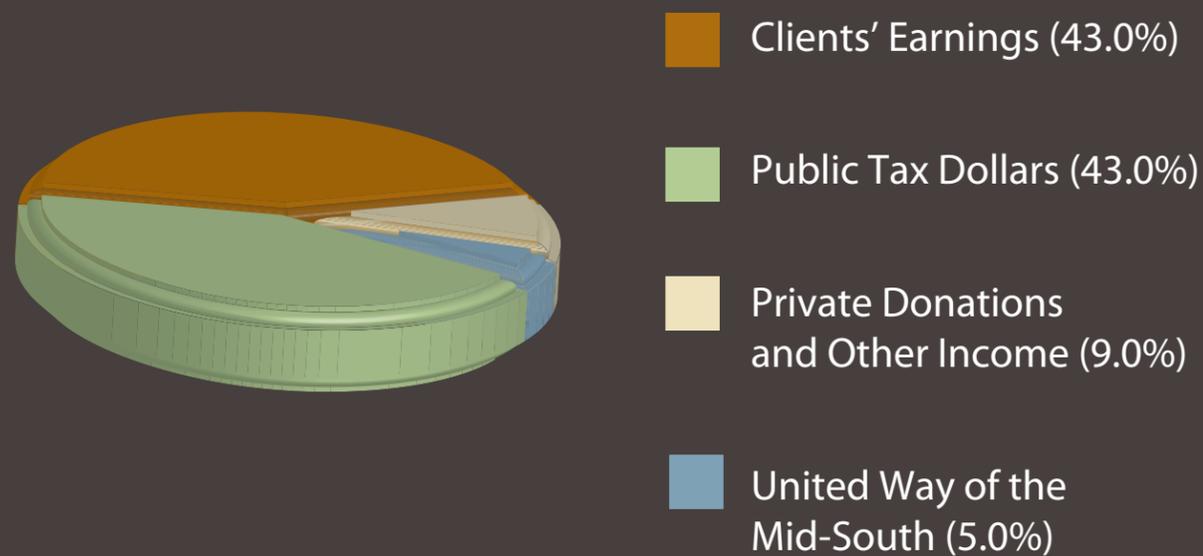
Synergy-Owned Businesses	Description
Synergy Moving Company	Local residential and commercial moving service
Synergy Lawn Care Service	Residential and commercial landscaping and grounds maintenance
Synergy Mailing Services	Mailing service for bulk mail applications
Community Businesses with Synergy Contracts	Clients’ Work Responsibilities
Memphis Zoo	Maintenance of landscaping and grounds
Methodist Hospitals	Maintenance of facilities
Memphis Public Library	Delivery and distribution of books
Memphis Botanical Gardens	Preparation of banquet rooms for receptions, meetings, etc.
Junior League of Memphis	Preparation of banquet rooms for receptions, meetings, etc.
Cottonwoods Golf Course	Maintenance of grounds and landscaping
Cargill, Inc.	Sorting cotton by grade

Synergy's Financial Structure

Synergy is a nonprofit organization with diverse sources of financial support. The largest single source of funding, comprising 43% of annual operating income, is revenue generated by clients working in exchange for their room, board, and treatment. In recent years, Synergy has been fortunate to have received funding from state and local governments in the form of competitive grant awards which, combined, contribute another 43% of operating income. Private donations comprise another 9%, with Synergy's Board of Directors making significant annual contributions. Synergy has been a United Way of the Mid-South partner agency since 1997, and has received annual operating income from the United Way since that time.



Figure 1.1 Synergy's Operating Income



Bodie is a 25-year-old single White male. He is recovering from a methamphetamine addiction.

Bodie comes from a "broken home." His parents were married, but divorced before his first birthday, and Bodie does not recall seeing his father again until he was 8 years old. His mother was a registered nurse who became addicted to drugs and alcohol, and although she did not use drugs around Bodie, he could tell when she was "messed up." She and her friends drank around him. Bodie's first experience with alcohol occurred when he was eight. His mother's friend had a can of beer, which Bodie took and drank, draining it. Bodie's mother eventually received treatment, recovered from her addiction, and married a man she met in rehab. Bodie did not get along with his new stepfather, so he moved in with his biological father.

Bodie did not drink again or use drugs until he was 14, when he tried marijuana. Curious and wanting to fit in with friends, Bodie tried marijuana and "liked it." He started smoking it once a week, and by the time he was 15, he was smoking every day. Later, "caught with pills," he was sent to an alternative school. Bodie got into trouble at several schools and dropped out in the 10th grade.

Bodie estimates he has done at least 20 different drugs, and "the only thing I haven't done is shot up." He first tried meth at age 17 when a stranger offered him some. He used it "off and on" for several years and eventually "got in a real bad habit of doing it." He said that he "didn't think about stopping it." At the height of his addiction, Bodie was using meth several times a day.

Bodie participated in burglary and drove while under the influence. He also stole from family and friends to support his habit and made and sold meth. He went to jail four to six times and spent around 1-1/2 years there.

As a result of using meth, Bodie lost relationships, education, and jobs. "I lost the relationship with my family. I didn't have one, period. [I lost my] education. That's a big thing . . . I've lost a lot of . . . jobs. All of them, basically, because I stayed messed up."

Before coming to Synergy, Bodie stayed 15 days at a 28-day treatment center but used drugs and alcohol the whole time he was there. He later heard about Synergy from a friend who was incarcerated with him and had been to Synergy.

"[I came to Synergy] to get away from my town and everything. I heard that I might have a kid. I started thinking about slowing down. I got tired of sitting in jail. Sat there six months this last round. I knew something bad was going to happen if I didn't do something different . . . [A friend of mine] gave me a booklet that told all about it. That's how I found out about it."

He believes being in a "different location" made the difference in his ability to remain sober.

Bodie has been sober for 15 months. He likes his current job and says it pays "the most money I've ever made legal[ly]."



2 Methodology for the Outcomes Evaluation Study

Methodology and ASI Instrument

Baseline data for this study was collected at the time of clients' admission to the treatment facility, and follow-up data was collected from clients 18 months after admission via telephone interviews. The baseline data was compared with the follow-up data for the purposes of outcomes evaluation. While the Addiction Severity Index (ASI) instrument (version 5-Clinical) was used to collect the baseline data, a modified version of the ASI was employed to gather outcomes evaluation data. The ASI has specific modules for demographics, economic and occupational situation, living arrangements, referrals to treatment, substance abuse history and patterns of abuse, route of administration, arrest record and legal status, medical history, conditions, and current status, and prescribed therapies. Both the baseline and follow-up interviews addressed the client's situation in these various domains during the previous 30 days.

Clients were asked about gender, ethnicity, age, and highest level of education. They were asked about their marital status, usual living arrangement in the past 30 days, and their satisfaction with both. They were then asked whether they had minor children and if so, if they had custody of them, and about the number of people (if any) dependent on the client. Clients were asked if anyone in their family abused alcohol or drugs, and if so, who. They were also asked if they currently lived with anyone who abused alcohol or drugs.

There were a number of questions regarding the treatment experience, including whether the clients had to wait to begin treatment, the length of the wait, amount of treatment completed, and how helpful the treatment was. Clients were asked about participation in aftercare and its helpfulness. Clients were asked specifically about receiving HIV/AIDS education while in treatment. Also included were some open-ended questions about what clients liked best and least about the treatment and what could be done to improve their treatment experience.

There were many questions regarding clients' substance abuse, including what substances they might have used in the past 30 days, the route of admission, primary drug of choice, the age they first started using alcohol or drugs, length of time using a substance, amount of money spent in past 30 days on alcohol or drugs, number of days spent in the past 30 being troubled by alcohol or drug abuse, and questions about how bothered the client was by alcohol or drug problems in the past 30 days.

Clients were asked specific questions about their usual or last occupation and their employment pattern (i.e., full-time, part-time or unemployed) and number of days paid for working in the past 30 days, as well as sources of income, and the amount of income. At the follow-up, clients were also asked about their performance at work or school, and whether it had improved since having treatment.

There were a number of questions regarding clients' legal status, such as whether their admission was court-ordered, whether they were on probation or parole, and the number of times they had



Samantha is a 21-year-old single White female. She is a recovering crack addict and alcoholic. Samantha was the only child in a military family that “moved around a whole lot.” Her family eventually settled in the Clarksville, Tennessee area.

been arrested in past 30 days and the reason for each arrest. There were also specific questions about driving under the influence and major driving violations, number of convictions, and the number of days in the past 30 days the client may have engaged in illegal activities for profit.

Clients were asked if they had experienced a serious problem getting along with someone in the past 30 days and how many days in the same period had they experienced a serious conflict with someone in their family or with someone outside of their family, and how troubled they were by these conflicts. Clients also were asked if they had been abused in the past 30 days emotionally, physically, or sexually. To obtain an indicator of clients’ mental health status, clients were asked the number of times in the past 30 days they had been treated for psychological or emotional problems in a hospital/inpatient setting and as an outpatient.

Study Population

The initial study population comprised 103 clients who had completed at least 30 days of treatment at Synergy during the 2004 calendar year and who had voluntarily consented to participate in the study. All of these clients were contacted for follow-up interviews at six months, 12 months, and 18 months after admission, resulting in completed interviews with 79 clients at six months, 75 clients at 12 months, and 68 clients at 18 months. Interviewers made over 800 calls to try to complete these interviews. Those clients who had no valid phone number or declined to be interviewed were excluded from the study. Because Synergy’s program lasts 1 year, the 6-month and 12-month interviews included clients who were still undergoing treatment; thus the 18-month follow-up interviews gave a more complete picture of outcomes since all clients contacted were at least six months post-treatment. Consequently, this outcomes evaluation study presents data for only those 68 follow-up interviews that were completed at 18 months after admission.



“[The] desire to stay sober today is so much stronger than the desire to use ... I don’t want to go back to that anymore.”

~ 32-year-old African American female

Her father was a “rage-a-holic” and was physically and verbally abusive to her until she was about 11. Her mother was a “real depressed type” who would “lay on the couch a lot.” For awhile, the family was involved in a backwoods church, where Samantha was sexually abused by two of its members. Although she suppressed the memory of the abuse, she “hated church,” and “hated God.”

When Samantha was 12, she says she became “a little weirdo,” dressing in black and giving herself body piercings. “Seeing things” and “hearing things,” Samantha began seeing a psychologist, who broke confidentiality by sharing Samantha’s confessions with her mother. Kicked out of two schools because of her “bad attitude,” Samantha finished her schooling at home. She had a lot of unsupervised time in a home where the rules “changed from day to day.”

Samantha’s first experience with alcohol occurred when she was a baby in Germany and was given rum and Coke in her bottle. Samantha’s mother warned her about alcohol and “pretty much about everything,” but she was more influenced by her peers, and “fitting in and feeling accepted, feeling 10 feet tall and bullet proof, you know.” She began drinking and using drugs at the age of 12, when she began hanging around some “cool” older guys. Samantha unknowingly became their drug mule; in return, she was given alcohol and powder cocaine. When she was 14, Samantha was smoking marijuana. She began sneaking out of the house at night and drinking heavily. By age 16, she “would get real shaky” if she did not have a drink. After a drunken physical confrontation with her mother, she was kicked out of her house. She moved in with her 30-year-old boyfriend, a recovering drug addict. She continued her marijuana and alcohol use and experimented with crack but did not yet become addicted

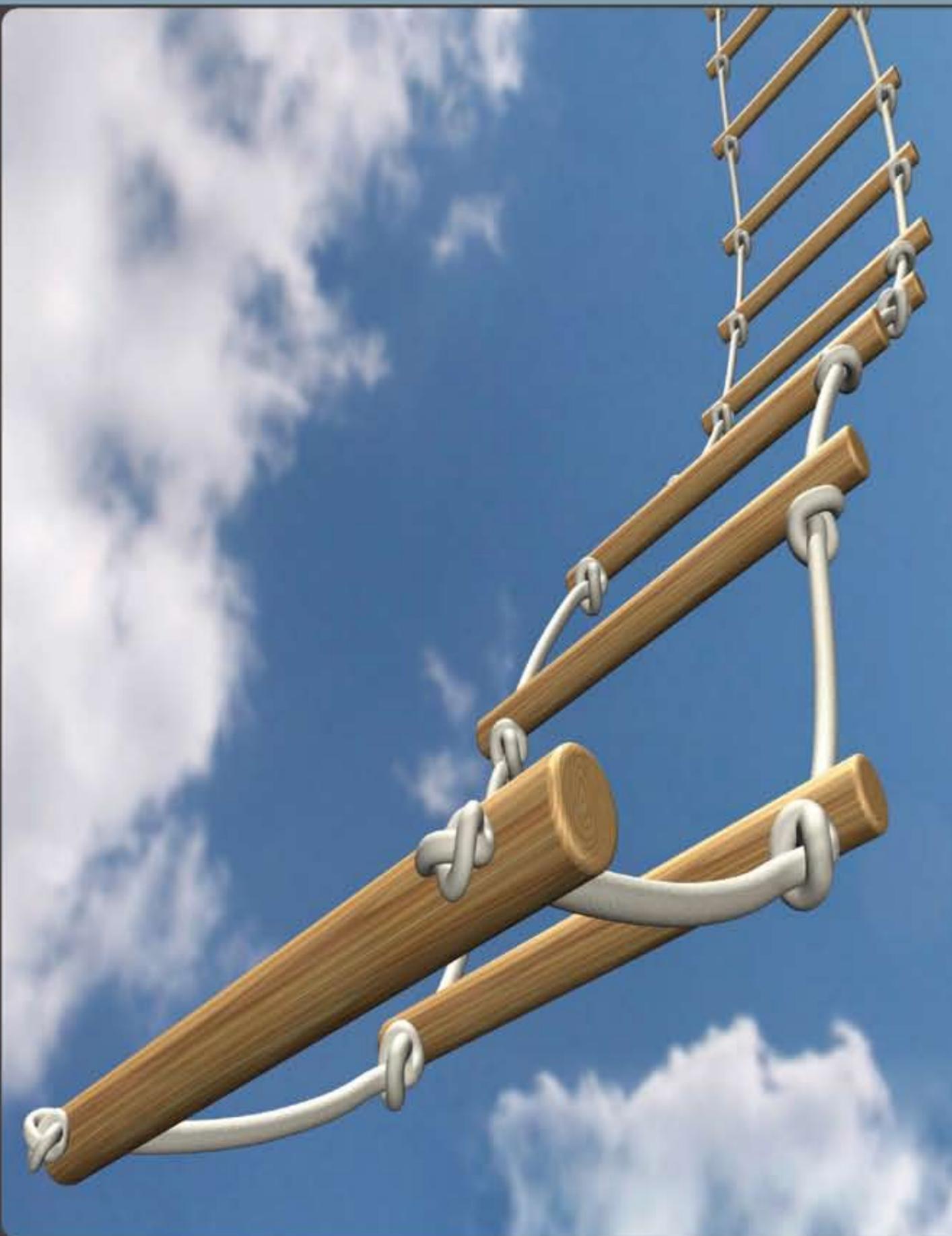
because she “was already drunk, so it didn’t keep me chasing it.” The first time Samantha tried crack without being drunk, she said she “was really, really hooked at that time.” She began using crack every day and thought about it “all day long.”

Samantha became pregnant and continued using substances throughout the pregnancy. The baby was born addicted, and Samantha lost custody. Samantha was physically and sexually assaulted and she was violent towards others. As a result of her addiction, Samantha “pretty much lost everything,” including custody of her child and her freedom.

Before coming to Synergy, Samantha went to two sessions of outpatient drug treatment before dropping out. She also tried to stop using drugs on her own but relapsed after a week because “I couldn’t get it out of my head. . . I couldn’t get the obsession away from me. I thought about it day and night.” She participated in shoplifting, burglary, robbery, assault, prostitution, and driving under the influence. She sold and “cooked” crack cocaine. She went to jail for 20 days immediately prior to coming to treatment. A judge offered her the choice of coming to Synergy or going to jail for a year. While at Synergy, a counselor recognized the signs of sexual abuse in Samantha and made her feel “safe enough to dig those memories out.” She believes that experience made the difference in her ability to stay sober.

Samantha has been sober for a year and works part-time. One of the benefits of recovery is improved anger management.

“I know how to control my temper now. At the worst, I might [go] upstairs and punch my pillow, you know, but I’m not punching [another person].”



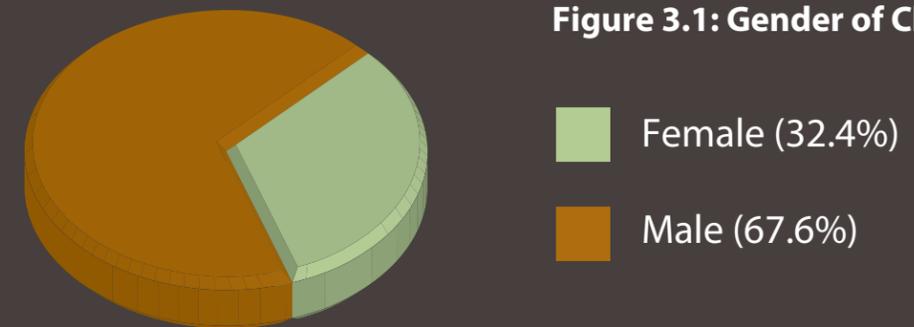
3 Substance Abuse Treatment Outcomes

This chapter presents data gathered from a study population of 68 clients who completed follow-up interviews 18 months after they were admitted to Synergy during the 2004 calendar year. The study population had at least six months after completing Synergy's program to transition back into society, so this outcomes data is indicative of long-term trends in clients' lives after treatment.

Client Demographics

Roughly two thirds (67.6%) of clients were male, with the remaining third (32.4%) female (see Figure 3.1).

Figure 3.1: Gender of Clients



Slightly less than two thirds (63.2%) of clients were White, while a third (33.8%) were African American, and 3.0% were of other ethnic backgrounds (see Figure 3.2).

Figure 3.2: Ethnicity of Clients



The most common age brackets for clients were 25-34 and 35-44 years old, comprising 30.9% and 29.4% of the population, respectively. Close to a fifth (19.1%) of clients were either 45-54 or 18-24 years old. Only 1.5% of clients were 55 or older (see Table 3.1).

Age Category	Percentage of Clients (n=68)
18-24	19.1
25-34	30.9
35-44	29.4
45-54	19.1
55 and above	1.5

At the time of admission, more than two thirds (69.1%) of clients had a high school education. Over a quarter (26.5%) reported a college education, and only 1.5% reported that middle school was their highest level of education completed (see Table 3.2).

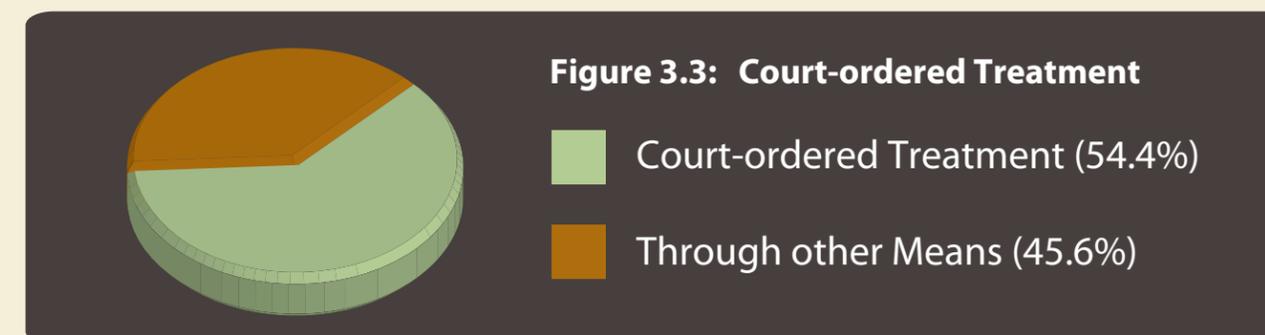
Education Level	Percentage of Clients (n=68)
Middle School	1.5
High School	69.1
College	26.5
Unknown	2.9

Roughly a third (33.8%) of clients reported having never been married, and a quarter (26.5%) reported being divorced. About a fifth (19.1%) of clients were separated, and another 17.6% were married. Only 1.5% of clients reported being widowed. Although half (50.0%) of clients had children who were minors, only 17.6% of those who had minor children had custody of them. Two thirds (66.2%) of clients had no dependents, slightly more than a fourth (26.5%) had 1-2 dependents, and 7.4% were responsible for 3-5 dependents (see Table 3.3).

Table 3.3: Family Structure at Time of Admission

Marital Status	Percentage of Clients (n=68)
Never Married	33.8
Married	17.6
Widowed	1.5
Separated	19.1
Divorced	26.5
Missing Values	1.5
Number of Dependents (n=68)	
0	66.2
1-2	26.5
3-5	7.4
Has any Minor Children (n=68)	
Yes	50.0
No	50.0
Has Custody of Minor Children (n=34)	
Yes	17.6
No	82.4

More than half (54.4%) of clients had been court-ordered into treatment, while 45.6% had been referred to treatment through other means (see Figure 3.3).



More than two thirds (69.1%) of clients reported that they were not on probation or parole at the time of admission (see Table 3.4).

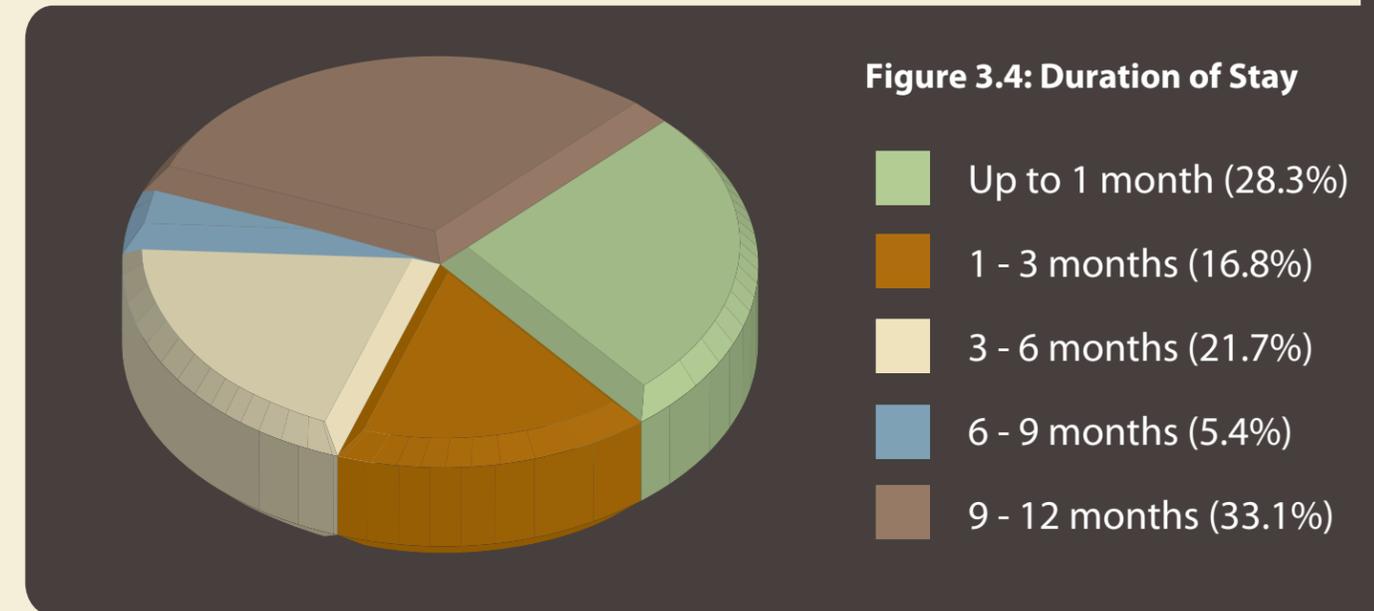
Table 3.4: Probation / Parole	
Client on Probation / Parole	Percentage of Clients (n=68)
Yes	30.9
No	69.1

Treatment Features

Three quarters (75.0%) of clients had to wait for treatment, while one fourth (25.0%) did not. Of those who had to wait, the majority had to wait less than two weeks: 27.5% waited 1-7 days and 33.3% waited 8-14 days. However, more than a fifth (21.6%) had to wait 36 or more days. Smaller percentages had to wait less time: 7.8% for 15-21 days, 3.9% for 22-28 days, and 5.9% for 29-35 days (see Table 3.5). A client's wait for treatment was often determined by factors beyond Synergy's control, such as the client's waiting for a court date, completion of detoxification, or fulfilling jail time. Many clients chose to postpone their entry into Synergy's long-term treatment program to address personal business.

Table 3.5: Treatment Features	
Had to Wait Before Entering Treatment	Percentage of Clients (n=68)
Yes	75.0
No	25.0
Number of Days Before Being Admitted to Treatment (n=51)	
1 - 7	27.5
8 - 14	33.3
15 - 21	7.8
22 - 28	3.9
29 - 35	5.9
36 or more	21.6

Nearly a third (33.1%) of clients remained in treatment for 9-12 months (see Figure 3.4). Another 5.4% completed 6-9 months of treatment, and over a fifth (21.7%) completed 3-6 months. Over a quarter (28.3%) remained in treatment for a month or less, and 16.8% completed 1-3 months of treatment.



Two thirds of clients (67.6%) participated in aftercare programs following treatment. Of these, 95% considered aftercare to be "very helpful," while another 5% considered it to be "somewhat helpful" (see Table 3.6).

Table 3.6: Participation in and Perception of Aftercare	
Participated in Aftercare	Percentage of Clients (n=68)
Yes	67.6
No	29.4
Missing values	2.9
Helpfulness of Aftercare Activity (n=46)	
Very helpful	95.0
Somewhat helpful	5.0

Three quarters (75.0%) of clients reported that they received education about HIV/AIDS while in treatment. Many of these clients were engaging in high-risk behavior, so being educated about HIV/AIDS would help them reduce their chances of contracting a sexually transmitted disease (see Table 3.7).

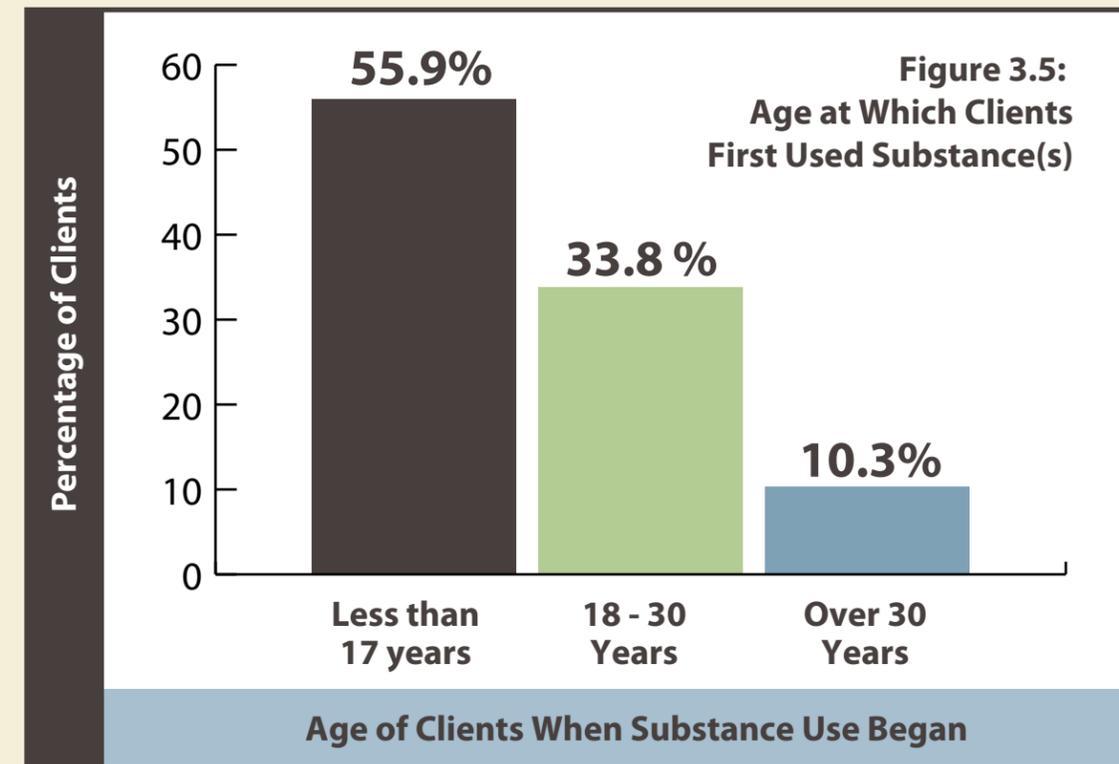
Client Received HIV / AIDS Education While in Treatment	Percentage of Clients (n=68)
Yes	75.0
No	23.5
Missing values	1.5

At the time of the 18-month follow-up, almost forty percent (38.2%) of clients had completed treatment, while another forty percent (39.7%) had completed less than half of treatment (see Table 3.8). Over a tenth (11.8%) of clients had completed half of treatment, and 10.3% had completed more than half.

Level of Completion	Percentage of Clients (n=68)
Completed treatment	38.2
More than half	10.3
Half of treatment	11.8
Less than half	39.7

Substance Abuse History

The majority of clients (55.9%) began using substances when they were 17 or younger, with a median age of 16. A third (33.8%) began their substance use between the ages of 18 and 30, and a tenth (10.3%) first began using substances when they were over 30 (see Figure 3.5).



Three fourths (75.0%) of clients in the study population reported having a family member who abused alcohol or drugs, with only one fourth (25.0%) reporting no family history of substance abuse (see Table 3.9). Clients most commonly identified other relatives (54.9%), parents (47.1%), and siblings (43.1%) as those family members who were substance abusers. Only a few (2.0%) clients reported that their significant other abused substances (see Table 3.9).

“I went back to school and got my high school diploma ... And I’m presently attending Southwest Community College for drug and alcohol abuse counseling.”

~ 37-year-old African American female

“... Even my worst days today [are] better than my best day ever was out there when I was drinking and doing drugs.”

~ 51-year-old White male

Table 3.9: Substance Abuse History

Has Family Member Who Abuses Alcohol or Drugs	Percentage of Clients (n=68)
Yes	75.0
No	25.0
Family Member Who Abused Alcohol or Drugs (n=51)	
Parent	47.1 (24)
Spouse	0.0 (0)
Significant other	2.0 (1)
Sibling	43.1 (22)
Other relative	54.9 (28)

Synergy clients reported using substances many years prior to their admission into treatment. On average, clients reported using alcohol for over a decade and a half (15.87 years) and drinking alcohol to intoxication for close to the same length of time (14.27 years) (see Table 3.10). In addition, almost half of clients reported using more than one substance a day on average for over 11 years, indicating chronicity of polydrug use. Clients reported an average of 13.70 years of marijuana use and 8.88 years of crack/cocaine use. The average length of use was over five years for a number of other substances, including opiates/analgesics (6.52 years), sedatives/hypnotics/tranquilizers (6.12 years), hallucinogens (5.64 years), and amphetamine/methamphetamine (5.14 years). Other substances reported included heroin (4.44 years), barbiturates (3.50 years), inhalants (2.89 years) and methadone (1.75 years). (See Table 3.10).

Table 3.10: Average Years of Client Substance Use Before Admission

Substance	Average Years of Use
Any alcohol use in lifetime	15.87
Used alcohol to intoxication in lifetime	14.27
Marijuana	13.70
Used more than one substance per day in lifetime	11.78
Crack / cocaine	8.88
Opiates / analgesics	6.52
Sedatives / hypnotics / tranquilizers	6.12
Hallucinogens	5.64
Amphetamine / methamphetamine	5.14
Heroin	4.44
Barbiturates	3.50
Inhalants	2.89
Methadone	1.75

“They helped me to be strong enough and responsible enough to start to stand on my own. I [came] in here crawling ... I [came] in here lost.



I [came] in here helpless and hopeless. I came in here with no self-respect.

No self-esteem. My dignity was gone. [Synergy] helped me to regain all this.”

~ 51-year-old White male

Treatment Outcomes and Performance Indicators

Treatment significantly reduced levels of substance abuse, as indicated by an overall abstinence rate of 70.6% at the 18-month follow-up (see Figure 3.6). Less than a third (29.4%) of clients had relapsed. In order to be considered “abstinent” for the purposes of the evaluation, a client had to respond negatively to all follow-up questions about alcohol and drugs, such as whether in the past 30 days they had spent money on substances or were troubled by their abuse of substances.

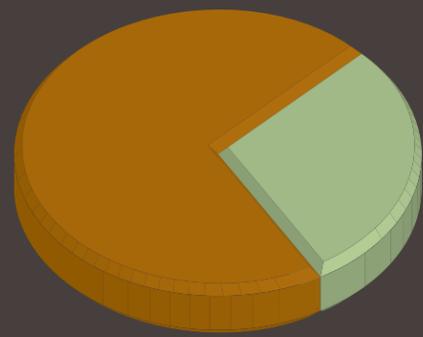


Figure 3.6: Abstinence and Recidivism at 18-month Follow-up

■ Abstinence (70.6%)
 ■ Recidivism (29.4%)

The three most commonly abused substances at admission were crack/cocaine (42.6%), marijuana (41.2%), and alcohol (36.8%). Abuse of these substances fell dramatically at the 18-month follow-up, with crack/cocaine and marijuana both reported by only 2.9% and alcohol by 8.8% (see Table 3.11).

Sedatives/hypnotics/tranquilizers were used by 19.1% of clients at admission but were not reported at the 18-month follow-up. Opiates/analgesics were used by 7.4% of clients at admission but decreased to 1.5% at follow-up. Amphetamine/methamphetamine use also dropped from 5.9% of clients at admission to 1.5% following treatment. Use of several substances, including heroin, methadone, and hallucinogens, had been reported by 1.5% of clients at admission but not at follow-up (see Table 3.11).

“The best thing Synergy taught me was accepting things just as they are. It’s life on life’s terms. I learned to humble myself . . . I learned a lot about myself here and to respect people.”
 ~ 35-year-old White male

Table 3.11: Substance(s) Abused by Clients

Substance	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
Crack / Cocaine	42.6	2.9
Marijuana	41.2	2.9
Alcohol	36.8	8.8
Sedatives / Hypnotics / Tranquilizers	19.1	0.0
Opiates / Analgesics	7.4	1.5
Amphetamine / Methamphetamine	5.9	1.5
Heroin	1.5	0.0
Methadone	1.5	0.0
Hallucinogens	1.5	0.0

Almost half of clients who reported polydrug abuse used a combination of alcohol, crack/cocaine, and marijuana. Intravenous drug use, reported by a fifth (20.6%) of clients at admission, was not reported at follow-up (see Figure 3.7).

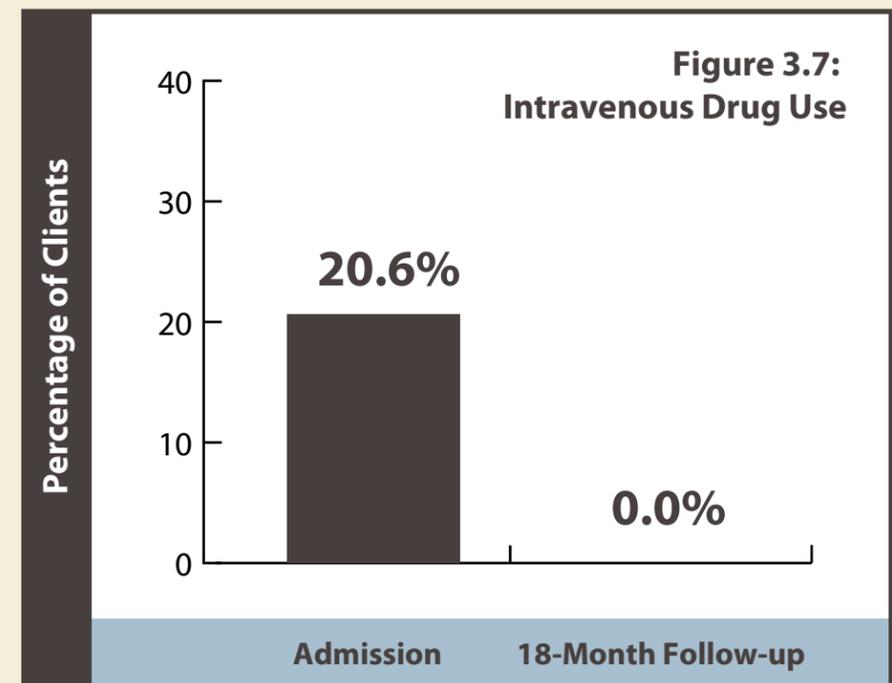
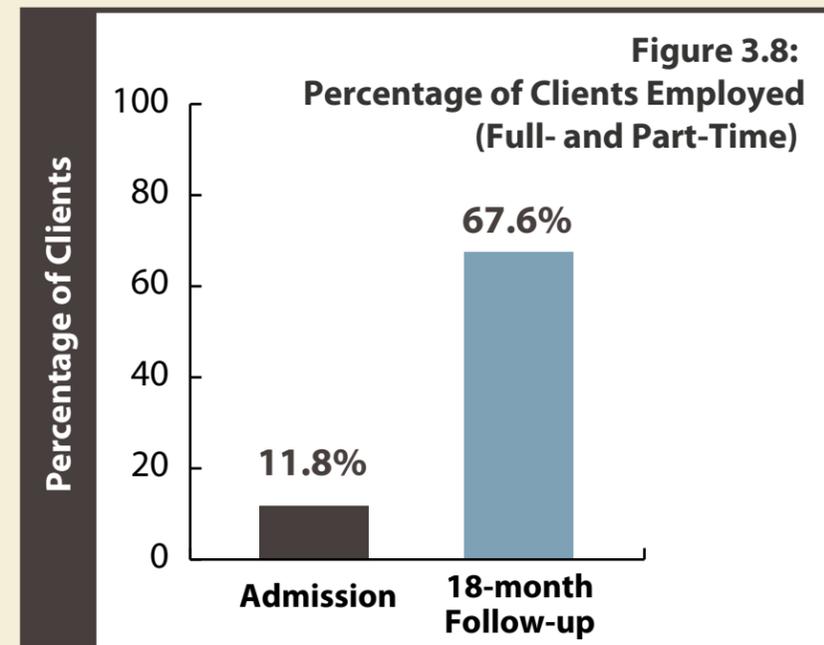


Figure 3.7: Intravenous Drug Use

The frequency of substance abuse decreased significantly following treatment. A large majority (89.7%) of clients reported no use of substances in the past 30 days at the 18-month follow-up, up from 36.8% at admission. While 27.9% of clients abused substances 21 to 30 days in the past 30 days at admission, only 2.9% did so at follow-up. Use of substances declined across all frequency increments from admission to follow-up, including 1-5 days (from 17.6% to 5.9%), 6-10 days (from 8.8% to 1.5%) and 11-20 days (from 8.8% to 0.0%) (see Table 3.12).

Table 3.12: Frequency of Alcohol and/or Drug Abuse

Frequency of Alcohol/Drug Abuse in Past 30 Days	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
No use	36.8	89.7
1 to 5 days	17.6	5.9
6 to 10 days	8.8	1.5
11 to 20 days	8.8	0.0
21 to 30 days	27.9	2.9

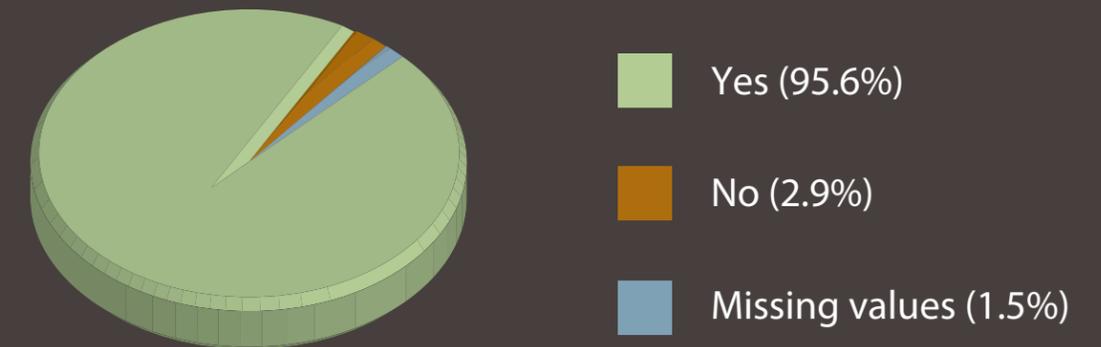


Quality of Life Measures at Admission and 18-Month Follow-up

Employment

Clients' employment status was impacted positively by treatment. The percentage of clients who were employed (both full- and part-time) increased from only 11.8% at admission to 67.6% at follow-up (see Figure 3.8). Interestingly, nearly all (95.6%) clients reported performing better at school or work 18 months after intake to treatment than they did prior to admission (see Figure 3.9).

Figure 3.9: Better Performance at School or Work at the 18-Month Follow-up



Clients' income levels also increased with treatment. The percentage of clients who had annual earnings below \$10,000 decreased from 83.8% at intake to 52.9% at the 18-month follow-up. The proportion of clients whose annual income was between \$10,001 and \$25,000 more than quadrupled (from 8.8% to 35.3%) in the same period, and those with incomes greater than \$25,000 increased from 7.9% to 11.8% (see Table 3.13).

Table 3.13: Income Levels

Income Levels	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
Below \$10,000	83.3	52.9
\$10,000 - 25,000	8.8	35.3
\$25,001 and above	7.9	11.8

Of those clients who were employed, 37.0% completed all of treatment, slightly lower than the 40.9% of unemployed clients who also completed treatment. However, the same proportion (37.0%) of clients who were employed completed less than half of treatment, compared to 45.5% of clients who were unemployed (see Table 3.14).



Moesha is a 37-year-old African American female with four children. She is a recovering crack addict.

Moesha grew up in Memphis. When she was young, her father was "not in the home," leaving her mother to tend to seven children by herself. Her mother worked full-time, and Moesha was "basically raised" by her older sister and brother. She describes the atmosphere of her home as "unstable" and does not remember love being expressed to her. She was repeatedly molested by a relative from the ages of four to twelve. As a result of her molestation, she grew up mistrustful of others.

"I think I was lost way back when I was molested. That took basically everything."

There is a history of substance abuse in Moesha's family. Her grandfather died of alcohol-related cirrhosis of the liver, and some of her siblings are current or recovering users. In hindsight, she believes her cousin's house, where she spent a lot of time growing up, was a "crack house." It was in this atmosphere that Moesha first tried crack at the age of 12. She became pregnant and dropped out of school when she was 17. She did not use crack again until she was 18 but used other substances during her teen years including pills, alcohol ("to escape"), marijuana, and powder cocaine. Eventually, her crack habit grew to everyday, all day use. Moesha says she "was not living."

"I wouldn't say I was functioning . . . I was not living . . . It's not life . . . I don't need to go to work . . . I don't need a job. I just need another hit. It wasn't functioning. No kind of functioning."

Moesha lost custody of all three of the children she had at that time. During her addiction, she was beaten, raped, and almost murdered. She participated in shoplifting, prostitution, and theft. She was incarcerated about 40 times.

About five years before coming to Synergy, Moesha went through a 31-day treatment program and relapsed a week later. She heard about Synergy when she was at another short-term recovery center.

Moesha says the sexual abuse class was "the beginning of my recovery."

Today, Moesha's life has completely turned around. She has returned to school and gotten her high school diploma, has had a job since she left treatment, and is currently attending school to learn medical billing and coding. She has regained custody of one of her sons, adopted another one of her own sons, and has a daughter born after her recovery began. In addition to her own children, she also cares for two of her sister's children and her mother, who has a history of strokes. They all live in a three-bedroom townhouse. Moesha has been clean for 11 years, and she loves her life now:

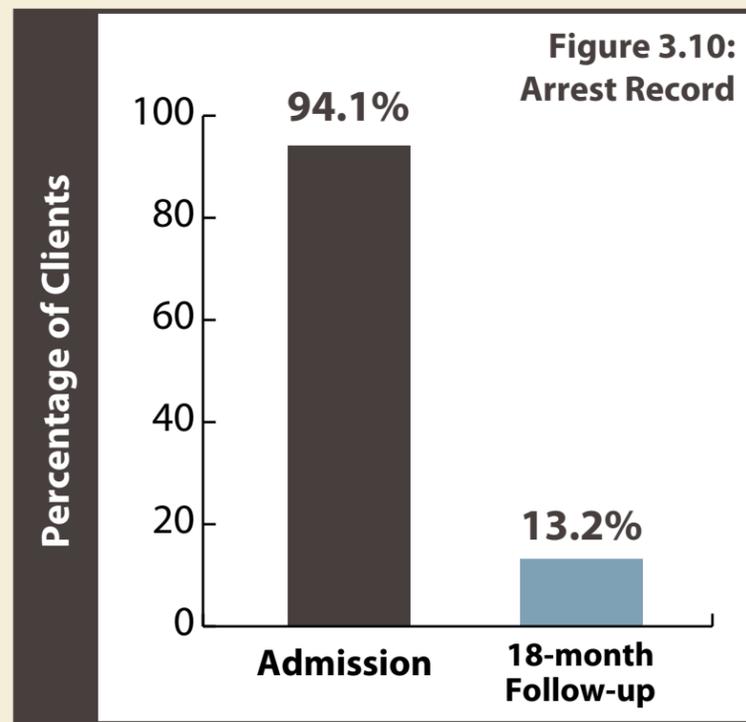
"But my life is so much better now. . . . And I'm actually coming to the concept of seeing how this is, how it's supposed to be. . . . So I love my life today. I love who I am today. Can't nobody take that. I love me."

Table 3.14 Employment by Level of Treatment Completion

Level of Treatment Completion	Percentage of Clients	
	Employed (n=46)	Unemployed (n=22)
Completed treatment	37.0	40.9
More than half	13.0	4.5
Half of treatment	13.0	9.1
Less than half	37.0	45.5

Arrest Record

Clients' arrest records were significantly impacted by treatment. While most clients (94.1%) had an arrest record at admission, only 13.2% had been arrested in the past 30 days at the 18-month follow-up (see Figure 3.10).



The most common reason for arrest, reported by 57.4% of clients at admission, was a drug charge; however, no clients reported a drug charge at the 18-month follow-up. Close to half (47.1% for each) of clients were charged with a parole/probation violation or a major driving violation at admission; by the 18-month follow-up, the percentage of clients reporting a parole/probation violation had fallen to 5.9%, and no clients reported a major driving violation (see Table 3.15).

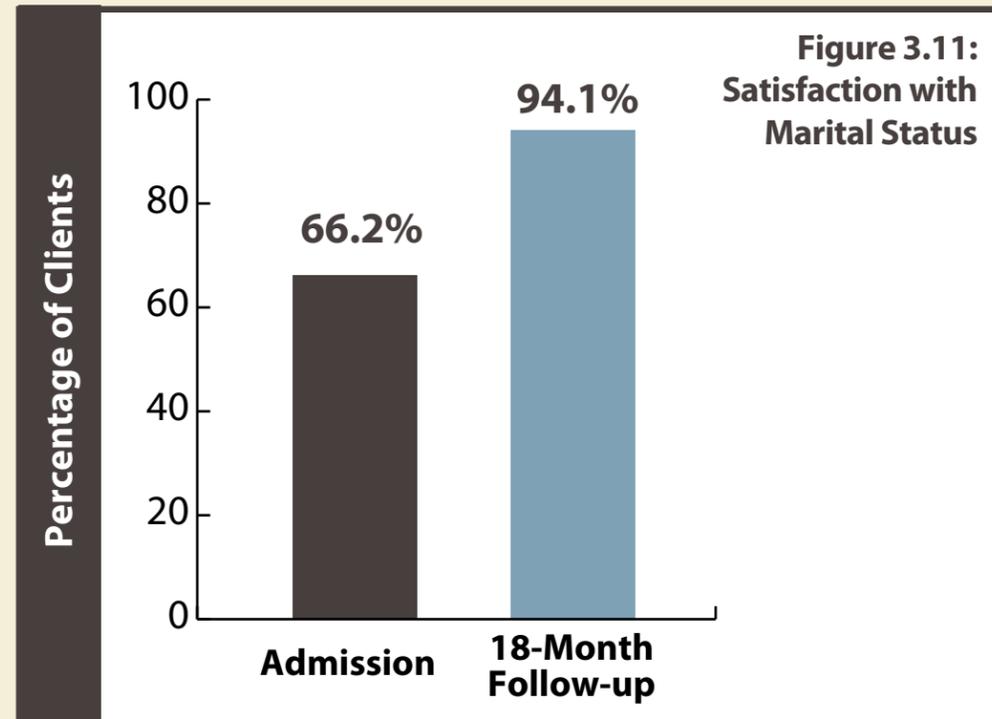
Several other reasons for arrest reported by at least a fifth of clients at admission were not reported at the 18-month follow-up: driving under the influence (44.1%), disorderly conduct/vagrancy/public intoxication (36.8%), forgery (26.5%), assault (26.5%), shoplifting/vandalism (25.0%), and contempt of court (23.5%). Burglary/larceny and other offenses were reported by approximately a fourth of clients (25.0% and 23.5%, respectively) at admission, but by only a small percentage of clients (1.5% each) at follow-up. Offenses reported by a tenth or less of clients also were not present at follow up, including weapons offense (10.3%), and robbery (2.9%) (see Table 3.15).

Table 3.15: Reasons for Arrest

Reason for Arrest	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
Drug charge	57.4	0.0
Parole/probation violation	47.1	5.9
Major driving violation	47.1	0.0
Driving under the influence	44.1	0.0
Disorderly conduct/vagrancy/public intoxication	36.8	0.0
Forgery	26.5	0.0
Assault	26.5	0.0
Shoplifting/vandalism	25.0	0.0
Burglary/larceny	25.0	1.5
Contempt of court	23.5	0.0
Other	23.5	1.5
Weapons offense	10.3	0.0
Robbery	2.9	0.0

Marital Status

Clients' satisfaction with their marital status saw much improvement following treatment. The percentage of clients who reported being satisfied jumped from 66.2% at admission to 94.1% at the 18-month follow-up (see Figure 3.11).



Living Arrangement

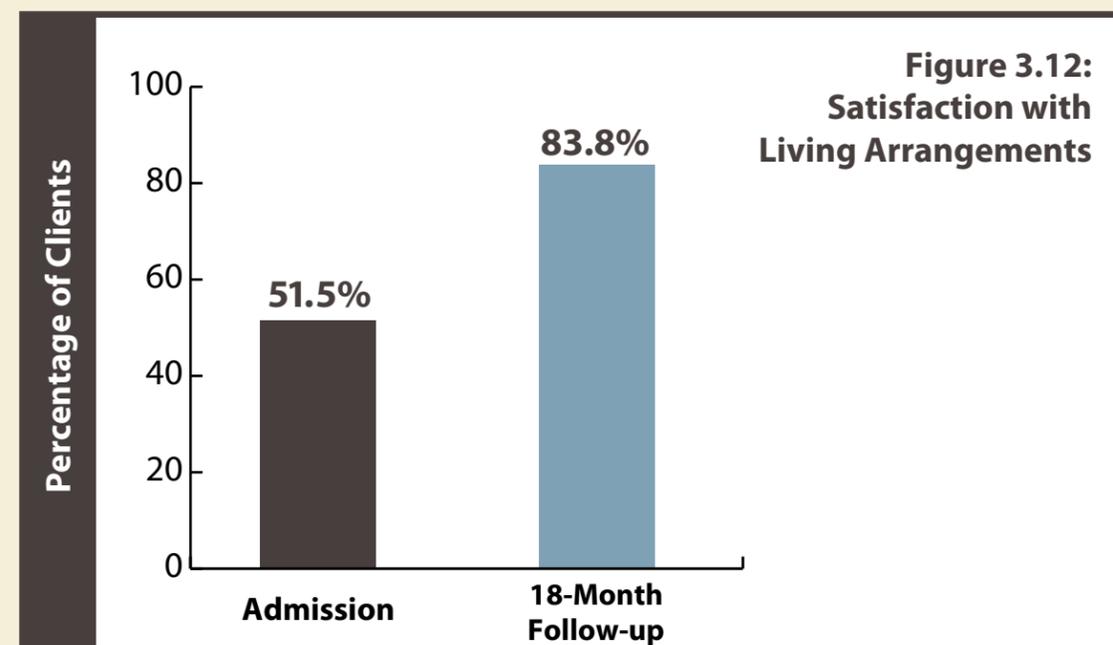
The largest changes in clients' living arrangement at the 18-month follow-up were increases in the percentage of those living with parents (from 8.8% at admission to 20.6% at follow-up) and in a controlled environment (from 7.4% at admission to 20.6% at follow-up). There were more modest increases in clients living with their sexual partner alone (from 10.3% to 14.7%) and living alone (from 13.2% to 16.2%) (see Table 3.16).

While the biggest decrease was seen in the percentage of clients living with their partner and children (from 22.1% to 10.3%), the most notable change was the percentage of clients reporting having no stable living arrangement. Whereas close to a tenth (8.8%) of clients at admission had no stable living arrangement, this percentage dropped to 0.0% at follow-up. There were also decreases in the percentage of clients living with family (from 16.2% to 11.8%), with friends (from 8.8% to 2.9%), and with children alone (from 4.4% to 1.5%) (see Table 3.16).

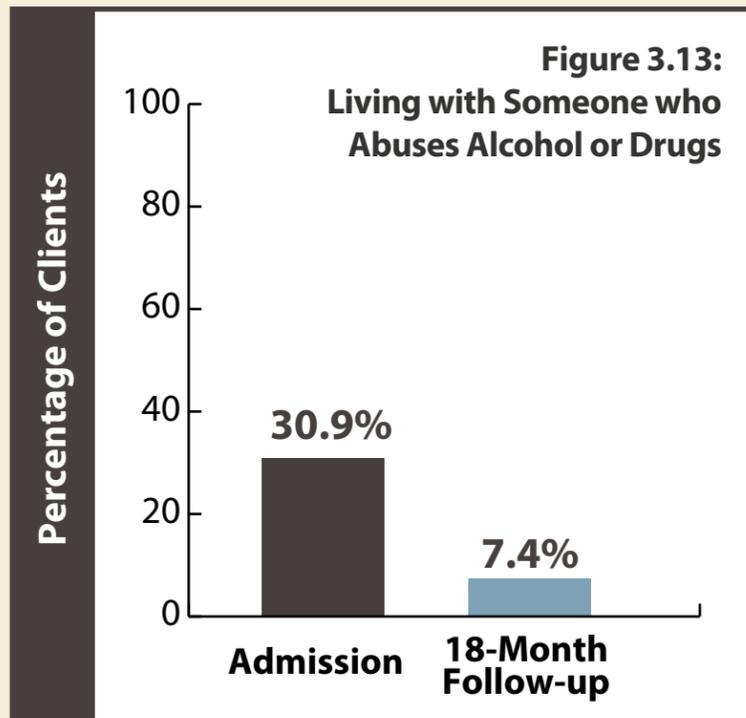
Table 3.16: Living Arrangement

Living Arrangement	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
With partner and children	22.1	10.3
With family	16.2	11.8
Alone	13.2	16.2
With partner alone	10.3	14.7
With parents	8.8	20.6
With friends	8.8	2.9
No stable arrangement	8.8	0.0
Controlled environment	7.4	20.6
With children alone	4.4	1.5
Missing	0.0	1.5

Coinciding with clients' change in living conditions, satisfaction with living arrangements also improved from admission to follow-up, jumping from 51.5% to 83.8% (see Figure 3.12).



The percentage of clients who lived with someone who abused alcohol or drugs—a significant indicator of clients’ well-being and likelihood of maintaining abstinence in the future—significantly decreased between the time of admission and the 18-month follow-up. Although 30.9% of clients lived with a substance abuser prior to treatment, at the 18-month follow-up only 7.4% of clients reported doing so (see Figure 3.13).



Mental Health and Relationships

Clients reported an overall improvement in their mental health. While slightly more than a fourth (26.5%) of clients at admission reported having been treated in a hospital in the past 30 days for emotional problems, no clients (0.0%) did so at the 18-month follow-up. More than a third (35.3%) of clients at admission said they had been treated as an outpatient or private patient in the past 30 days for emotional problems; this percentage decreased dramatically to 5.9% at the 18-month follow-up (see Table 3.17).

Table 3.17: Mental Health Treatment in the Past 30 Days

Treated for emotional problems	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
In a hospital	26.5	0.0
As outpatient/private patient	35.6	5.9

A much lower percentage of clients reported experiencing interpersonal conflict at follow-up than had at admission. More than two thirds (70.6%) of clients at admission reported that they had been troubled or bothered by family conflicts in the last 30 days; this percentage fell to 4.4% at the 18-month follow-up. Whereas a third (33.8%) of clients reported having been emotionally abused by others at admission, only 2.9% did so at follow-up. And while only 5.9% of clients reported experiencing serious problems with anyone at follow-up, this percentage had been 58.8% at admission (see Table 3.18).

Table 3.18: Interpersonal Conflict in the Past 30 days

Troubled or Bothered by Family Conflicts	Percentage of Clients (n=68)	
	Admission	18-Month Follow-up
Yes	70.6	4.4
No	29.4	95.6
Emotionally Abused by Others		
Yes	33.8	2.9
No	64.7	97.1
Missing	1.5	0.0
Serious Problems with Anyone		
Yes	58.8	5.9
No	41.2	94.1



“...it is a structured program and really, that’s what addicts need ...

We haven’t had stability in our life.” ~ 51-year-old African American female



Rondell is a 49-year-old African American male. He is single and has two children. He is a recovering crack addict.

"Out of all the things in high school when they used to show homeless people or drug addicts and everything, that wasn't nothing I wanted to be. That wasn't nothing I had sat down and said that I wanted to be."

Rondell grew up in rural Tennessee, outside of Jackson. His parents were "strict" with their six children, but Rondell describes his family as "very loving." He did not have much free time growing up and started working when he was 14. Although others told him that his father drank, Rondell never witnessed it in the home. His parents instructed the children to "act right [and] go to school," but they did not offer guidance concerning drug or alcohol use.

Rondell first used marijuana at the age of 16. He was offered it by a cousin, "the bad boy in the family," and tried it out of curiosity. Through the years, Rondell also used speed, cocaine, and pills, but his substance of choice was crack. It took him about a year after first trying it to become addicted. Before treatment, he was using crack every day, several times a day. At one point, he came into \$11,000, which he spent in less than two months "smoking crack."

Rondell participated in shoplifting, forgery, burglary, and check fraud. He stole from friends to support his habit and sold crack. He was incarcerated twice.

He experienced painful loss. "I lost my job that I had had for 16 years. I think, basically, my

biggest loss was the respect that my dad had for me... I don't know, one time he told me, [he] said, 'Rondell, I thought you was above that.' And that kind of just hurt me, went all through me. [Long-time friends] didn't understand what I was going through... Today, [they] kind of treat me a little different."

Rondell began thinking about getting help when a woman told him she saw potential in him. In addition, he overheard a child refer to him as a junkie, an experience that "touched" him. Before coming to Synergy, he went through two short-term treatment programs; he was using within six hours after leaving one of them.

He credits working as one of the best things about his treatment experience.

"I think the most thing that helped me was the working part of this program, where you go out and work on the job, you know... And it gave me time to think, to really sit down and think and reflect on my life and which way it was going and what I wanted to do with it... Sitting out there thinking that day about me and my life and where I was going was the turning point."

Today Rondell has been clean for 10 years. He has maintained a full-time job for 10 years and currently works part-time helping others combat drug and alcohol addiction.

Treatment Outcomes for Specific Groups

Male clients had a higher level of abstinence at the 18-month follow-up compared to females, 73.9% to 63.6%, respectively. There was also a higher level of abstinence among African Americans (87.0%) compared to White clients (62.8%) (see Table 3.19). Almost the same levels of abstinence were reported at 18 months among clients who had been court-ordered to treatment (70.3%) and among those who had not been (71.0%). Those clients who had been arrested since treatment reported abstinence rates of 55.6%, lower than the 72.9% reported by clients who had not been rearrested. Abstinence rates for clients who were not on probation or parole (72.3%) were slightly more than the rates for those who were on probation or parole (66.7%) (see Table 3.20).

Gender		Percentage of Clients (n=68)
Male	(n=46)	73.9
Female	(n=32)	63.6
Ethnicity		
African American	(n=23)	87.0
White	(n=43)	62.8

Court Order		Percentage
Yes	(n=37)	70.3
No	(n=31)	71.0
Arrested since treatment		
Yes	(n=9)	55.6
No	(n=59)	72.9
On Probation or Parole		
Yes	(n=21)	66.7
No	(n=47)	72.3

Males had higher treatment completion rates than females. Almost half (47.8%) of males completed treatment, compared to less than a fifth (18.2%) of females. An additional 13.0% of males completed more than half of treatment, more than double the 4.5% of females who did so. Under a third (28.3%) of males completed less than half of treatment, as opposed to 63.6% of females (see Table 3.21).

A moderately higher percentage of Whites both completed treatment and completed less than half of treatment relative to African Americans. About two fifths of Whites completed treatment (39.5%) and completed less than half of treatment (41.9%), compared to 34.8% African Americans completing treatment and another 34.8% completing less than half of treatment (see Table 3.21).

Gender	Percentage of Clients	
	Male (n=46)	Female (n=32)
Completed treatment	47.8	18.2
More than half	13.0	4.5
Half of treatment	10.9	13.6
Less than half	28.3	63.6
Ethnicity		
	White (n=43)	African American (n=23)
Completed treatment	39.5	34.8
More than half	7.0	17.4
Half of treatment	11.6	13.0
Less than half	41.9	34.8

Clients who were court-ordered into treatment completed treatment at substantially higher rates than those who were not, 48.6% vs. 25.8%, respectively (see Table 3.22). Similar percentages completed more than half of treatment (10.8% for court-ordered clients and 9.7% for other clients); however, the percentage of clients completing less than half of treatment was noticeably higher for those clients who were not court-ordered (45.2%) than those who were (35.1%). Being on probation or parole also appeared to affect treatment completion, although not as dramatically. Close to half (47.6%) of clients on probation or parole completed treatment, as opposed to 34.0% of those who were not. Two fifths (40.4%) of clients not on probation or parole completed less than half of treatment, whereas of those on probation/parole 38.1% completed less than half (see Table 3.22).

Table 3.22: Levels of Treatment Completion by Reason for Admittance at 18-month Follow-up

Level of Treatment Completion	Percentage of Clients	
	Court-Ordered (n=37)	Not Court-Ordered (n=31)
Completed	48.6	25.8
More than half	10.8	9.7
Half of treatment	5.4	19.4
Less than half	35.1	45.2
	On Probation/Parole (n=21)	Not on Probation/Parole (n=47)
Completed	47.6	34.0
More than half	9.5	10.6
Half of treatment	4.8	14.9
Less than half	38.1	40.4

Spirituality

As mentioned in the description of Synergy’s program, spirituality is an important aspect of the organization’s philosophy. Very large majorities of clients said that spirituality was an important aspect in their lives (95.6%) and that it played an important role in their recovery (97.1%) (see Table 3.23).

Table 3.23: Clients’ Perception of Spirituality at 18-month Follow-up

Spirituality	Percentage of Clients (n=68)
An important aspect of client’s life	95.6
An important role in client’s recovery	97.1

A graduate who spent nine months in jail prior to being court-ordered into treatment attributes his success, in part, to spiritual healing. “I always believed in God, but Synergy has allowed me to enrich and deepen my spirituality. My new life consists of joy, peace of mind, and freedom.”

Clients’ Overall Perception of Treatment

Most clients (86.8%) considered their treatment to have been “very helpful,” and a little more than a tenth (11.8%) thought their treatment was “somewhat helpful.” No client reported that their treatment was “not helpful” (see Figure 3.14).



“[The aspect of Synergy] that helped me the most [was] seeing somebody sober and looking good and doing good that had been just as low on the earth [as I had been]...but they worked the program and worked the steps ...and they’re successful in their sobriety.”



~ 32-year-old African American female

Impact of Treatment on Families

In addition to the multiple ways in which substance abuse treatment benefits clients, treatment also improves clients' family, social, and community environments. Substance abusers typically experience mental and physical health problems as well as difficulties with steady employment. Naturally, when a parent or head of the household is struggling with a substance abuse problem and its associated consequences, the entire family suffers.

According to the National Center on Addiction and Substance Abuse (NCASA)¹ at Columbia University, half of all children (35.6 million) in America live in a household where a parent or other person drinks heavily and uses illicit drugs. Substance abuse within the household affects children in a number of ways, often resulting in adverse behavioral, medical, emotional, and educational consequences. Minor children, who are dependent upon their parents to provide for them financially, are particularly vulnerable. If a parent loses a job or wastes money satisfying an addiction, the family could potentially lose

their home or not have enough for basic necessities such as food and clothing.

Additionally, when a parent is devoting much of his/her time to securing and taking drugs, the child's emotional needs may be neglected. Children who do not receive the needed support and attention from their parents may turn to other, more negative influences as a means of coping, and research has shown that they are at greatly increased risk of becoming substance abusers themselves, thus perpetuating the cycle of intergenerational addicts.²

To combat the negative impacts of substance abuse on the family, Synergy works to prepare parents to become responsible heads of households, restoring stability to families that have been overrun by the chaos of addiction behavior. Of the 34 clients in Synergy's outcomes evaluation study who were parents of minor children, 76.5% reported being abstinent at the 18-month follow-up. Most (97.1%) of these clients reported no drug use within the past 30 days at follow-up as well.

While 94.1% of these clients were unemployed at admission, the 18-month follow-up revealed that 58.8% had found work. Also, at this follow-up an even higher majority (97.1%) reported that their performance at school or work had improved.

Following treatment, more Synergy clients were satisfied with their living arrangement (83.8%), up from a little more than half (51.5%) at admission. None of these clients reported living with someone who abused alcohol or drugs at 18-month follow-up, down from 23.5% at admission. As further evidence that clients were returning to much improved family situations, clients reported fewer problems with relationships following treatment. While at admission a majority (73.5%) of clients reported troubles with family conflicts, this percentage fell to only 2.9% at 18 months. Additionally, only 5.9% clients reported that they had been emotionally abused by others in the past 30 days at the 18-month follow-up, compared with about a third (32.4%) at admission. Arrest rates also improved. Upon admission,

every Synergy client who had custody of minor children reported having been arrested within the previous 30 days; 20.6% had been arrested at 18 months.

Clearly, after completing treatment at Synergy, clients were prepared to return to their families and experience improved lives, helping to break the cycle of addiction. They were better equipped to hold down a job, provide income for their families, and maintain a steadier, more peaceful family environment. Even those clients who did not currently have children but who expected to start families in the future were now better prepared to provide a much different life for their children by living a productive, alcohol and drug-free life. By investing in the lives of parents and providing rehabilitative services, Synergy offers the promise of a brighter tomorrow, not just for clients but for children and family members whose lives have also been torn apart by addiction.

¹ National Center on Addiction and Substance Abuse at Columbia University (NCASA). (2005). Family Matters: Substance Abuse and The American Family. A CASA White Paper. Retrieved May 18, 2007, from http://www.casacolumbia.org/Absolutenm/articlefiles/380-family_matters_report.pdf

² Children of Alcoholics Foundation. (n.d.) Effects of Parental Substance Abuse on Children and Families. Retrieved May 18, 2007, from <http://www.coaf.org/professionals/effects%20.htm>



4 Conclusion

What began as the dream of a few individuals to help those battling substance abuse and addiction has become a reality. Synergy Treatment Centers is now home to 74 of the 476 licensed treatment beds in Memphis, out of which only 147 are designated for long-term (9-12 months) residential treatment. In the 20 years since its inception, Synergy has grown to include three businesses owned and operated by the center, has established partnerships with community organizations, and has provided a host of services for clients, with the help of substantial financial support from public and private sources. Synergy's greatest success, however, is found not in the awards and accomplishments the agency has achieved but rather in the greatly improved post-treatment lives of its clients.

Those who arrive at Synergy in need of help typically have a long history of multiple drug and alcohol abuse, with over a decade of their lives lost by chronic polydrug abuse. A large majority of clients were younger than 17 years old when they first began abusing substances. Over a third of clients reported abusing hard drugs such as crack/cocaine, heroin, and methamphetamine, along with the nearly two fifths of clients who reported abusing alcohol and marijuana.

Each client could tell a unique story of the destructive path that ultimately led them to Synergy, but many common themes emerge across these narratives, regardless of ethnicity, gender, or age. All clients expressed a profound sense of loss, recognizing that their addiction had cost them relationships, self-respect, the trust of others, jobs, money, stability, and even freedom, as many clients had been incarcerated. Clients told of histories filled with abuse, violence, and crime. Clients arrived at Synergy suffering not just the physical effects of their substance abuse but also the emotional, psychological, and spiritual consequences of broken lives.

Synergy recognizes the wide-ranging needs of their clients and understands that treatment must be aimed at rehabilitating the whole client, focusing not just on the substance abuse problem but on the underlying causes and issues as well. After clients are admitted into Synergy's program and enter the Intensive Treatment Phase, they receive emotional and spiritual rehabilitation through counseling sessions, support groups, and exploration of thoughts and feelings. This comprehensive approach to treatment enables true healing as clients critically examine, often for the first time, the causes, consequences, and triggers of their addiction. Synergy's year-long treatment model provides the necessary time for clients to be adequately trained in how to prevent relapse and constructively embrace recovery.

This comprehensive approach to treatment enables true healing as clients critically examine the causes, consequences, and triggers of their addiction.



Evan is a 40-year-old divorced White male. He is recovering from a pill addiction.

Synergy's residential approach creates a home-like environment for clients throughout their 1-year stay and often even following graduation. They are constantly surrounded by a supportive community of staff members and peers who encourage and assist them in their recovery. This therapeutic community model, an evidence-based practice, offers stability and structure for clients whose lives have become chaotic and unpredictable. As clients near the completion of their treatment, they take on greater personal responsibility as they prepare to reintegrate into society.

The Therapeutic Work Phase of Synergy's program is highly effective in preparing clients to return to life outside of Synergy. Through their work, clients are able to cultivate responsible habits and vocational skills, improving their chances of securing and maintaining employment following treatment. Additionally, work helps improve clients' self-esteem and self-image, a critical element of rehabilitation since addiction often destroys an individual's feelings of self-worth. Throughout their year in Synergy's supportive, stable environment, clients begin to restore their own lives, returning to their families and society as more productive, responsible citizens and, ultimately, reclaiming lives that had been wrecked by addiction.

The effectiveness of this approach is evident in the evaluation outcomes reported by Synergy's clients after completing treatment. Over 70% of clients had maintained abstinence at the 18-month follow-up. They also indicated higher employment levels, better performance at work and school, dramatically decreased involvement with the criminal justice system and domestic violence, fewer emotional and mental health problems, and improved relationships and living conditions, among other positive outcomes.



"It saved my life. I was just a slave ... to the addiction."

~ 41-year-old White male

Evan is the oldest of four boys and was raised in a rural area near Nashville. He attended three church services a week until he was grown. Evan also played high school basketball and took academic courses in preparation for college.

Although he says his parents were "loving and caring" and "highly protective," the atmosphere in his home was unpredictable. His mother suffered from "deep depression," and she "pretty well dictated how the day would be . . . according to what mood she was in." Growing up, Evan witnessed her "fits" and "tantrums," and once saw her "go after" his father with a butcher knife." Evan learned to escape by retreating into an inner fantasy world.

Although neither of his parents drank or used drugs, his maternal grandfather was a "severe alcoholic" who had supported his family by making moonshine. As a result, Evan's mother "detested alcohol of any kind" and warned him about it. Evan's first experience with alcohol occurred when he was 13 and found an unopened bottle of whiskey by the side of the road. Curious, he opened it and drank the whole bottle. He did not touch alcohol again until he and some friends drank on a camping trip when he was 17.

In college, he went to drinking parties and began experimenting with marijuana, smoking it regularly for three years. By the time he was 29, he had stopped using marijuana, but he continued the alcohol, which had started "to get the better of me." By age 35, his nightly alcohol use left him "feeling so bad" in the mornings that he accepted a co-worker's offer of Loritabs to "alter" his state of mind. Before taking the pills, he knew there was a "possibility" of addiction but did not think it would happen to him. Within six months, he had stopped using alcohol altogether. His

use of pills increased and he "jumped from different opiate to opiate," until at age 38 he "was falling off the face of the earth."

Evan tried to stop using by himself on "multiple occasions," and once stopped for four months. He relapsed when he thought he could use again and keep it under control. His family staged an intervention, and he went to 30-day treatment but relapsed two weeks after leaving because he "did not have the time to be away from it," and "the mental obsessions were still there."

As a result of his addiction, Evan lost everything.

"I lost self-dignity, self-worth . . . I lost [a] sense of being . . . I lost my relationship with God . . . I had a very good job. Twenty years in the automotive business and financing and so forth. I earned, you know, over \$100,000 a year for the last several years. Had two homes . . . Material things, you know, the money that I earned is gone. The job, you know, is gone. The things that I had owned in title and deed are gone. Relationships. My wife is gone."

Evan began committing crimes, "praying that I would get caught." He participated in forgery and burglary and stole from friends and family to support his habit. He did a 9-month stint in jail and was sent to Synergy by the court system.

Evan has been sober for 14 months. He credits his desire for "a much happier life," his nine years of probation that are left, and the desire to do "what's right for society, the people who love me" for helping him to stay sober. He recommends Synergy to people because "there's such a small percentage of people that actually succeed in a 28 or 30 day program." He believes length of time in treatment is "more important than anything."

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DISCLAIMER: In the interest of privacy, the photos and names used in the various case studies are fictitious. The images of people are purchased stock images and are used to represent the clients' true stories. Any similarity of name or resemblance to actual Synergy clients is purely coincidence. Synergy maintains the highest level of confidentiality of all its former and current clients and abides by HIPPA laws and other federal and state regulations regarding alcohol and drug abuse clients.



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