



Sustaining Excellence

**The Father Martin's ASHLEY
Model of Care**

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 - Admissions 24 hr hotline:
800 799-HOPE(4673)ext.213 or 410 273 2213
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I. Introduction

Father Martin's Ashley, accredited as a sub-acute facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), offers chemical dependence treatment for men and women. The program is built around a 28-day cycle of education and therapy. Families and significant others are a critical part of Ashley's Model of Care. They are included in the education model starting with their first visit with a patient. Physicians, nurses, certified counselors, clergy, and other staff create and execute individualized treatment plans for each patient. Patient progress is reviewed regularly by an interdisciplinary team and treatment is modified as needed.

A partial listing of the services provided under the Ashley Model of Care include: detoxification, 24-hour clinical and medical management, on-staff psychiatric and medical services, life and health assessments, individual counseling with certified counselors, group therapy, relaxation and stress management sessions, a physical fitness center, education, orientation to 12-Step Programs, daily 12-Step meetings, weekend Family Wellness Program, spiritual guidance, continuing care planning and referrals, primary treatment, relapse treatment, monthly recovery workshops, women's groups, and a young adult track.

Through our staff psychiatrist, patients may receive help with special issues such as depression, anxiety, grief, trauma, and eating disorders. However, Ashley does not offer primary treatment for psychiatric illness, gambling, nicotine addiction, or eating disorders.

Chemical dependence is a chronic, progressive disease. The values of the early staff of Ashley remain the foundation for Ashley's Model of Care, and the content of the treatment program evolves with advances in the best practices for chronic care.

Brief History

As a priest, Father Martin, a nationally prominent spokesman on alcoholism and co-founder of Ashley, acutely understood the shame of the alcoholic. He recognized that the pain of alcoholism is not a punishment, but a symptom. In developing the vision for what was to become Ashley, Father Martin's aim was to create "the best atmosphere in which shattered alcoholics could recover." "There would be no finger pointing, no blaming, no judging – only kindness, understanding, and knowledge. Father Martin, Tommy and Mae Abraham, Leonard Dahl and the early staff created the plan for Ashley that became known as "ASHLEY: The Possible Dream." Ashley's coat of arms, the creation of Ms. Cathy Peluso, is a cluster of oak leaves ranging from dark brown to bright green symbolizing Ashley's Motto: "Through Death to Life."

Expansions of the range of services provided in the Ashley Model of Care arise from the understanding of chemical dependence as a chronic, progressive disease that affects both individuals and their families. Consequently, Ashley instituted a Family Wellness Program and more recently a one-day program for children ages 7 to 12 ("Rainbow of Hope, the Gift of Love").

The founders and early staff at Ashley all came from similar backgrounds; consequently, Ashley's core approach to the treatment of chemical dependence is consistent in its respect for the dignity and worth of every person dealing with chemical dependence in their lives.

Private philanthropy and efficient operations provide some patient scholarships, ranging from partial to full. Both for Ashley's mission and for the value of diversity in a treatment community, it is vital that Ashley continue to develop these funds for future growth and stability of scholarship funds.

Ashley's Setting

Ashley's setting supports spiritual reflection and commitment, and that in turn is reinforced by lectures that address the three-fold nature of chemical dependence: physical, mental and spiritual. In addition, lectures and exercises stress the mastery of relaxation and meditation as vital tools in coping with the demands of daily life.

The beauty of Ashley's buildings and grounds lift the spirit and encourage people to connect with their spiritual core and to aim higher in their lives. On a campus removed from the activities of daily life, patients can begin the process of healing and rebuilding their lives in safety and privacy.

Ashley Leadership

Ashley's Board of Directors consists of farsighted, knowledgeable men and women dedicated to the traditions and standards at Ashley. The Board's guidance and Ashley's focused mission and streamlined management structure have enabled it to perform consistently at the highest level. Ashley's organizational structure is small and stable enough that decisions and their implementation do not get lost in middle management. For referral sources this means that they know exactly whom to contact and communications are prompt.

II. Mission Statement

Ashley is a nationally recognized leader in the treatment of alcoholism and chemical dependence. In an environment of compassion, dignity and respect, we provide quality medical care, clinical expertise and emotional support. We educate patients, their families and the community at large about chemical dependence and the spiritual principles of the 12-Step Programs. Our ongoing support prepares our patients and their families for the journey of Life-Long Recovery.

III. Vision

We envision Ashley as a world leader and provider of choice for the treatment of alcoholism and chemical dependence. We will embrace innovation while staying true to our basic philosophy consistent with the mission developed by our co-founders, Board members and staff. Our staff will continue to be the foundation for our excellence, instilling hope for every patient's recovery.

IV. Core Values

A - Assurance of Quality

- The Staff of Ashley and its Board of Directors are dedicated to the preservation of Ashley's culture, legacy and philosophy.
- Ashley is committed to performing on-going evaluation of its programs and services.

- Ashley is committed to pursuing its mission with vigor; therefore, Ashley will adhere to sound business practices to assure the financial foundation and operational health of the organization.
- Ashley will always maintain patient confidentiality.

S - Spirituality

- Chemical dependence is a biopsychosocial disease affecting body, mind and spirit. All three must be treated in order to maintain recovery.
- The spiritual principles of Alcoholics Anonymous, Narcotics Anonymous, Al-anon and Nar-Anon provide the backbone of Ashley's treatment programs.

H - Hope

- Ashley acknowledges that chemical dependence is a disease and not a moral failing. Ashley combines the science of medicine with the art of healing to restore the physical, mental and spiritual health of those who are ill.
- Holistic (body, mind and spirit) treatment of chemical dependence gives hope to patients and their families.

L - Love

- Therapy at Ashley will be guided by love, caring and compassion, always for the good of the patients and their families.
- Respect and dignity guide all of our actions, from patients to employees, to the community at large.

E - Excellence

- Striving for excellence is revealed in all that we do: the facility and grounds, the medical and clinical programs, and the competence of our staff.
- We value new ideas and encourage change that stimulates individual growth and development as well as innovative services and programs.
- Ashley's staff promotes the culture, legacy and philosophy of Ashley. We encourage team work and an atmosphere of communication.
- We communicate to our alumni, friends and the public at large on a consistent basis via newsletters and our Web site.

Y - You and Your Family

- We dedicate ourselves first and foremost to the Life-Long Recovery of our patients and their families.
- Ashley is committed to increasing public awareness about the treatment of chemical dependence. Therefore, Ashley will use its resources to educate the public.
- The philanthropic gifts of our alumni, our friends and the community strengthen Ashley. We work every day to be good stewards of these resources.

V. Guiding Principles

Ashley is committed to a 28-day inpatient program of recovery, strong advocacy for the Ashley treatment model and informed healthcare choices by each patient and family. The program is based on a four-week cycle consisting of daily schedules – this organization assures that there is reinforcement of essential ideas and behaviors. Ashley’s long-term goal for each patient is abstinence plus improving the quality of all aspects of their lives. Consequently, the 12-Step Programs of AA and NA are a crucial part of the foundation for long-term recovery once a graduate returns to his or her community.

The foundation of credibility, trust and advocacy is established from the first call to Ashley and continues through to discharge. Care is individualized within the framework of a comprehensive program of recovery. The Ashley Model of Care emphasizes respect for the dignity of the human person. Total abstinence is the foundation for recovery under the Ashley Model of Care. For residents, the focus is on recovery from addiction to alcohol and drugs, while clients in Ashley’s Outpatient DWI Program initially focus on abstinence.

During treatment, problems may arise that require a patient’s attention or that may be distracting the patient from a full focus on their treatment. Staff members are attuned to these possibilities and work conscientiously to facilitate patient communications whether domestic or foreign. In this way, patients are not arrested in their progress during their inpatient stay.

A central switchboard at which clerical staff take messages for counselors is inadequate since no confidential clinical information can be left. Instead, Ashley maintains an effective telephone system in which private, confidential messages can be left directly with each specific individual counselor.

Rules and Expectations

Movement and communication with the world outside treatment are controlled during the patient’s stay at Ashley. Cell phones and laptop computers are prohibited while a patient is in treatment. Patients are not permitted to conduct business activities while in treatment. Exceptions to this rule must be approved by the patient’s counselor. There are no televisions or radios; newspapers are available only on Sunday.

We understand that during this difficult time, patients will be distressed and uncomfortable, but certain behaviors are inconsistent with continued stay, such as bringing drugs or alcohol onto the premises, having a sexual relationship with another patient, and violent or aggressive behavior. Violation of these guidelines may result in discharge. Ashley is a drug-free environment and if, during their stay, a patient uses alcohol or drugs, they will be discharged with a plan for ongoing/continuing treatment. Residential treatment for addiction is a time of intense vulnerability; therefore, emotional or sexual relationships are not permitted.

Clinical Principles

Ashley’s goal of Life-Long Recovery is based on a treatment program that will prepare patients to use a range of cognitive and behavioral tools to live in the world outside of treatment and not solely to function in a treatment environment. Behaviors learned at Ashley are intended to transfer to all aspects of the patient’s life once the patient leaves Ashley.

Two physicians oversee the medical and clinical care of patients during their stay at Ashley. They make an early assessment of the patient's medical condition and co-existing morbidities such as high blood pressure, depressed mood, and anxiety are monitored. If a patient is admitted on prescribed medications, they may be maintained on them depending on the judgment of the Medical Officers. Having a psychiatrist as the Vice President of Medical and Treatment Services strengthens the clinical program at Ashley and facilitates these decisions.

Patients who are under the care of a physician are encouraged to inform that physician of their admission to a treatment program for addiction. With the patient's consent, his or her physician may be called by one of Ashley's staff to obtain collateral information, to discuss care, to inform the physician of the patient's progress, and/or to arrange for ongoing medical care.

Prior to discharge, each patient's laboratory results are reviewed by the medical staff. Upon discharge, the patient will receive a copy of all of their laboratory work and medical discharge instructions, which they may then share with their physician.

Staffing

The Ashley Model of Care relies on counselors with advanced certification (at least state certified, with a master's degree preferred) and years of experience in the field. The level of sophistication of the patients and the care model dictate that each counselor has a depth of experience, expertise and confidence in their work and in their knowledge of 12-Step recovery. The counselors reflect the diversity of society, using their experience and training to extend Ashley's commitment to excellence. Ashley's culture supports the Model of Care beginning with an open door policy and mutual respect. All counselors are qualified to approach the patient's care using a biopsychosocial model. The biopsychosocial narrative that each counselor produces for each patient determines that patient's assessment and individual treatment plan. The stability of the counseling staff permits referring professionals to work with the same counselors over a period of years, functioning more as a coordinated team than as two separate organizations.

Nurses are hired for their professional competence and caring. At Ashley, communication and listening skills are supported by hiring practices and in continuing staff education in meetings and at seminars. A hallmark of each patient's experience at Ashley is the personal touch of compassionate professionals whose practice is grounded in "The Golden Rule." Each patient is led to understand that they can approach any staff member at any time and feel safe to discuss their concerns.

Currently, 67% of Ashley's full-time Registered Nurses hold a Certification in Addictions Nursing. This certification is granted by the Addictions Nursing Certification Board (ANCB). These nurses are recognized as having attained a level of expertise and commitment to provide the highest standards of nursing care in treating addictions.

The Program Service Assistant (PSA) Department ensures the patient's safety by monitoring their schedule and attendance at assigned functions. The PSAs perform critical patient-care functions. In addition to establishing rapport with the patients and assuring that all patients are accounted for at all periods throughout the day, PSAs model recovery. Their personal experiences in recovery and honest positive attitudes contribute to the patient's evolving commitment and self-esteem. Through frequent contacts with all patients throughout their stay at Ashley, PSAs can alert counselors to emerging issues, changes in status and positive accomplishments.

Individual Counseling

Depending on their individual needs, the patient's daily schedule permits up to two sessions weekly for one-on-one counseling with their specific assigned counselor.

Group Counseling

There are group therapy sessions five days a week. Groups consist of eight to nine persons, led by the individual counselor. Group sessions last for two hours.

Teamwork

Early and continuing coordination between departments focuses on monitoring progress and meeting the specific needs of each patient. Weekly treatment team meetings assess each person's progress and potential needs, ranging from medical concerns, recovery, and finances to continuing care placements.

There is a daily (Mon-Fri, 8 a.m.) cross departmental staff meeting that is led by either the Vice President of Medical and Treatment Services or the Program Director. This facilitates good communication between departments. Any pertinent issues for the day are discussed and a brief history of our new admissions are reported.

12-Steps

Ashley promotes the 12-Steps and 12-Traditions of Alcoholics Anonymous and of Narcotics Anonymous; however, the Ashley Model of Care is more extensive than the 12-Steps. Meetings alone are not treatment – they do not develop the skills for everyday life, nor do they address the needs of the whole person.

Spiritual Principles

Ashley is non-sectarian – having Father Martin's name associated with Ashley reflects his personal role in its history and his influence on its character. The non-denominational spiritual program at Ashley is tailored to the interests and needs of the individual patient. Patients vary in their religious beliefs, backgrounds and preferences; consequently, treatment at Ashley can be as spiritual or as religious as the patient desires.

Ashley emphasizes treating the whole person, including the spiritual life. Although Ashley does not dictate an official definition of a higher power, coming to an awareness of something greater than one's self is vital to recovery. The chapel at Ashley is open to all. Chapel services are offered four to five times weekly but are always optional. Transportation to an off-campus synagogue or mosque is available.

The Ashley model of care requires compassionately confronting the issues impeding recovery, not the individual – at all times the autonomy of the patient is respected. The patient's wounded self-esteem is addressed. Staff and patients practice respect and are encouraged to make a connection with one another – to move the patient out of an exclusively interior focus and into a community of recovering people.

Continuing Care Plan

Continuing care planning for all patients entails an assessment of progress made during treatment and whether transition to home, a halfway house or to extended care is appropriate for the patient.

While a resident at Ashley, patients are encouraged to make contact with their sponsors, if they have one, or with AA or NA groups. As part of the continuing care plan, patients receive a list of 12-Step meetings in their community. Additionally, as indicated for the individual, they may have recommendations for intensive outpatient care and/or mental health/psychiatric care. The goal is to have scheduled appointments for follow-up care within days of discharge. Again, the goal is to support the patient in becoming integrated into their community.

Based on each patient's individual needs and circumstances, a Continuing Care Coordinator works with the patient to support the transition from Ashley. A detailed recovery plan is developed by the counselor for each patient, including matters such as return to work and how to use free time and live a rewarding life. If an EAP is participating in the patient's initial referral and return-to-work decision, then that individual will be an integral part of the team determining the aftercare plan.

Ashley maintains a network of relationships with long-term and continuing-care facilities. Consequently, when such a placement is determined to be appropriate, multiple options are typically available.

Education

A comprehensive education program consisting of lectures and group activities address a wide range of topics including but not limited to: Addiction as a Brain Disease, The Neuroscience of Addiction, Spirituality, Models of Recovery, Relapse Prevention, Triggers and Warning Signs, Communication Skills, Nutrition, Relationship Building, Trauma and Recovery, Family Wellness, Surrender vs. Compliance and Stages of Recovery.

Education is provided through Father Martin's world-renowned videos including but not limited to the following titles: Chalk Talk on Alcohol, Chalk Talk on Drugs, Step One, Step Two, Step Three, Steps Four and Five, Recovery and Forgiveness, Gratitude, The Promises, Back to the Basics, Feelings and Symptoms of Sobriety.

The medical staff actively participates in patient education in the following areas: Nicotine Use, the Medical Aspects of the Different Class of Drugs, Sleep Disturbances, HIV, Communicable Diseases, Medical Aftercare, and Medical Aspects of Chemical Dependence (for family members participating in the Family Wellness Program), Chemical Dependence and Other Emotional Disorders.

VI. Admission

From the first contact through to admission, a patient's physical, functional and chemical dependence needs are screened in one department. The Ashley Model of Care begins with this first contact; the admissions staff establishes a personal, individualized communication. They focus on kindness, compassion, and respect for the dignity of the person considering treatment. Since there are 250 to 300 calls per month, not all calls will result in admission, nor are they all appropriate for admission at the time of contact. The caller will receive information to assist in making an informed choice and will be given some direction, even if admission to Ashley is not arranged. If the caller decides not to pursue admission at the time of the call, follow-up communications are scheduled by admissions staff consistent with the wishes of the potential patients or their families.

During the admissions process, the insurance coverage and financing arrangements that were made during the pre-admission calls or contacts are reviewed and settled. This permits the patient to focus on the full program of recovery rather than day-to-day concerns over discharge.

Not all calls come from prospective patients; some are from hospital social workers, EAPs, family members and other medical professionals. For these calls, Ashley's mission is to be as complete a source of information as possible. Ashley has developed a state-by-state referral guide to assist callers with their search for appropriate treatment.

When the history of a potential patient indicates evidence of a medical situation that may present challenges during treatment at Ashley, medical records may be reviewed, our physician may speak with their physician or a nurse will communicate with the potential patient to make the relevant arrangements prior to admission.

Depending upon the individual circumstances of previous treatment or the features of the current relapse, behavioral compliance contracts may be negotiated prior to admission.

Admissions are scheduled to provide time for a thorough patient assessment. First, the patient meets with a member of the admissions staff to review and confirm the information obtained by telephone. Next, the patient meets with the admissions nurse in a private setting where a medical history, addiction history, nutritional assessment, safety assessment and a brief physical exam are conducted. A personal search by the admission nurse is also completed at this time. A review of all medications prescribed as well as any over-the-counter and herbal products is done and communicated to the medical officer.

The primary goal of the admission nurse is to ensure that the patient is medically stable and safe until a history and physical can be performed by the physician – which occurs within 24 hours of admission. Once the nursing admission process is completed, a Program Service Assistant (PSA) escorts the patient to the inpatient nurses' station for a brief introduction and assessment. Medically stable patients are accompanied by a PSA on a tour of the campus, given their dining room table assignment, and shown to their room. They are introduced to community members in the process. If a tour cannot be conducted at the time of admission it will be rescheduled.

Treatment plans are developed with the input and understanding of the patients based on their specific addiction history, unstable medical problems and an assessment of the patient's knowledge deficits regarding their conditions.

VII. Residential Programs

Medical Care

If detoxification is required, clinical protocols are followed and frequent assessments done. Slightly more than half of Ashley's admissions require detoxification. The detoxification protocols are consistent with the standard of care in the field of addiction medicine.

The morning after admission the patient attends a two-hour medical assessment and stabilization group. At this time the nurse again reviews and confirms the patient's chemical dependence history, medical history and treatment history. Patients who are too sick to attend are excused and re-assessed frequently until they are able to participate in the program.

Management of non-emergency medical problems such as hypertension and minor infections is done by medical staff involving physicians and physician assistants. However, in the event of a medical emergency, the patient will be immediately transported to the hospital. Ashley has a strong working relationship with the local

community hospital, whose medical staff is familiar with the Ashley Model of Care. Emergency medical equipment such as an automated external defibrillator and oxygen are maintained in each of the major buildings on the campus and are used until transportation to the hospital is accomplished. Once a patient who was referred to the hospital is medically stable, he or she may return to Ashley.

Patients with chronic pain are assessed; their history is reviewed and, if indicated, their physician contacted. Detoxification from opioid medications is conducted while the chronic pain is managed with non-addictive medications and activities such as yoga and relaxation classes that contribute to wellness.

Medications approved for treatment of addiction, as anti-alcohol craving, are made available to our patients.

Dual Diagnosis

From the first call to Ashley, screening and assessment questions are used to determine the patient's relevant past medical and psychiatric history. As patients are assessed and monitored during the first weeks of treatment, symptoms of mood disorders, anxiety disorders or cognitive disorders may emerge. In these cases, assessments are conducted by a psychiatrist and if necessary, treatment is initiated. Recommendations for continuing care, including psychotherapy, may be made.

Primary Treatment Program

In the primary treatment program, there is an emphasis on the basics of recovery – particularly acceptance and self-diagnosis. The primary program is for patients with no exposure or limited exposure to recovery from chemical dependence, or who lack a firm foundation of recovery. Dealing directly with denial is an early, prominent focus of the primary program. The primary treatment program has the goals of getting through the patient's denial, providing education and reinforcement for self-diagnosis and awareness of one's own active defense mechanisms. Patients may have come to Ashley at the request of others or because they were acquiescing to outside pressures; however, recovery requires that they come to understand and to accept that they need to stay in treatment for themselves. The patient may have come as a result of an intervention and may harbor a strong resentment toward those who intervened, but once they are at Ashley they are encouraged to leave that issue at the entrance and deal with acceptance of their disease.

The main goals in the primary program are: completion of Steps One, Two, and Three; introduction to Step Four; craving identification and management; relapse prevention plan; lifestyle balance; building a support network; creating a personal intervention plan; and continuing-care planning.

Within the first 72 hours of a patient arriving at Ashley (and with the patient's permission), the counselor must document follow up contacts with the referral source, a family contact, and, if appropriate, the patient's employer. Thus, early in a patient's stay the counselor can make an accurate assessment of the patient. Similarly, a determination can be made regarding the appropriateness of the Family Wellness Program for them. If it is appropriate to involve the patient's family, they are invited to participate in the patient's care plan and recovery.

Relapse Program

In the early days at Ashley, the recognition that some patients had prior treatment led to an emphasis on relapse treatment. Ashley was among the first treatment centers in the country to recognize and to treat relapse as a separate condition from a first treatment stay. Ashley counselors are trained and certified in the Gorski's Center for Applied Sciences Relapse Prevention Model.

Young Adult Track

Recognizing that young adults have recovery issues specific to their age, Ashley began offering a Young Adult Education Track in May 2005, which is geared to meet the needs of patients ages 18 to 25. The format and instructional methods differ from that of older adults. The young adult is an important part of the community of patients, and there is no separation for dining or the daily group therapy sessions.

However, research has shown that this age group responds better in an interactive vs. traditional lecture environment, so the young adult enjoys a daily afternoon education series that is held separately from the other patients. This series of talks focuses on issues that are appropriate to this age group such as communication skills and social networks. For example, one of the biggest hurdles the young adult faces is making a new community of friends and how to have fun without drugs. They also learn about managing stress and how drugs affect their body.

Women's Groups

Recognizing specific issues and needs of women in early recovery, four of Ashley's female counselors lead weekly small group sessions for our female patients. These groups are topic-driven based on a four-week cycle. Topics include: relapse, loss/comfort, relationships and boundaries.

Professional's Track

The stresses of their careers and other dynamics put many professionals at higher risk for substance abuse. They also face a significant risk of post-treatment relapse. Ashley has developed a specialized track to treat executives and other professionals.

VIII. Non-Residential Programs

Family Wellness Program

At Father Martin's Ashley, we are aware of the impact chemical dependence makes upon family and friends. Relationships change dramatically when chemical dependence is present in the home. Even the first few months of sobriety can be marked by tension, stress, and maladaptive behaviors as the family re-organizes and returns to health.

In our Family Wellness Program, we provide counseling and education that help family members gain a better understanding of the disease of chemical dependence. The program focuses on the disease of chemical dependence, physiological aspects of alcohol and drugs, relapse warning signs for the recovering person, enabling behavior, the progression of co-dependency, learning to let go, stress management, and warning signs of relapse for the family.

The program begins at 8:00 a.m. each Friday and concludes at 3:00 p.m. each Sunday. Families are expected to attend all three days.

The Family Wellness Program is only available to those currently in treatment at Father Martin's Ashley, or for those who have been recently discharged, and is offered once it is determined that the family can be instrumental in the recovery of the family and of the individual patient.

Children's Program (ages 7 to 12)

This one-day program, known as the "Rainbow of Hope, the Gift of Love," is to assist parents and relatives in explaining to children what is occurring in their families. Through the use of art, games, music and puppets, the basic facts of chemical dependence as well as their personal heightened risk are presented to the children.

These programs are scheduled as frequently as needed and are open to the outside community.

Alumni Support and Life-Long Recovery Services

Patients are given a graduate contact and informed about Alumni Chapters. The purpose of graduate-to-graduate contacts and alumni chapters is to help patients make a smooth transition from treatment into early recovery. Each week there is an alumni orientation meeting for patients being discharged the following week. Every third Saturday of the month there is a Sobriety Enrichment Program. Each quarter this extends to a weekend retreat lasting from Friday evening to Sunday afternoon.

Each year on the third Sunday in September on the Ashley campus we celebrate the miracle of recovery with our Alumni, Family and Friends Reunion for all who have been touched by Ashley. The reunion is a day of fellowship and gratitude. The Annual Alumni Spiritual Retreat is held in October and is open to all alumni and their guests. Typically held at a tranquil setting, the venue is reminiscent of the Ashley campus. The three-day retreat offers a unique opportunity for spiritual enrichment, personal reflection, fellowship and sharing. The program includes a variety of workshops, a healing service and Mass on Sunday morning for those who are interested, as well as a wealth of recreational opportunities.

DWI: Education Program

The DWI Education Program is a twelve-session program; patients are often referred by their attorney. The program covers Legalities and Dangers of Drinking and Driving, Alcohol's Effect on the Family, and The Difference Between Problem Drinking and Chemical Dependence.

DWI: Treatment Program

The DWI Treatment Program consists of 26 sessions. It is designed for individuals who have been diagnosed as problem drinkers and who require extended education and counseling. The program addresses basic tools of recovery and development of a sobriety-based lifestyle based on the principles of a 12-Step program. Certified specialists conduct this program at the Ashley Outpatient Recovery Center.

IX. Treatment Program and General Services

Daily Plan

Breakfast, lunch, dinner

Daily reflections

Prayer

Education: Two lectures, one video presentation

Group therapy: five days a week (two-hour sessions)

Recreational activities:

Relaxation class

Aerobic class

Yoga class

Fitness center

Non-structured time for personal use and appointments with staff

12-Step Meeting

Sunday: Visitation day—- – Prior to meeting with a patient, all visitors must attend a one-hour orientation and educational session that covers the basics of addiction.

General Services

Ashley does not outsource functions such as food service and house-keeping. Rather, these functions are performed by Ashley employees who are committed to the values and mission of Ashley. The housekeeping staff maintains a pleasant living environment. Ashley outsources the laundry service.

Dining

The dining experience functions to provide patients with their nutritional needs and with a pleasant social meal time. From the patient's first day, they are assigned a table where they will dine for the duration of their stay, providing a continuing group for friendship and support. Over the course of a patient's time at Ashley, they eventually become the senior person at the table and are in a position to provide encouragement and support to the newcomers based on their own experience.

Ashley's chef is committed to using fresh ingredients and in-season locally grown crops. A rotating menu and plate presentations make meals a positive experience. The chef will meet with patients who have food allergies or diet restrictions early in their stay to understand how best to meet their needs. Most requests can be accommodated and special diets for those with diabetes, hypertension, congestive heart failure or liver damage are provided. Kosher meals can be provided. A dietitian is also available for consultation.

Transportation and Communication

Patients who arrive at the airport or train station may be met by an Ashley driver who assures their safe arrival at Ashley. Two to three times during their residential stay patients will be transported to meetings off the Ashley campus to facilitate entry into a community.

Infection Control

Ashley employs a specially trained Infection Control Nurse.

Appendices:

A.	Timeline in Ashley's History
June 1958- Jan 1959	Fr. Martin treated for alcoholism at the Guest House
August 1964	Mae Abraham hears Father Martin present "Blackboard Talk" and her life was transformed.
1970	Fr. Martin meets The Reverend Leonard A. Dahl, a Presbyterian minister
1970	Fr. Martin's "Chalk Talk" taped by the U.S. Navy – leading to numerous requests for Fr. Martin to speak and his recognition as a national spokesman for recovery
1979	A substantial matching grant from the Noble Foundation to start a treatment center
1982	Publication of "No Laughing Matter," a book containing three of Fr. Martin's talks: 1. The Chalk Talk; 2. Guidelines for Helping Alcoholics; and 3. Alcoholism and the Family
1982	The 20-acre Oakington estate was identified as the future site of Ashley.
1983	January 17: Ashley opens for its first patient admission
1984	Noble Foundation makes a substantial contribution to the stability and growth of the endowment fund.
1985	Chapel constructed from many small donations
1990	Lou Bantle and UST's generosity in funding the main building at Ashley recognized with its naming as Bantle Hall.
2002	Abraham Hall named to honor Mae and Tommy Abraham and Father Martin was constructed through numerous donations. A Courtyard, dedicated to The Reverend Leonard Angus Dahl, integrated the entire Ashley campus.
2006	Acquisition of an additional 2 ½-acre site at Ashley's front gate for future expansion.
2008	Acquisition of an additional 102-acre site adjacent to the Ashley campus.
2008	Ashley celebrates 25 th Anniversary



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Medical fax: 410 273-6113

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