



The Washingtonian Centers

By Karen Ellery-Jones

WHEN A PATIENT OR FAMILY MEMBER IS SEEKING TREATMENT FOR ALCOHOL OR DRUG ADDICTION, THEY MAY CONSULT THEIR PRIMARY CARE PHYSICIAN, FAMILY MEMBERS OR FRIENDS FOR A RECOMMENDATION. OTHERS MAY TURN TO THE YELLOW PAGES OR THE INTERNET, WHERE A PLETHORA OF ADVERTISEMENTS MAY CAUSE CONFUSION OR CONCERN.

SOME PATIENTS MAY question whether the physician or treatment facility follows an evidence-based treatment protocol. They may wonder if they offer adequate or appropriate treatment options and fully support the patient and his or her family. Do they simply get the individual through detoxification and send them home?

Punyamurtula Kishore, M.D., M.P.H., FASAM



These questions, and others like them, are what drove Punyamurtula Kishore, M.D., M.P.H., FASAM, who has been treating patients with addictions for over 35 years, to establish the Washingtonian Centers, named after the Washingtonians.

Founded in 1840, the Washingtonians were the first institute in the country to view alcoholism as a disease and treat alcoholics with dignity and respect. This concept traces its origins to Benjamin Rush, one of the signers of the Declaration of Independence.

Now, a century and a half later, Dr. Kishore has founded the Washingtonian Centers as the first organization to set standard levels of care for all professionals involved in the treatment of addiction, from addiction centers to individual practitioners.

Dr. Kishore hopes that the Washingtonian Centers' Seal of Approval will help patients and their families choose the right addiction treatment center, one that has gone through a comprehensive assessment by Dr. Kishore himself, a renowned leader in addiction diagnosis and treatment.

The Washingtonian Movement can trace its origins back 170 years, when six men gathered in Clark's Tavern in Baltimore and came to believe that if they relied on their collective fellowship and divine guidance, they could control their urge to consume alcohol.

"The Washingtonians saw alcoholism as a disease and offered moral and spiritual support," says Dr. Kishore. "Their goal was to help people stay sober. They were really way ahead of their time and can be considered a precursor to Alcoholics Anonymous."

Patients were offered detoxification at home or in a number of treatment facilities scattered throughout the country, after which they were given continuous emotional and spiritual support, a necessary step in treating addictions.

From that original meeting in a dark tavern, the Washingtonian Movement soon spread across the country, eventually operating close to 120 facilities and boasting nearly a half a million members at its peak.

In many ways, the evolution of the Washingtonians was driven by the evolution of the country.

"After the Civil War, soldiers came back with what was known at the time as soldier's disease, but was really an addiction to

morphine,” says Dr. Kishore. “The Washingtonians helped the soldiers who were addicted to morphine but found that it was a lot more difficult than treating an alcoholic because opiate addicts crave the drug all the time.”

In time, leaders of the Washingtonians were to join forces with the temperance movement and work toward banishing morphine. It took almost 50 years, but in 1914, all opiates became a regulated substance that required the doctor to obtain a Bureau of Narcotics and Dangerous Drugs number.

Soon thereafter, alcohol was similarly banned as the United States entered the era of prohibition.

In some ways, this politicization represented a loss of direction. Within a few years, the Washingtonian Movement’s influence had waned, and they subsequently faded into the annals of history, except for the Washingtonian Center for Addictions in Jamaica Plain that operated continuously until 1980. Dr. Kishore served as the last medical director for this august institution.

Dr. Kishore feels that resurrecting the famous name is a testament to the movement’s early groundbreaking beliefs regarding the treatment of addiction.

Dr. Kishore’s vision for the Washingtonian Centers is that treatment facility or addiction program can apply for the Washingtonian Centers’ Seal of Approval, but they must adhere to the Principles of Effective Treatment that Dr. Kishore has identified as indicators of good care (see sidebar).

“If you look up ‘addiction treatment’ in the yellow pages or on the Web, you will find that most of the results yielded are self-promoting advertisements from private organizations that are very expensive and are not covered by insurance but rather rely on self-payments from patients,” says Dr. Kishore. “We are hoping the Washingtonian Seal [of Approval] will serve as an indicator of good care. We go through and assess the program. We look at the program from its philosophy and ideology to patient satisfaction. We will make sure it follows evidenced-based practices and uses the principles of effective treatment designed by the National Institutes of Health.”

There are plans to compile a broad and comprehensive multidisciplinary directory of approved addiction centers and practitioners, including social workers, pharmacists and others who typically have a role in addiction treatment.

“We want to use the Washingtonian Center’s name and

reputation to create a collaboration of like-minded practices so that alcoholics and addicts can be treated with dignity, respect and care,” says Dr.

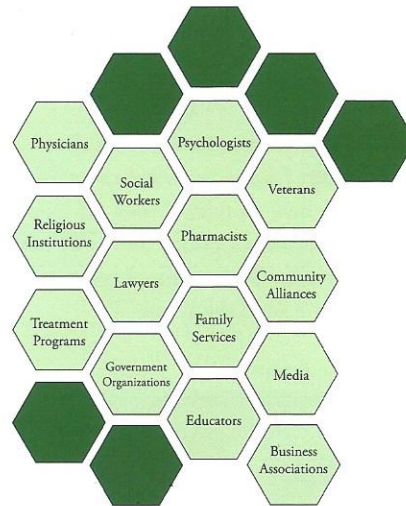
Original Washingtonian Center, late 1800s



Kishore. “We need to have collaboration between many of these participants and bring some common ground to the care. We all have things to offer.”

For more information about the Washingtonian Centers, please either call 1-800-770-1904, or e-mail psk@pmai.net.

Collaboration of Like-Minded Practices



NATIONAL INSTITUTE OF HEALTH (NIDA) PRINCIPLES OF EFFECTIVE TREATMENT

- + Addiction is a complex but treatable disease that affects brain function and behavior.
- + No single treatment is appropriate for everyone.
- + Treatment needs to be readily available.
- + Effective treatment attends to multiple needs of the individual, not just his or her addiction.
- + Remaining in treatment for an adequate period of time is critical.
- + Individual and/or group counseling and other behavioral therapies are needed in treatment.
- + Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- + An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- + Treatment should address co-occurring mental disorders.
- + Medically assisted detoxification is only the first stage of addiction treatment and should be followed up by other modalities.
- + Treatment does not need to be voluntary to be effective.
- + Relapses during treatment must be monitored continuously, as lapses do occur.
- + Treatment programs should assess patients for co-occurring medical illness.

Professional Ethics

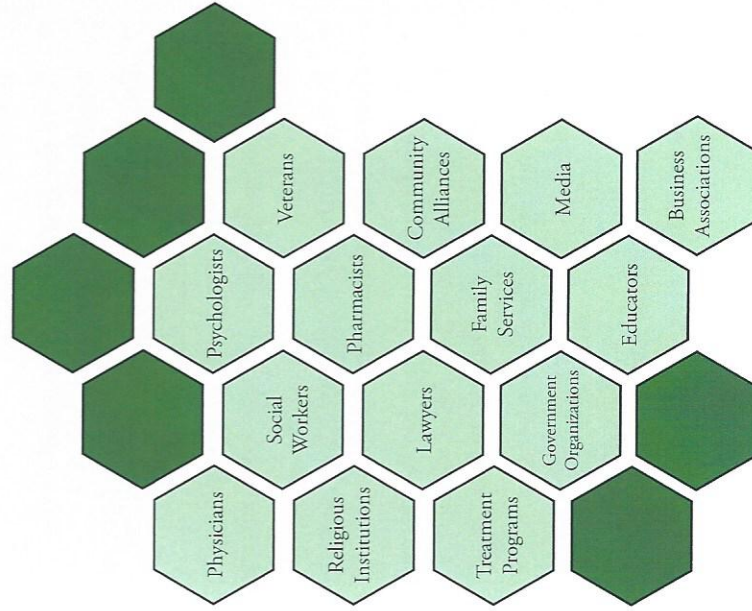
I _____

will abide by the following rules and regulations:

1. Confidentiality
2. Informed Consent
3. Boundaries
4. Privileged Communication
5. Group Guidelines
6. Professional Responsibility
7. Non-Discrimination
8. Evidence Based Practice
9. Right to Privacy
10. Do No Harm

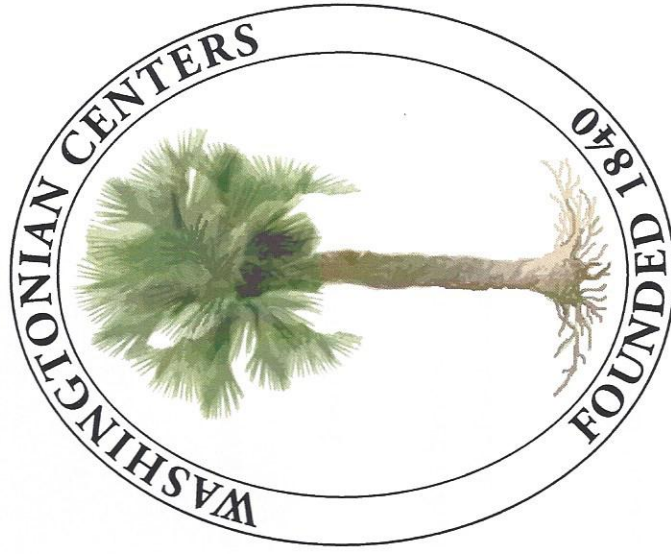
Mission

Washingtonian Centers is a broad coalition of community based practices and programs joined in the common mission of helping addicted individuals, their families and communities through treatment, empowerment and support.



Washingtonian Centers™

Collaboration of Like-Minded Practices

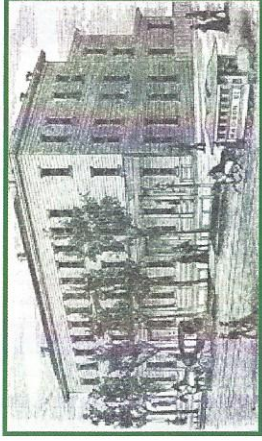


11 Kent Street, PO Box 470799
Brookline, MA 02445
1-800-770-1904

Bill of Client Rights

- 1) Right to be treated with respect
- 2) Right to freedom from harm
- 3) Right to dignity and independence
- 4) Right to quality services that comply with standards
- 5) Right to effective communication
- 6) Right to be fully informed
- 7) Right to make an informed choice and give informed consent to treatment
- 8) The right to support from support persons
- 9) Right in respect of research or testing
- 10) Right to complain and access

History



- Washingtonians date back to the founding of the United States of America.
- Were the first to treat alcoholism and addiction as an illness.
- Were the first self help program in the world.
- Precursor to current day AA movement.
- Abraham Lincoln addressed the Washingtonians with the Temperance Address in Springfield, Illinois on February 22, 1842.
- In the 1800's the Washingtonians had close to half a million members.
- The Washingtonian Center for Addictions located in Jamaica Plain, Massachusetts continuously operated until 1980.
- At the height of the movement the Washingtonians had close to 120 centers nationwide.
- **The Washingtonian Centers seal of approval serves as an indicator for good care.**

For more history on the

Washingtonian Movement go to:

www.eskimo.com/burked/history/daniels.html
www.chips.ourspecial.net/history/wras/wras_max.pdf
www.en.wikipedia.org/wiki/washingtonian_movement

Principles of Effective Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just his or her addiction.
5. Remaining in treatment for an adequate period of time is critical.
6. Counseling- individual and/ or group- and other behavioral therapies are needed in treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Treatment should address co-occurring mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and should be followed up by other modalities.
11. Treatment does not need to be voluntary to be effective.
12. Relapses during treatment must be monitored continuously, as lapses do occur.
13. Treatment programs should assess patients for co-occurring medical illness.