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Rehabilitation for Addicted Patients: Erenköy BAHAR Model

Bağımlı Hastalar için Rehabilitasyon: Erenköy BAHAR Modeli

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Abstract

Rehabilitation is any action taken on an individual who has lost their physical or mental capabilities due to a disease or accident to recover their health or improve their capabilities in physical, mental, psychological, social and economic terms within their limitations. Rehabilitation application is divided into medical, social, occupational and psychiatric rehabilitation categories. Main purpose of rehabilitation application for addicted patients is the cessation of drug use in order to begin dealing with the psychological, legal, economic, social and physical damages done of the patients. The purpose of this study is to share several rehabilitation models applied on addicted patients of several countries, and to provide up-to-date knowledge on the development of rehabilitation models applied on addicted patients in our country with a relatively topical application example. In the practice of rehabilitation for addicted patients, we share the capacity and procedural operations, two years of research data and the experiences of what we believe is an important model for our country, the Erenköy Bağımlı Hastalar İçin Rehabilitasyon (BAHAR) Center's model, for their individualized and integrated approach in recovery. The Center's rehabilitation programs are cascaded into adaptation program, 0 to 3, 3 to 6, and 6 to 12 months long programs. In Erenköy BAHAR Center, patients' recoveries in medical and spiritual sense were observed; and positive developments in social standing, family relations and occupational and social roles were recorded. It is seen that this center's treatment methods for addiction are crucial for individual's general wellbeing and functionality recovery, thus giving rise to the thought of establishing similar centers in our country. In conclusion, rehabilitation for addicted patients in our country is an emerging field and it requires more effort.

Keywords: Addiction, recovery, model, rehabilitation

Öz

Rehabilitasyon, bir hastalık ya da kaza nedeniyle veya doğumsal olarak fiziksel ve ruhsal yetilerini yitirmiş olan bireyin eski sağlığını elde etmesini sağlamak ya da var olan yeteneklerini güçlendirmek ve geliştirmek, fiziksel, ruhsal, psikolojik, sosyal ve ekonomik anlamda en üst kapasiteye ulaşabilmesi amacıyla gerçekleştirilen tüm faaliyetlerdir. Rehabilitasyon uygulamaları, kendi içerisinde, tıbbi rehabilitasyon, sosyal rehabilitasyon, mesleki rehabilitasyon ve psikiyatrik rehabilitasyon gibi alt başlıklara ayrılmıştır. Bağımlı kişilerin rehabilitasyonunda ise genel amaç, bağımlılığın yol açtığı psikolojik, hukuki, mali, sosyal ve fiziksel sonuçlarla başa çıkabilmesi için kişinin mevcut madde kullanımını durdurmasını sağlamaktır. Bu çalışmada, bağımlılıkta rehabilitasyon modellerinin bazı ülke örnekleriyle birlikte paylaşılması, ülkemizdeki bağımlılıkta rehabilitasyon uygulamalarının gelişim süreci ve güncel bir uygulama örneğinin sunulması amaçlanmıştır. Ülkemizde bağımlı hastaların rehabilitasyonunda, bireyselleştirilmiş ve bütüncül bir tedavi sunması nedeniyle ülkemiz için önemli bir model olduğunu düşündüğümüz Erenköy Bağımlı Hastalar İçin Rehabilitasyon (BAHAR) Merkezi'nin kapsamı ve işleyişi ayrıntılı olarak tanıtılarak, merkezin iki yıllık izlem sonuçları ve deneyimleri paylaşılmıştır. Merkezin rehabilitasyon programları, kademelendirilmiş olup, uyum programı, 0-3 aylık program, 3-6 aylık program ve 6-12 aylık programdan oluşmaktadır. Erenköy BAHAR merkezinde takip edilen bağımlı kişilerin tıbbi ve ruhsal sağlık açısından iyileşmekte olduğu; sosyal, ailevi, mesleki ve toplumsal rollerde gelişim gösterdikleri gözlenmiştir. Bu merkezin bağımlılık tedavi seçenekleri arasında bireylerin iyilik hallerini sürdürmeleri ve işlevselliklerini kazanmaları açısından önemli olduğu görülmüş olup ülkemizde benzer merkezlerin yaygınlaştırılabileceği düşünülebilir. Sonuç olarak; ülkemizde bağımlılıkta rehabilitasyon alanı yeni gelişmekte olup daha fazla çalışmalara ihtiyaç vardır.

Anahtar sözcükler: Bağımlılık, iyileşme, model, rehabilitasyon

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ADDICTION is a term originating from Latin word *addictus,* meaning one to become enslaved, seeing the only way avoiding pain is to be enslaved to something (Tunaboylu 2008). In medical field, addiction is to have an unrestrainable desire to use drugs or similar stimuli and to develop a brain disorder by using stimuli periodically despite damaging mental, physical health or social standing (Uzbay 2015). The reason it is identified as a disorder is because of functional changes that happen on brain regarding rewarding, stress and self-control. These changes may remain for long periods after the individual stops taking stimuli (Goldstein and Volkow 2011). For this reason, in addiction treatment it is crucial to give consultation, pharmacological treatment and treatment for ongoing mental problems as well as rehabilitation (NIDA 2019).

Rehabilitation (Recovery) originates from Latin word *habil,* meaning "to enable" (Ateş 2018). The word "rehabilitate" is also the adaptation of the French word *réhabiliter* meaning "to vindicate an individual after distancing themselves from the society due to ungrateful acts or diseases" (etimolojiturkce 1969). On a general view, rehabilitation is any treatment given on an individual who has lost their physical or mental capabilities due to a disease or accident or by birth to recover their health or improve their capabilities in physical, mental, psychological, social and economic terms within their limitations (Reis 2015). These treatments include rehabilitating medical treatments, physical treatments, psychological support treatments, conversations and occupational treatments (WHO 2016). Rehabilitation treatments are categorized as such:

Medical rehabilitation; treatment done in order to recover and improve the patient's physical well-being (Karataşoğlu 2009). Services that aim to lessen or completely eradicate the disabilities of a patient and to improve and increase the physical capabilities of a patient for them to function in daily life (Metintaş 2006). Current understanding is that the medical rehabilitation should be considered on the early phases of medical treatment and should start when the patient's status allows it (WHO 1969).

Social rehabilitation; includes preparing the patient for family and social life, finishing their medical and emotional treatments and providing economical support which includes helping out with employment for self-sustainability and support (Karataşoğlu 2009). Social rehabilitation aims to lessen the economic and social burden that might affect the patient's entire rehabilitation procedure, and to reintegrate the patient back to society by improving their family, social and occupational functionalities (WHO 1969).

Occupational rehabilitation; includes occupational guidance, occupational education and individual employment efforts concerning the individual included in a disadvantaged group (WHO 1969). Occupational rehabilitation procedure includes preparing the individual in disadvantaged group for the working life, supporting them in their current occupation, aiding them in progression, and to provide new opportunities of employment for people unemployed due to health-related issues (Frank 2016). Different from other types of rehabilitation, occupational rehabilitation does not aim to recover the acute medical condition of an individual but to help them acquire employment in their current condition and support them during their employment (Ross 2007).

Psychiatric rehabilitation; is the collection of comprehensive, coordinated and long-lasting strategies employed to meet the psychological and social needs of patients showing resistance in treatment and dysfunctionalities. Psychological problems such as schizophrenia, schizoaffective disorders, bipolarity, recurrent major depressive disorders, chronic obsessive-compulsive disorders and addiction has a high risk of causing disabilities. These individuals with chronic and serious mental diseases may end up in more difficult situations due to tagging, inaccessibility to treatment and caring services, inability to satisfy the individual and social needs due to their disabilities (Abay and Çölgeçen 2018). Psychological rehabilitation begins when the patient first starts receiving medical aid and continues until they're fully integrated into society or in some cases, for longer periods (WHO 1969).

The purpose of rehabilitation for addiction is to prevent the patient from using stimuli during their psychological, legal, economic, social and physical recovery (Abay and Çölgeçen 2018). In addition, rehabilitation is also crucial for patients to sustain their recovered status. Due to addiction being a chronic disorder, it is not possible for patients to be recovered in a short amount of time. Many patients require long term and repeated care in order to cease abuse of stimuli and reorganize their lives (NIDA 2019). Rehabilitation, when applied properly, improves the quality of life of patient, their family and the society they belong (National Drug Strategy 2007).

This study aims to share several countries' methods of using rehabilitation treatments in addiction treatment, the development history of rehabilitation application in regards of addiction treatment in our country and provide a timely example of application. It is aimed to explain and exemplify the capacity and detailed workings of Erenköy Bağımlı Hastalar İçin Rehabilitasyon (BAHAR) Center, a model of rehabilitation treatment for adult addiction patients in ambulatory care which we believe is an important model to evaluate, as well as their experiences and monitoring data covering two years.

Rehabilitation models in addiction treatment

Intensive outpatient rehabilitation: This rehabilitation model plays a role in treatment of patients who have alcohol/drug addictions, do not require in-patient treatment, and require additional support in addition to their standard treatment procedural meeting that take place once a week. It is a good option to choose for patients that require a more intense care than outpatient but choose not to partake in in-patient treatment methods (McCarthy et al. 2014). Units focus treatment on patients that have accompanying psychological problems to their alcohol/drug addiction but do not require detoxification. This rehabilitation model requires at least three days of treatment per week and begins with pharmacologic treatment and the adaptation of patients into the treatment is observed closely. This allows the patient to preserve their contact with their family and community and allows them to organize their social lives (Forman and Nagy 2006).

Intensive outpatient rehabilitation models offer a less intensive treatment than in-patient models but more intensive treatment than standard outpatient treatment models. Compared to in-patient treatment model, intensive outpatient rehabilitation model offers

two advantages: a longer treatment and the ability for patients to keep in touch with their daily lives. This allows the individuals to put newly-acquired behaviors into practice (Guydish et al. 1999).

With this model it is possible to treat addicted patients more intensively and have group therapy sessions with their families and have psychoeducational sessions regarding alcohol and drug abuse and psychological disorders. Group therapies are the foundation of intensive outpatient rehabilitation programs (McCay et al. 1997, Schmitz et al. 1997). This model aims to teach patients how to control their addiction on an early stage, develop strategies on how to prevent addiction, offer psychological support and sustain their overall well-being (Forman and Nagy 2006).

Inpatient rehabilitation: This model is suitable for patients with alcohol/drug addictions in addition to psychosocial lacking and cannot sustain their well-being in their current environment with ambulatory treatment methods. Patients that require pharmacologic treatment but doesn't have acute symptoms may receive this method. It aims to offer psychiatric and other medical treatments, prevent shifting into stimuli dependency, improve their recovery capabilities and direct patients into environmental reorganization (Reif et al. 2014).

Inpatient rehabilitation models offer many options for treatment. Many programs exist, from monthly to yearly basis. 24-hour care and treatment centers offer shelter a wide socioeconomic range of people that suffer from mental disorders as well as addiction to homelessness. The "mother-child units" which allow addiction patient mothers to stay with their children and receive rehabilitation unique to female patients are also included in this category (SAMSHA 2004).

Recovery housing: This model offers a controlled, multi component service and a short-term shelter for alcohol/drug addiction and misuse patients (SAMSHA 2018). These centers accept patients that have completed their inpatient treatment or will go ambulatory treatment while being in remission and does not require intensive pharmacological treatment. Recovery houses are used in conjunction with peer consultation and 12 step programs. It is expected that the individuals will contribute to house duties, join the work force and contribute to the monthly rent of the place they're staying. Recovery houses aim to stabilize the patients' well-being, to develop their functionalities and set them goals to move on to a permanent living environment (Reif et al. 2014).

Recovery houses are usually placing where patients can retreat from alcohol/drug misuse and relative problems by providing them with a calm, secure and healthy environment with many functionalities (Jason et al. 2007).

International examples for addiction rehabilitation

If we look at methods used all around the world, we see rehabilitation treatment for addiction is common practice with varying methods used.

Italy divides addiction rehabilitation into medical and social rehabilitation. Public sector focused, it offers a complete treatment procedure and offers patients complete integration

into society. Social rehabilitation services are mostly done by private establishments and public addiction treatment centers often redirect and financially support people to these private establishments (EMCDDA 2019). Alcohol/drug addiction rehabilitation programs in Italy are separated into these categories: professional establishments (public and university institutions), establishments founded by recovered patients (Alcoholics Anonymous, Narcotics Anonymous etc.) and charity and religious programs (Therapeutic Communities) (Allamani 2008). Leading therapeutic community in Italy, San Patrignano, is the biggest European centric addiction rehabilitation group and offers free care for youth and earnings for people working for the program. San Patrignano aims to change behavioral patterns in individuals by not utilizing medicine but long-term and inpatient rehabilitation. People with special needs such as children, pregnant women and mothers also benefit San Patrignano. This community also offers peer support, family support, educational support and legal aid on top of medical, psychiatric and psychosocial aid. In addition, it teaches people how to accept responsibilities and belonging. It offers arts, sports and similar leisure time activities and has occupational education, shelter and employment among its services (Molina-Fernandez 2017). San Patrignano is also featured in 56 different sectors such as wine making, high grade furniture, woodworking, graphic design, cheese, and selective horse and dog breeding (Perrini 2006).

England, in terms of addictions, has shifted to "recovery first" rehabilitation methods since the government's policies in the 2000s. To expand the SMART Recovery organization, the government has funded National Treatment Agency for Substance Misuse, therefore state-funding recovery-based rehabilitation models (Recovery houses, Alcoholics Anonymous, Narcotics Anonymous and similar 12 step organizations and help groups) (Humphreys and Lembke 2014).

Some of rehabilitation programs are: 12 Step Programs, Therapeutic Communities, Christian/Community Homes. These types of rehabilitation programs ease the daily lives of individuals for big changes and offer help and support for long term recovery. Inpatient recovery in England is managed by several establishments. Some inpatient recovery rehabilitation programs offer direct detoxification while others accept patients on appeal, but only if they're in remission. Rehabilitation time ranges from short-term plans (a couple of weeks) to plans that cover over a year (Gossop et al. 2003).

United States had their first federal policy regarding "recovery" signed in 1998 named Recovering Community Support Program (RCSP). RSCP is built as an additional or alternative form of treatment to professional addiction and has aimed to empower people on their leadership capabilities, to include them in community effort about addiction and recovery, to reach higher standards of addiction treatment and to provide necessary support (Humphreys and Lembke 2014).

Institutions and foundations in America that are focused on addiction prevention, treatment and rehabilitate are divided into 5 main groups by the American Society of Addiction Medicine (ASAM), with additional subgroups. Therefore, every foundation's and institution's servicing capabilities have been identified (Table 1). This gradual service

module is considered to include intensive outpatient rehabilitation on level 2, and inpatient rehabilitation on level 3.

Preventive, Treating and Rehabilitating Institutions and Foundations (ASAM 2012) are shown in Table 1.

Table 1. Classification of preventive, therapeutic and rehabilitative institutions in the field of addiction (ASAM 2012)

Level 0.5	Early intervention
Level 1	Outpatient services
Level 2	Intensive outpatient/partial hospitalization services
2.1	Intensive outpatient
2.5	Partial hospitalization services
Level 3	Residential/inpatient services
3.1	Clinically managed low-intensity residential services
3.3	Clinically managed population-specific high-intensity residential services
3.5	Clinically managed high-intensity residential services
3.7	Medically monitored intensive inpatient services
Level 4	Medically managed intensive inpatient services

Intensive outpatient rehabilitation services offer aid on various needs of patients that have addictions accompanied by mental diseases. The treatments are usually morning treatments, and should the patient's condition demand it, short term inpatient treatments. Inpatient rehabilitation services, aside from addiction treatment, also provide treatment for mental and general medical problems, with 24-hour personnel on site, and with advanced and integrated services (ASAM 2012).

Russia first began working on rehabilitation for addicted patients in the 90's, and in 2014 Russian Federation has approved of the program "Fighting Against Illegal Narcotics Trade" which included rehabilitation programs for addict patients and support for reintegrating them to the social life (Kolupaev et al. 2014).

The patients receiving medical aid in an institution are prepared for future social rehabilitation. In social rehabilitation, employment agencies, non-governmental organizations and regional education institutions work in cooperation. If a patient successfully completes their rehabilitation procedures they're reintegrated into the community and the working force but, if at any part the patient struggles social services will provide aid (Kolupaev et al. 2014). After six months of rehabilitation and social adaptation, an ex-patient may also apply for consultant work at a rehabilitation facility. There also is a possible program for an ex-addiction patient to be employed as a blue-collar worker (Pishchulin et al. 2014).

Germany has officially recognized "addiction" as a "disease" in German Chancellory Court in 1968 and stated that its treatment is a "medical duty" and therefore should be covered by insurance. From 1978 onward, detoxification treatments are covered by health insurance meanwhile rehabilitation services that are in effect until the patient is on a condition to return to work force is covered by 'Retirement systems' (Sieveking 2006).

Rehabilitation services for alcohol/drug addictions in Germany is done by multiple professional foundations with varying approaches (EMCDDA 2008). Due to variety and abundance of foundations, many disadvantages (bureaucratic barriers, lack of cooperation etc.) many projects and works were done in order to aid foundations (Karataşoğlu 2013).

One example of rehabilitation services stands out - Parceval. It is a non-governmental organization working under German Ministry of Family and Youth's Youth Office, serving young people between ages 14 and 21. The organization works with children whose parent's addiction patients, who have been abused and neglected, involved in crime, dismissed from school or kicked out of households to live on the streets. Parceval is led by a social work expert and focuses on group therapies. The organization serves both outpatients and inpatients, and therapy services go for an average of three years. Services provided are split into four categories: Group or individual therapies, work with family or other caregivers, educational services and theater, psychodrama, arts, sports, etc. leisure activities (Çiftçi and Uluocak 2010).

Parceval's services are built on two foundations. First of which is work therapies, and its purpose is to let the youth engage in variety of tasks, making them use their physical strengths. Gardening, household chores, cooking etc. drive the youth out of the idea of using addictive materials and teach them ideas such as responsibility, cooperation, discipline, social interactions and following rules. Second foundation is group therapies which happen twice in a week. The goal of these therapies is to develop young people's skills related to confronting the consequences of their behavior, obeying rules and taking responsibilities (Çiftçi and Uluocak 2010).

When the models included in this study are examined, Erenköy BAHAR Center is similar to the intensive ambulatory rehabilitation model in terms of operation. Biggest difference of Erenköy BAHAR Center being that it is establishing the individual psychotherapy model's foundations instead of group psychotherapies. In addition, this model can also be recognized for having every activity and target set on an individual basis. American Society of Addiction Medicine classification puts Erenköy BAHAR Center on level 2.

Addiction treatment and rehabilitation practice in Turkey

Turkey features services dealing with addiction treatment both on public and private sectors. If we look at the development of public sector treatment centers, we can see first addiction treatment center established in 1980, at Bakırköy Mental Health and Neurology Treatment Hospital by Dr. Çetin Ersül. In 1983 it was rebuilt under the leadership of Dr. Mansur Beyazyürek and renamed to Alcohol and Drug Addiction Treatment Center (AMATEM). In 1995, Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurology Education and Research Center Hospital both established Inhalant Substances Research and Treatment Center (UMATEM) with the sponsorship of Istanbul Governorship to separate addiction treatment procedures of adults and youth which was later expanded into Children and Youth Addiction Treatment Center (ÇEMATEM) (Erkoç et al. 2010, Uzbay 2009).

Studies in the field of addiction has been reconsidered by the Prime Ministry since 2014, to be worked on by eight ministries. Thus, a comprehensive perspective has been achieved and the studies have gained a different momentum. Over the years, the number of treatment centers has been increased, their qualifications have been reviewed, and hospital-based addiction treatment has been supported by community-based treatment models. (Uyuşturucu ile Mücadele Yüksek Kurulu 2017).

Officially registered on March 10th, 2019, procedural requirements for opening, operating, supervising and shutting down establishments where alcohol/drugs are being sold are provided and centers where inpatient or outpatient treatment and rehabilitation of addictions are defined, as well as requirements for personnel recruitment were determined (Resmi Gazete 2019). In accordance, as of 2020, there are currently 129 alcohol/substance addiction treatment facilities in our country which 53 of them can only provide outpatient treatment while the remaining 76 can provide both inpatient and outpatient treatment with the predefined capacity of 1229 people spanning over 77 provinces (Saglik Bakanlığı 2020).

First Rehabilitation application done in our country for adult patients was done at Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurology Education and Research Center Hospital's Bağ Evi. For children and teenager rehabilitation application, first addiction treatments were carried at the province of Gaziantep, at Oya Bahadır Yüksel Rehabilitation Center in 2008 (Uyuşturucu ile Mücadele Yüksek Kurulu 2017).

Most known non-governmental organization combating against addiction, Green Crescent, has opened Green Crescent Consultance Center YEDAM in 2015 and has popularized it throughout Turkey throughout the years. YEDAM offers consultance regarding substance addiction both over the phone and directly, offers psychological and social support with individual meetings and direct them over to medical treatment if necessary and supports recovering patients integrate back into the society (Karaman 2017).

As a community-based addiction treatment center established by Ministry of Health, the "Addictive Substance Consultation and Outpatient Treatment Center" (DAN-TE) has been first established in Istanbul in 2016 on Erenköy Mental and Neurological Diseases Education and Research Center Hospital, offering counseling, outpatient and psychoeducational services for alcohol/substance abusing patients. Later on, a second center was established in the province of Antalya. Another community-based addiction treatment center was established in Sancaktepe, in relation to Erenköy Mental and Neurological Diseases Education and Research Center Hospital, named "Addiction Outpatient Treatment, Consultation and Education Center" (BADEM). Both centers feature a model that serves limited rehabilitation (Uyuşturucu ile Mücadele Yüksek Kurulu 2017).

On January 2nd, 2018, "Rehabilitation Center for Addiction Patients" (BAHAR) started to provide outpatient treatment for adult patients in Erenköy Mental and Neurological Diseases Education and Research Center Hospital ((Bağımlılıkla Mücadele UAM 2019)). This center is the first center established in our country that offers adult addiction patients personalized and constructed programs and offer multidisciplinary outpatient treatments. On February 18th, 2019, Erenköy Mental and Neurological Diseases Education and Research

Hospital has established Tuzla BAHAR Center to serve inpatient addiction patients in the age group of 18 to 25.

Erenköy BAHAR Center

When we talk about addiction treatment, generally we talk about detoxification treatment done to people who use alcohol and/or substances. People quitting using such substances is not alone to treat their wellbeing. When the detoxification procedure is done, if the patient is not aided properly, their wellbeing fades and requirements for more treatments emerge. At this stage, the "BAHAR" model was created by the Ministry of Health for the rehabilitation of addicted patients, with the aim of supporting individuals with the rehabilitation program to contribute to their recovery processes and facilitate their integration to the society.

Erenköy BAHAR Center's main purpose is to help patients recover back to their wellbeing, aid them in returning to daily life without using substances and prevent future addictions to such substances. Other purposes of the Center are to support individuals in mental and physical health by aiding their occupational, family, financial and social standings by planning individual support plans.

Erenköy BAHAR Center team

Center's team is split into three categories: treatment team, education team and support team. Treatment and support team consist of professionals from the Ministry of Health, while the education team consists of professionals from National Education Ministry and all teams work in cooperation.

Treatment team

Specialist physician: Responsible for all personnel's management. They evaluate and record the patients' suitability for the rehabilitation process before admission to the center. They monitor the patients' medical conditions, asks and evaluates their examinations, plans their treatments and manages the overall rehabilitation process. They make a rehabilitation process evaluation once a month for each patient. For once a week, they conduct the training features in the staff training program and manage the team meetings where issues related to the operation of the center are laid to table for discussion.

Nurses: They introduce the Center to the patients after admission, explains the working and rules, and makes patients sign the membership contract. Support staff stationed in the center are responsible for their teachers' duty and make sure the rehabilitation processes go as planned by the specialist physician assigned for the job. They organize the morning meetings, psychoeducational meetings, and give out reports about the context of aforementioned meetings. They plan and take part in social activities planning such as traveling, movie watching and reading. They keep records of previous patients who have been discharged from the Center.

Clinical psychologist: They conduct psychotherapies in predetermined times at least

once a week for every patient undergoing rehabilitation. They organize an interaction group once a week and evaluate the meetings. They also have meetings with the teacher staff and supervises the processes in relation to patients' conditions.

Social worker: They prepare the social examination report within the first week after the admission of each member to the Center and determines their needs. They create individual goals. Once a week, they evaluate patients in terms of compliance with the goals set out for them. From the beginning of the rehabilitation program, they support the individual and their family, make the necessary interventions and family interviews to meet the psychosocial needs of the individual and their family. They create reports about every individual patient if necessary by conducting house visits. They operate the cooperation between related units.

Occupational therapist: They apply occupational therapy to enable the individual to acquire new skills in sensory, perceptional and motor areas by evaluating their participation in the rehabilitation program, the difficulties they face, and the goals and achievements set out for them. They evaluate the patients' functional potentials in home, work and school environments and create individual programs to maximize their performance and to help them adapt to their environment. They also evaluate patients at least once a week in terms of compliance with the goals they set.

Education team

Education officers: They evaluate very patient to determine their needs in terms of education and create personalized programs. They plan these programs in cooperation with specialist physicians/nurses/occupational therapists, inform the teachers and other educational staff, and keep records. They evaluate the progress of the patients in predetermined periodical meetings and visits for updates at least once a month.

Qualified instructors: They work under the preconditions set by the education officers and nurses. They create a personalized individual education program with education officers and write reports during education regarding developments.

Support team

Cleaning personnel: They are responsible for cleaning up the Center in accordance with nurses' instructions. They also support patients while they acquire necessary materials to be used in the kitchen.

Current operation of the center

People that have went through detoxification process by receiving treatment inpatient or outpatient apply to BAHAR Center. The two basic criteria are that the person has not used alcohol or drugs for at least three weeks and is willing to participate in the program. An interview is made with each patient who applies, and their suitability for the program is evaluated. The patient who is decided to be included in the program is informed about the treatment rules and the procedures that'll take place in case they do not comply with the rules, and the patient's written consent is obtained. The physician records the patient's addiction

severity by making a comprehensive assessment including the patient's social, mental and physical condition. Consultations for other medical diseases are provided. Patients with Hepatitis B, C or similar infectious diseases are directed to an Infectious Diseases expert in cooperation with the Center. After all the evaluation is concluded, people who are accepted into the Center are taken to a three week 'adjustment program'. Adjustment program and the following rehabilitation programs can either be part time (three-part days in a week) or full time (four-part days or over in a week).

Adjustment program covers the first three weeks after admission. Every new patient admissioned into the program, take part in the first visits for evaluation by the treatment personnel as their needs are analyzed, and a personalized treatment and observation plan is made. During this planning, medical evaluations by the physicians, psychoeducation, psychotherapy groups, occupational therapies and interviews with the social workers take place. For every patient, a personalized education program is created by the education team.

Three month rehabilitation program starts for patients after they go through the adjustment program. The importance of this period is that every patient gets their dedicated psychotherapist to integrate to family visit programs. There can be at least one psychotherapy session a week. For every patient, a group of treatment and education team members plan three month long individual goals for patients. Every patient's development in terms of recovery and education is followed periodically for every month. After three months, every patient is evaluated to see if they can continue the rehabilitation program, can be directed to social acceptance program or their rehabilitation can be concluded.

Three to six months rehabilitation program is activated if patients require further treatment. In this period patient's individual psychotherapy sessions and activities in their adaptation program continue. In addition, social service expert and occupational experts start home visits. Also, contributions to external social and cultural activities begin under a social service expert's observation. One of the most important factors of this period is the ability to observe the patient in multidisciplinary visits with a representative from different public offices (District Health Directorate Addiction Counseling Unit, District Governorship Social Solidarity and Solidarity Foundation, Ministry of National Education District Public Education Center Directorate, Family Labor and Social Services District Directorate, İŞKUR, District Municipality). In these visits, within patient's knowledge, aside from the health data gathered in centers, their needs for accommodation, transportation economic and social needs for total integration are determined. In multidisciplinary visits, patient may be invited to visits for their personal needs. So, representative can meet patients face to face to speed up the process.

For every patient, treatment and education teams set out goals for every month for three to six months with the patient. Patient's recovery is observed periodically in treatment and education fields. After this period's evaluation, patient may continue rehabilitation, can be directed to social acceptance program or their rehabilitation can be concluded.

Six to twelve months rehabilitation program is activated if patients require further treatment after three to six months long rehabilitation program is finished. Psychotherapy

sessions continue, activities of adaptation program are hindered. In this period, focus is heavily shifted to occupational sectors and external activities further supported. After this period's evaluation, patient may continue rehabilitation, can be directed to social acceptance program or their rehabilitation can be concluded.

Situations where rehabilitation can be paused or concluded in BAHAR Center are predetermined and patients have been acknowledged. If a patient is discovered using alcohol/substance during weekly visits, there are put under daily observation. During this observation if the patient is noticed using alcohol/substance the program is suspended for a week. The program is suspended for a week in cases such as verbal violence against other patients, failure to comply with the specified program rules, persistence of incompatible behavior despite verbal warning, and long-term absence. During suspension patient's personal psychotherapy sessions, doctor check-ups and weekly examinations continue.

In cases of bringing alcohol/substance to centers, causing psychical harm etc. their program is concluded to be transfer to another center. In this scenario their personal psychotherapy sessions and medical check-ups are also concluded. Readmission to the center can only happen after one year after the approval of the treatment team.

Transformation of Erenköy BAHAR Center

When first established, Erenköy BAHAR Center began service on 'case counseling' model similar to DAN-TE, BADEM and Community Mental Health Centers. Case counseling is described as admitting the patient for evaluation, planing treatment based on individual risks and needs and keeping track of patient's status periodically (Yusufoğlu 2019). In this context Erenköy BAHAR Center sets a therapist, social service expert or psychology nurse for every patient. In this system it was discovered that every consultant approach patient differently base on their occupation and education and this caused confusion in job and responsibility description. It was also observed that consultants dealing with patients' mental as well as daily problems caused 'empowerment' in patients. This situation increased patients' 'redirection' expectations and made them place themselves into a 'passive' position. By time, this led to consultant's approach patients' expectations more superficially and come up with haphazard solutions and this all lead to consultants feel exhausted and insufficient.

After nearly a year, the staff of the center began receiving supervision from a psychoanalyst in order to cope with these problems. This ongoing supervision has made significant contributions to the treatment team's understanding and interpretation of the difficulties faced in the rehabilitation process, as well as improving their listening skills from a psychodynamic perspective and thus better managing the rehabilitation process. With the new supervision, the current working method of the center was established after periods of change.

With the supervision process of BAHAR Center staff, the Center's workings have been reconstructed. In the new system the tasks of mental health professionals keeping up with patients' inner and outer worlds are established, making their work synergistic. For this purpose, the 'inner worlds' of patients which represent the patient's mental conditions are

now under study by clinic therapists in regular individual psychotherapies. The 'outer worlds' of patients which represent their medical condition, family relation, daily lives and outer social procedures are observed by doctors, occupational therapists, social services experts and nurses. The framework of individual psychotherapies is structured, and psychotherapy sessions are planned for each patient at a predetermined time, for at least once a week. Each occupational professional, other than clinical psychologists, started to monitor patients by creating individualized goals for the patient and programs in accordance with these goals within their field of expertise. However, in the new system, it is ensured that the workshops and all other center activities are carried out by appointment and as one-on-one work as possible.

Second year monitoring results and observations of Erenköy BAHAR Center

Since its opening date, 183 people have applied to Erenköy BAHAR Center and 179 of these people have been included in the "adaptation program" by being found suitable for the center. 52% of the patients were included in the part-time program and 48% in the full-time program. Looking at the rehabilitation steps; It was observed that 97 people completed the adjustment program, 75 people completed the first three-month rehabilitation program, and 54 completed the 3-6-month rehabilitation program in remission. It was determined that 19 people are still in remission by completing the 1-year program. These numbers reflect only those who have completed different steps of rehabilitation, and there are patients who are still undergoing rehabilitation programs at each step. A detailed analysis of all these data is planned to be shared in future essays.

In 2019 in cooperation with İŞKUR, within the scope of Community Benefit Program (TYP), thirteen patients with well-being established have worked in different units of Erenköy Mental and Neurological Diseases Training and Research Hospital for six months (patient rights, document recording, switchboard, data processing, public relations, sleep center, invoice service, chief physician support services unit). While assignments were chosen, it was carefully picked where people can gain experience and develop their personal skills. Aside from two people, all of the patients have successfully completed the TYP. Six people who completed the program have individually started their job search processes and settled for a permanent job.

It was observed that the patients who continued the rehabilitation program began to be more conscious and attentive about their physical health, applied to smoking cessation and diet polyclinics witch they were directed within the hospital, and included habits such as jogging and going to gyms in their lives. It was also noted that their self-care for appearance increased, paying more attention to their personal hygiene, even applying to dental polyclinics and plastic surgery clinics. 10 people who were found to have hepatitis C in their examinations were directed to the infectious diseases physician who came to the institution regularly and completed their treatments. It has been observed that patients who continue the rehabilitation program can make plans by setting goals and

seek assistance from treatment team related to the processes of education, employment, accommodation etc. Those who have completed their secondary and high school education, those who become master trainers by completing the vocational course, those who start the job application process through İŞKUR, and those who start living regularly at home on their own among the patients is evidence that the patients have started to improve socially.

Conclusion

In this article, rehabilitation models for addiction treatment were shared with some example country models, and the development process of rehabilitation practices for addiction treatment in Turkey was discussed. The functionalities of Erenköy BAHAR Center, which we consider to be an important model for our country as it offers an individualized and integrative treatment in the rehabilitation of addiction patients, two-year follow-up results and experiences were shared.

When studies conducted in the field of addiction in national and international literature are examined, it is seen that rehabilitation is an important component of addiction treatment. This situation indicates the necessity of strengthening the rehabilitation branch in the treatment of addicted individuals. It has been observed that addiction patients who are treated in an outpatient rehabilitation center are getting better in terms of medical and mental health and that they develop in social, family, professional and social roles.

In line with similar treatment models, similar centers to Erenköy BAHAR Center can be expanded in our country due to addiction treatment options for individuals to maintain their well-being and gain functionality. In conclusion; the field of rehabilitation for addiction patients in our country is still developing and it requires further studies.

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