

# THE ADDICTION INSTITUTE AT MT. SINAI

## AN EVALUATION STUDY OF SINGLE SESSION THERAPY WITH DR. KIMORA

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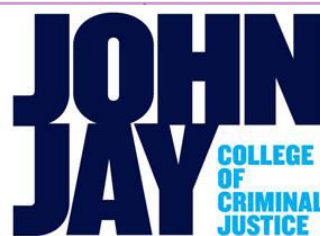
PREPARED BY:

Gina Moreno  
Melissa Deowdhat  
Ingrid Olsson  
Patrick Quinn

PREPARED FOR:

Marc Raybin, Clinical Supervisor, Inpatient  
Services, Addiction Institute  
Heath Grant, PhD., John Jay College of Criminal  
Justice

This paper fulfills part of the requirements for the CRJ 730 Spring semester class at  
John Jay College of Criminal Justice.



## INTRODUCTION

This paper was prepared to fulfill the requirements, in part of the CRJ 730 Policy Analysis in Criminal Justice course of Dr. Heath N. Grant. In this class, students learn the complexities of the policy analysis process in practice, focusing specially on the development of needed skills in evaluation design that can be applied to many academic and practitioner careers within the field. To prepare this document, students conducted several site visits to the Addiction Institute at Mount Sinai Hospital to view its programs, meet with key stakeholders and review documents/ program materials. Following these visits, students are tasked with developing a rigorous evaluation plan guided by a theory of change that is captured in this document. The students also included/ proposed all the evaluation instruments for their proposed design found in the Appendix section of this document.

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## MISSION

The Addiction Institute's mission is to provide state-of-the-art and evidence-based treatment and medicine to individuals suffering from addiction. Patients who enter the facility must first undergo detox in order to address the physical form of addiction. Once detox is complete, a patient may then choose to continue their treatment by entering rehab and deal with the mental aspect of addiction.

The goals of treatment are to:

- Stabilize the patient through aggressive treatment of the

addiction, as well as any associated medical and/or psychiatric problems

- Help the person understand and accept her or his addiction
- Begin to develop the skills necessary to remain abstinent
- Give the patients enough information so that they can begin to ask vital questions for themselves
- Instill a sense of a possibility for hope
- Have the patient feel good about him/herself.

## DR. KIMORA'S SINGLE SESSION THERAPY (SST)

### OVERVIEW

Based on site visits conducted, opiate addiction treatment offered at the Addiction Institute consists of medication-assisted treatment (MAT) as well as psychosocial, motivational counseling and interviewing sessions, like the one facilitated by Dr. Kimora (Raybin, 2016). While MAT stabilizes the patient and manages their withdrawal symptoms, the goal of holistic recovery involves transcending dependence on the substance that was abused, and strives for spiritual awakening following self-acceptance and the self-attained realization that “the world is bigger than [me]”, which can be facilitated in group settings like Dr. Kimora's session (Hunsicker, 2008).

Once a patient is in rehab as part of their addiction treatment, they are required to attend her session. Dr. Kimora comes in once a month (the second Friday of each month) and conducts one 45-minute session with the group. This session is the first and last time Dr. Kimora will see these patients, unless they relapse and enter rehab once more. During the SST, Dr. Kimora hands each participant a handout with ten lessons from *Chicken Noodle Soup for the Soul* (see Appendix A). Instead of discussing their addiction, patients instead read each item on the list and discuss how it makes them feel and how they can internalize with it.

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*According to Marc Raybin, the clinical supervisor at the Addiction Institute, what makes Dr. Kimora's SST different from other forms of treatment is that she comes from a perspective that everyone is unique and special and addresses the issues of addiction and treatment in a much more gentle way.*

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### SINGLE SESSION THERAPY (SST) GOALS

At this time, the session does not have any specific goals. However, based on observations, our team believes that the program goals are to:

- Instill a sense of a possibility for hope
- Have the patient feel good about him/herself (increase self-efficacy and self-confidence)
- Help prevent the patient from relapsing

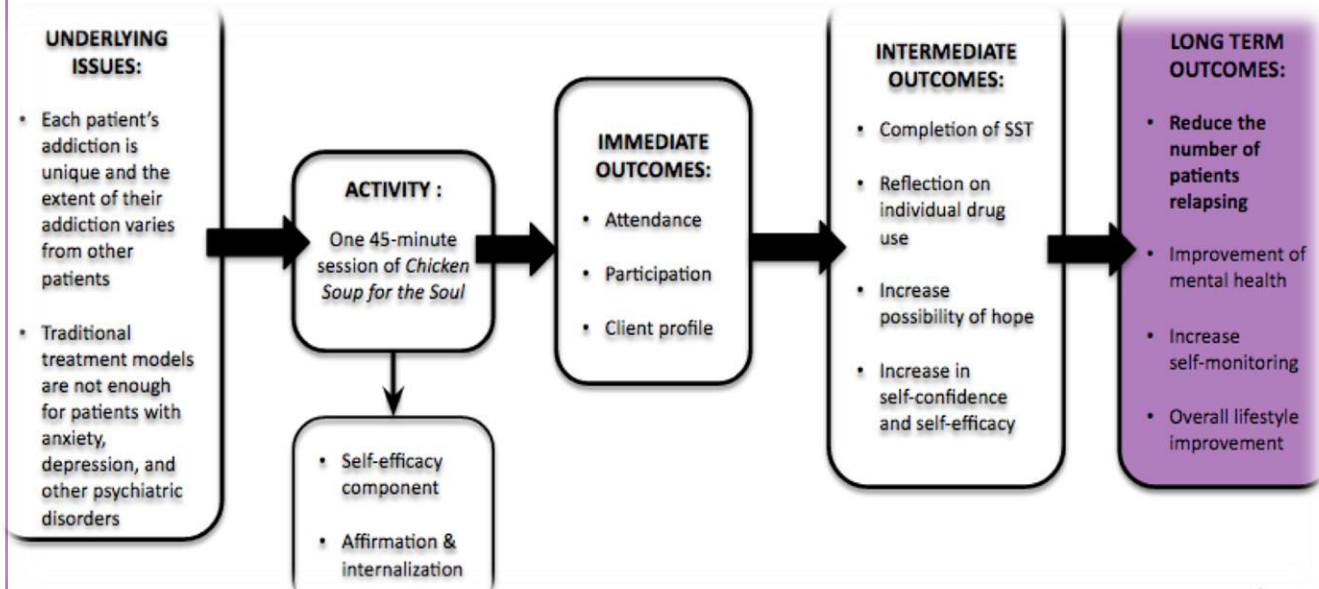
## **APPLICATION of DR. KIMORA'S SST TO EVIDENCE-BASED PRACTICES**

In deciding how to best evaluate the SST, the team referred to the body of literature on what has been researched about the effectiveness of SST as a service delivery model for motivational interviewing in the context of substance abuse treatment. According to the literature, some salient features of an SST are that it:

- Is a highly structured and typically leader-centered workshop model that is directive in terms of providing guidance and instruction to attendees, with the goal of getting the individual to reflect on their own drug use and consider personal consequences in the context of one's values and goals (Biancoviso, Fuertes & Bishop-Towle, 2001)
- Involves reflective listening, affirmation, open questions and summaries that build rapport and elicit 'change talk' in a non-confrontational manner and does not involve imposing specific outcomes like complete abstinence from drug use, which can potentially disrupt long terms goals during the treatment process (McCambridge & Strang, 2004)
- Is a collaborative, person-centered form of guidance that aims to elicit and strengthen motivation for change in an individual, by showing empathy, developing discrepancy between current behavior and an alternative lifestyle behavior, reinforcing the individual's sense of self-efficacy, and rolling with the client's resistance to change (Berman, Forsberg, Durbecj, Kallmen & Hermansson, 2010)

### **THEORY of CHANGE for DR. KIMORA'S SST**

Dr. Kimora's SST is designed to get the individual to reflect on his or her own drug use and consider its personal consequences in the context of the values and goals of the individual. Her session actively incorporates counselling microskills such as reflective listening, the asking of open questions and summaries, as well as practicing affirmation, to achieve a non-threatening tone that encourages the individual to open up and contribute meaningfully to the session. The immediate goal of the SST is to get patients to consider and confront the attitudinal and behavioral drivers of their substance abuse as a foundational step that would hopefully incite or encourage the individual to commit to change. The content of the session, guided by the text used, "The 10 Rules For Being Human", is meant to affirm a few specific tenets that are crucial to shoring up the individual's sense of self-efficacy, and help them affirm their commitment when beginning a self-guided journey to transcending his/her dependence on the substance beyond the single session. This involves or leads to an improvement in presenting problems in general, and on specific measures of variables such as depression, anxiety, distress level and self-efficacy.

**Figure 1. Dr. Kimora's SST Theory of Change**

### THE EVALUATION DESIGN for Dr. KIMORA'S SST

Based on the theory of change and logic model outlined above, our team has developed the following evaluation plan below for Dr. Kimora's SST.

#### **Research Question**

Does participation in Dr. Kimora's SST effect levels of self-efficacy/confidence and relapse?

#### **Hypotheses**

Individuals participating in Dr. Kimora's SST will report high levels of self-confidence and lower levels of relapse than those who did not.

### OPERATIONALISATION OF KEY INDEPENDENT VARIABLE

In determining the effects Dr. Kimora's SST, our independent variable is *patient's participation*. In order to measure how much they are participating during the session, first, an attendance sheet should be circulated in the beginning of the session in order to know who is actually attending the session. Second, a structured observation tool, adopted from the Osborne Association and tailored for Dr. Kimora's SST, should be used to see if patients are actively participating during the session (see Appendix B). An additional trained staff member should be added to the session and should be observing and using the observation tool in order to assess their participation.

## **OPERATIONALIZATION OF KEY DEPENDENT VARIABLES**

### **Self Efficacy**

As used in this study, the concept of self-efficacy is defined as a self-appraisal of one's ability to enact a specific behavior leading to a particular goal. Self-efficacy is a widely used concept for explaining behavior change, specifically in the field of substance abuse. It indicates and predicts an individual's capacity to cope with and manage situations that could trigger harmful behavior, like substance abuse. For instance, low self-efficacy has been found to contribute to the likelihood of relapse into drug use and vice versa (Berman et al., 2010).

### **SAMPLING**

At any given time, the Addiction Institute has the capacity to treat approximately 30 to 40 patients. Our sample, however, will only include those who are in rehab, that is, 22 to 25 patients. The rehab program spans a little less than 30 days but the average patient will stay between there from 10 to 14 days. This affects our evaluation of Dr. Kimora's SST in two ways. Given that the SST is offered the second Friday of every month and that the average patient's stay spans 10 to 14 days, not every patient at the Addiction Institute will be able to participate in Dr. Kimora's SST. This directly reduces the potential size of the group receiving the treatment to be evaluated. Second, not every patient in rehab will have received the same amount of exposure to rehab programs offered since the Addiction Institute offers a range of treatment activities to patients, from meditation and stress reduction groups to 12-step meetings. This makes it more difficult to isolate the unique effects of Dr. Kimora's SST on a patient. Due to the possible inconsistency of patients entering the program, for our research purposes, we will use a sample size of  $n = 20$ .

### **DATA COLLECTION AND ANALYSIS**

Based on the evaluation team's site visit to the Addiction Institute, a comparison group is not attainable as everyone who is in rehab is required to attend Dr. Kimora's SST. The team was unable to locate or identify another program that would replicate Dr. Kimora's SST; there are other SST's offered but those sessions are not offered in the context of a larger drug rehabilitation program at an institute similar to the Addiction Institute.

The evaluation team recommends the collection of baseline data to measure a patient's level of self-efficacy prior to being exposed to Dr. Kimora's SST. This variable can be measured with Rosenberg's Self-Esteem Scale (Appendix C), a 10-question survey that can be filled out before and after the completion of the session. The questions do not necessarily ask about the patient's addiction, but instead focus more on how the patient feels about him/herself, which is the essence of Dr. Kimora's SST.



In order to score the survey, the answer *strongly Disagree* gets 1 point, *disagree* gets 2 points, *agree* gets 3 points, and *strongly agree* gets 4 points. Questions 2, 5, 6, 8, 9 are reverse scored, and once all answers are scored, the total number should be added up. The higher the score, the higher reported self-efficacy/confidence. In order to compare the results, a paired-sample t-test can be conducted in order to see the differences in self-confidence before and after Dr. Kimora's therapy. Following the conclusion of Dr. Kimora's session, the survey will be administered again to measure levels of a patient's self-efficacy and self-confidence. Next, patients will then be asked to voluntarily fill out their address and contact information for follow up in the future. The evaluation team will contact the patient after 3 and 6 months to measure the patient's overall progress in terms of levels of self-confidence, self-efficacy, and other general measures such as rates of relapse and status of employment.

### **RECCOMENDATIONS**

The Addiction Institute is one of the most prestigious facilities dealing with addiction in the country. However, based on our teams observations and interviews with key stakeholders, we feel that there are some aspects of operations that can be improved, specifically the collection and analysis of data. Currently, baseline data is only collected with the purpose of being sent to the state in order to receive funding. It would be helpful if staff at the Addiction Institute analyzed the data themselves that way they can understand the client population better and tailor their services to their individual needs. Aside from the initial baseline data, the Addiction Institute does not follow-up with patients once they leave the facility. Having three-month follow-ups will not only help the institute track who is relapsing, but will also show how treatment has impacted their life. For example, if treatment was successful, patients may employed once they are out. In regards to Dr. Kimora's SST, it would be helpful to perhaps make the session one-hour long instead of 45-minutes. If the SST was an hour long, Dr. Kimora would be able to administer pre and post surveys to each participant in order to see if there was any reported changes of self-efficacy and self-confidence.

Our team understands that due to a lack of resources, data collection may be difficult to process and analyze. However, our we recommend that the facility hire more (or train current) graduate interns, fellows, and externs. Currently, the Addiction Institute has interns, fellows, and externs from Columbia University, New York University, Fordham University, John Jay College of Criminal Justice, and Yeshiva University. Interns and fellows would be excellent choices because not only are low-costing, but they are intelligent, hard-working, and eager to make a contribution.

# Ten Rules for Being Human

## *Chicken Noodle Soup for the Soul*

**1. You will receive a body:** We all own a body and whether you love it or hate it, it is yours for life. You can make certain changes and choices in life (such as exercise and diet) that will affect the state of your body, but what really counts is on the inside.

**2. You will be presented with lessons:** Life is a constant learning experience. Every day you are presented with challenges and opportunities to learn something new. All of these lessons are indeed specific to you and your experiences seen through your eyes. Learning these lessons is ‘the key to discovering meaning and relevance of your own life.’

**3. There are no mistakes, only lessons:** In life there is no failure, there are no mistakes. These events are merely experiences which provides us with a lesson, Life is a big experiment and every action we take embodies trial and error, so your path through life is never direct.

**4. The lesson is repeated until learnt:** These lessons in life, will repeat until you have learnt them. What you see as a problem, is actually an opportunity for growth. Every frustration and irritation that you experience is another lesson in awareness and realising that you are not a victim of circumstance. You are responsible for you and what happens to you. Persistence and patience are needed as these lessons repeat, but you will get there. Change doesn’t happen overnight.

**5. Learning does not end:** The process of constant learning through experiences is something that we (ironically) need to learn, will not stop. Whilst you are alive, there are always more lessons to be learnt. Acknowledging your weaknesses and learning how to adapt and be flexible will open the door to personal growth and ability to strengthen and grow.

**6. “There” is no better than “here:”** The past is full of lessons that may or may not have been learned from. The future is merely guessing what may or may not lie ahead. But the present is where the magic happens. Living in the present allows you to appreciate what you have, all the time. Because realistically, we are lucky to be alive and conscious on this rock, orbiting the sun.

**7. Others are only mirrors of you:** If you love or hate something about another, then that is merely a mirror to what you love and hate about yourself. Those who you choose to surround yourself with, define us a people. Yet if we feel let down, or have let others down, then forgiveness is the key to ‘erasing an emotional debt.’

**8. What you make of your life is up to you:** Courage and confidence is present within all of us, some people are better at realising this than others. The tools and resources that are needed to take responsibility for yourself are all there. You must realise that there are certain things that cannot be changed, no matter how hard you try. Letting go of this and of bitterness, will allow you to have a clear and focussed mind. The type of lessons that we experience in life are down to our choices, be bold and adventurous, as the best lessons are those that we can embrace.

**9. Your answers lie inside of you:** Whether or not you call it your ‘gut feeling,’ instinct, ‘voice inside my head’ or a flash of inspiration, the **automatic response system** within your mind that you build up as a result of experiences is often true. It holds your innermost feelings and aspects of your personality and morality that have been carved and honed over the years.

**10. You will forget all of this at birth:** We are all born with these capabilities, yet through early experiences we become doubtful, cynical, lack belief and lose confidence. Certain people will be better at accessing these capabilities, however we can all call upon the strength of our soul, we just need to realise that it is always there.



## Appendix B

## Structured Observation Instrument

Date: \_\_\_\_\_

Observer's name: \_\_\_\_\_ Patient's name: \_\_\_\_\_

----1---- Quality is not evident	----2----	----3---- Quality is rarely evident	----4----	----5---- Quality is moderately evident	----6----	----7---- Quality is highly evident and consistent
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<i>Please indicate the rating for each quality in the boxes below.</i>			
	<b>Patient is friendly and relaxed with group.</b> Socializes informally and is relaxed in interactions with others. Appears to enjoy company of peers. [SOCIAL SKILLS]		<b>Patient contributes opinions, ideas, and/or concerns to discussions.</b> Expresses ideas and responds to facilitator's questions and/or spontaneously shares with group. Willing to offer opinions that differ from others. This item refers to sharing that is part of the activity; disruptively talking out of turn is not part of this item. [ADVOCACY]
	<b>Patient shows respect toward others.</b> Refrains from causing disruptions that interfere with others. When working with others, s/he considers other's viewpoints. Refrains from derogatory language or actions. If disagreements occur, they are handled constructively. [RESPECTING OTHERS, CONFLICT RESOLUTION, CULTURAL COMPETENCY]		<b>Patient listens actively and attentively to peers and staff.</b> Listens and responds to peers and to facilitator / staff. Appears interested in what others have to say. Looks at peers and/or staff when they speak and provides concrete and constructive feedback. [COMMUNICATION SKILLS / ACTIVE LISTENING]
	<b>Patient is collaborative.</b> Works with others and participates actively in achieving team goals. Demonstrates courteousness / consideration of others in interactions and decisions. [TEAMWORK]		<b>Patient engages in problem solving.</b> Demonstrates the ability to identify and/or anticipate a problem, analyze the situation, offer creative solutions and, when appropriate, decide on and implement a course of action.
	<b>Patient is on task and shows positive work ethic.</b> Focused, attentive, and not easily distracted from the discussion. Follows along with the facilitator. [WORK ETHIC]		<b>Patient takes leadership roles/responsibilities.</b> Takes on meaningful responsibility for directing, mentoring, or assisting one another to achieve an outcome. [LEADERSHIP, SELF ESTEEM]

Please share any additional comments here about the ratings above, including anything remarkable about the patient's behavior or participation that was observed during the program activities

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## Appendix C

Date: \_\_\_\_\_

## PRE/POST SURVEYS FOR DR. KIMORA'S SST

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

**1.) On the whole, I am satisfied with myself.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**2.) At times I think I am no good at all.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**3.) I feel that I have a number of good qualities.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**4.) I am able to do things as well as most other people.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**5.) I feel I do not have much to be proud of.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**6.) I certainly feel useless at times.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**7.) I feel that I'm a person of worth, at least on an equal plane with others.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**8.) I wish I could have more respect for myself.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**9.) All in all, I am inclined to feel that I am a failure.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**10.) I take a positive attitude toward myself.**

Strongly Agree      Agree      Disagree Strongly      Disagree

**Scoring (for administrator only):**

Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.