HOUSE SHALOM

A RECOVERY PROGRAM BY THE BECOMING AGENCY

A Guide for Referral Partners

ADULTS & TEENS · ASAM LEVELS 2.1 & 1.0 · SIOUX FALLS

Substance use treatment that changes the scripts underneath, so the life story can change too.

WHAT HOUSE SHALOM IS · HOW IT WORKS · HOW IT'S DIFFERENT · SAMPLE PAGES
WHO IS A GOOD FIT · HOW TO REFER · PAYMENT · REFERRAL AND RELEASE FORMS

DR. JOSHUA S. DUNCAN, PHD, LPC-MH, QMHP, LAC · CLINICAL DIRECTOR

A Word to Our Referral Partners

Thank you for the people you send our way. Many of them reach you on a hard day: a judge's order, a positive screen, a parent's phone call, a discharge from detox. When you pass that person to us, you are trusting us with them.

House Shalom is The Becoming Agency's substance use treatment program for adults and teens, at ASAM Level 2.1 (intensive outpatient) and Level 1.0 (outpatient). We built the curriculum ourselves around one conviction: **if we change the scripts underneath, we can change the life stories.** Part of that foundation is my own doctoral research on childhood trauma, attachment and adult leadership.

This guide covers what the program is, how it differs, real workbook pages, who is a good fit, how to refer, and what we can tell you afterward. The referral form and both release forms are at the back. More is at thebecomingagency.com.

If anything here raises a question, call me. I would rather talk it through than have you guess.

Dr. Joshua S. Duncan, PhD, LPC-MH, QMHP, LAC
Founder and Clinical Director, The Becoming Agency

OUR MISSION

Journeying with people in unbecoming to become.

OUR VISION

Rebuilding the inner self: mind, body, soul and spirit.

THE SCRIPTURE WE STAND ON

"Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul." 3 John 2 (ESV). The Greek word behind "go well" means to have a good journey.

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House Shalom at a Glance

WHAT IT IS	Outpatient substance use disorder treatment, built on The Becoming Agency's own curriculum. Group, individual and family counseling.
WHO WE SERVE	Adults 18 and older, and teens 13–17, in separate tracks. Adults and teens never share a group or a room.
LEVELS OF CARE	ASAM Level 2.1 (intensive outpatient, 9 hours a week) and ASAM Level 1.0 (outpatient aftercare).
LENGTH	24 weeks for most clients: 12 weeks at 2.1, then 12 weeks at 1.0. Then a continuing-care companion for life after group.
ADULT SCHEDULE	Morning group: three mornings a week, 9:00 a.m.–noon. Afternoon group: three afternoons a week, 1:00–4:00 p.m. Night group (from April 2027): three evenings a week, 5:00–8:00 p.m. Aftercare: two 2-hour sessions a week (4 hours).
TEEN SCHEDULE	Three afternoons a week, 3:45–6:45 p.m., 9 hours total. Aftercare: two 2-hour sessions a week (4 hours).
START ANY WEEK	Open entry. A new client joins the group the week they are ready; nobody waits for a cohort to begin.
RESPONSE TIME	We reach out to schedule an assessment within 24 hours of a referral.
EVALUATIONS	Standalone substance use evaluations, including court-ordered evaluations, are available without enrolling in the program.
PAYMENT	South Dakota Medicaid. Sanford Health Plan, Avera Health Plans and Wellmark (call to verify benefits). Self-pay at the South Dakota state rate, with a sliding fee scale for uninsured and underinsured clients. No one is turned away solely for inability to pay.
OPENS	January 11, 2027. Call now to talk through a referral.
WHERE	3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106. Accessible parking and an accessible entrance. All services are in person; we don't offer telehealth.
CONTACT	Call or text (605) 453-6764 · Fax (605) 401-4086 · HouseShalom@thebecomingagency.com · thebecomingagency.com
PROVIDER IDS	Agency NPI 1952088890 · SD Medicaid provider 6575280 · EIN 84-4405527
ACCREDITATION	Accredited by the South Dakota Department of Social Services for ASAM Levels 1.0 and 2.1. Enrolled with South Dakota Medicaid through The Becoming Agency.

What House Shalom Is

Why "House Shalom." *Shalom* is the Hebrew word for wholeness: nothing broken, nothing missing. *House* is the other half of the name, because recovery here is a return home. The program heals the inner person, so each client can come home to the healthy, whole, healed and joy-filled person they were created to be. That is the goal, and it is bigger than not using.

Most people who come to us have already tried to stop. What brought them back was rarely a lack of information about drugs. It was the voice underneath: *I'm not enough. Nobody is coming. If they really knew me, they'd leave.* We call that voice the **Fear Script**, the rule about self and others that early relationships wrote into a person. The substance became the fastest way to quiet it. House Shalom teaches the recovery skills every good program teaches, then works the script itself, in a group that becomes the kind of relationship that writes a new one.

> **Developed in part from Dr. Duncan's doctoral research.** In a study of 124 leaders whose average adverse-childhood score was three, childhood adversity did not predict leadership style; attachment anxiety did (Duncan, 2024). What travels forward is the working model a person still carries, and working models can be relearned. The study looked at leaders, not people in addiction treatment, and it was correlational, so we hold it as grounded hope, not proof. It points to three ingredients the program is built to supply: healthy relationships, a real sense of agency, and doing the work.
>
> *Duncan, J. S. (2024). Childhood trauma, attachment, and adult leadership styles [Doctoral dissertation, Walden University].*

The road: 8 Movements over 24 weeks

1 Uncover Wk 1–2	**2 Unlearn** Wk 3–4	**3 Heal** Wk 5–6	**4 Become** Wk 7–8
5 Sustain Wk 9, 13–15	**6 Integrate** Wk 10, 16–18	**7 Multiply** Wk 11, 19–21	**8 Initiate** Wk 12, 22–24

The first twelve weeks walk all eight Movements: get honest, unlearn old beliefs, heal the wound underneath, become who you are, and build a life that holds. Aftercare walks the last four again, slower, and ends with each client reading a written plan to the group.

> **Our hope for every client:** *My current reality doesn't have to be my forever reality.*

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How the Program Works

A week at Level 2.1. Three 3-hour sessions, each run as three 45-minute hours with a 15-minute break. **Hour 1** is check-in: each member rates the week on the Shalom Pulse (six areas of life plus a separate recovery-risk line) and reports on last session's commitment. **Hour 2** is recovery learning: the brain and addiction, triggers, cravings, lapse and relapse, overdose prevention and medication options. **Hour 3** is the script underneath: core beliefs, shame, attachment, family patterns and identity, built on cognitive behavioral therapy.

More than group

- **Individual counseling** with the client's own group counselor.
- **Family sessions** at both levels, when the client says the time is right; for teens, with the teen's consent.
- **Recovery incentives (contingency management)** for verified recovery milestones.
- **Mental health care** for co-occurring conditions from licensed clinicians at The Becoming Agency, plus a separate **DBT skills group**.
- **Medication coordination** with the prescriber or opioid treatment program, with group times worked around dosing.
- **Random drug screening**, non-punitive and free to the client.

Trauma-informed, whole-person care

- **Screened from day one:** adverse childhood experiences and suicide risk at intake.
- **Regulation before depth:** every heavy hour opens with a "Pause & Check Your Window" rating, and the hardest pages carry a Body Check.
- **The right place for hard memories:** trauma memories are worked through in individual sessions, not in group, and facilitators follow a written plan for anyone who becomes flooded.
- **Choice and voice:** members can pass, and faith content is always optional.
- **No pain-based coping**, and the 988 crisis line printed in every book.
- **Wholeness, measured weekly:** the Shalom Pulse rates spirit, heart and mind, relationships, body, work and calling, and resources. A low score on the separate risk line goes to the counselor the same day.

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How House Shalom Is Different

Many referral partners already know CBI-SUA, MRT or the Matrix Model. All three are well-studied programs, and we don't claim House Shalom is better. Here is how it is different, so you can match the person to the right room.

	CBI-SUA	MRT	MATRIX MODEL	HOUSE SHALOM
Developed by	University of Cincinnati Corrections Institute	Correctional Counseling, Inc.	Matrix Institute on Addictions	The Becoming Agency, drawing in part on Dr. Duncan's doctoral research (2024)
Built for	Moderate to high substance use need, especially in criminal justice settings	Justice-involved and other populations; aimed at reducing recidivism	Adults in intensive outpatient care; studied most with stimulant use	Adults and teens at ASAM 2.1 and 1.0, voluntary and mandated
Core idea	Skills: thinking, emotions, social and problem solving	Raise moral reasoning so decisions become deliberate	Early-recovery and relapse-prevention skills, family education, monitoring	Change the belief underneath the use, in a group designed as a corrective relationship
Shape	39 sessions in six modules	16 steps; graduation at Step 12; open-ended groups	16 weeks, 3 hours a day, 3 days a week	12 weeks at 2.1, 3 days a week, 9 hours; then 12 weeks at 1.0, 2 days a week, 4 hours; open entry
Goes deeper on	Cognitive restructuring and skill practice	Moral reasoning, honesty, identity, purpose	Stimulant recovery stages and warning signs	Shame and grace, attachment, family of origin, development, joy, a written identity plan
Faith	Secular	Secular	Secular	Christian faith-based, disclosed in advance, never required
Evidence	Evaluated mainly in correctional settings	A large body of recidivism research	Clinical trials, including the CSAT Methamphetamine Treatment Project	New; a validated battery at intake, level changes and discharge, with outcomes tracked from launch

Where House Shalom differs.

- **It works one layer down.** All three teach better thinking and choices. House Shalom also asks where the thinking came from, using CBT at the level of core beliefs alongside attachment theory, schema work and developmental stages.
- **The group is the treatment.** Peer guides, a Shalom Partner, and a room that answers honesty with "thank you."
- **Shame is named and replaced, and joy is treated as treatment.** A lapse is never a reason for humiliation, and every session closes with a joy practice.
- **It is written for this setting,** community outpatient care with court-involved and voluntary clients in the same room, with a teen edition on the same structure.

A client who has finished MRT or CBI-SUA builds on that work here rather than repeating it. For someone whose main need is stimulant recovery, the Matrix Model is a strong option, and we're glad to talk through which fits.

Sources: UCCI, CBI-SU overview · Franklin County, WA, MRT program · CEBC, Matrix Model IOP · SAMHSA, Matrix IOP manual

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What We Hold To

1. **Medication is welcome.** Clients on buprenorphine, methadone, naltrexone or any prescribed medication are admitted, treated and graduated on the same terms as everyone else. We never require, encourage or pressure a client to taper.
2. **Faith is offered, never required.** We disclose our Christian basis in writing before admission. Any client may substitute their own understanding of a Higher Power, and beliefs never affect admission, progress notes, completion or any report to a referral source. Anyone who wants a non-faith-based provider gets a referral.
3. **Trauma-informed from intake.** Heavy material is paced, with grounding checks on the page, and trauma memories are processed in individual sessions.
4. **Honest about the evidence.** Our materials say plainly what is known, what is likely and what is not known.
5. **A continuum, not a cliff.** Intensive outpatient flows into aftercare in the same building, then a continuing-care companion for the months after.
6. **A lapse is a clinical event.** It brings a same-week plan review and a step-up in care if needed, not discharge. Drug screens are reviewed privately, never shared in group, and never grounds for discharge on their own.
7. **Built to produce leaders.** The last two Movements are about giving it away: telling your story safely, helping without rescuing, mentoring.

How we measure progress

Every client completes a validated battery at intake, at each change in level of care, and at discharge: the **ASAM** six dimensions (CRAFFT 2.1 for teens), **PHQ-9 and GAD-7** (PHQ-A for teens), the **ACE**, the **ECR-S** for attachment, the **RFQ** for reflective capacity, the **BSCQ** for confidence to stay sober, the **TOSCA** for shame and guilt, and our own Shame–Grace Identity Inventory. The weekly Shalom Pulse and the state's **DBH STARS** outcome tools complete the picture.

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The Curriculum

Two editions on one structure, so counselors run one system. The adult *IOP Recovery Workbook* and *Aftercare Workbook*, and the teen *Teen Workbook* and *Keep-Going Workbook*, each with a facilitator guide checked line by line against the client's book. Each client keeps their own book.

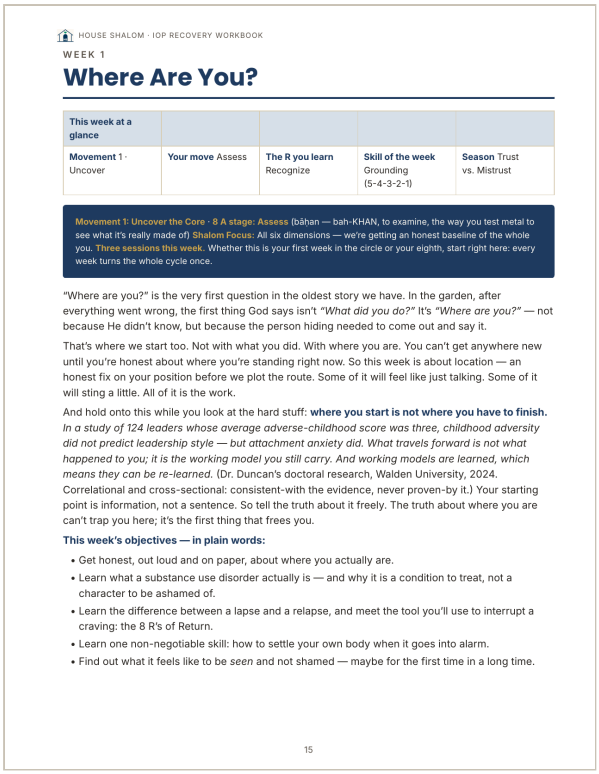
WK	ADULT · 2.1	TEEN · 2.1	WK	ADULT · 1.0	TEEN · 1.0
1	Where Are You?	Taming the Storm	13	Rhythms that Hold	Rhythms That Hold
2	Naming the Pattern	What's Running You	14	Drift	Drift
3	The Lie and the Truth	The Voice in Your Head	15	A Lapse Is Not a Relapse	A Slip Is Not the End
4	The Way You Love and Leave	Masks and Group Chats	16	Work, Money and Time	School, Work and Screens
5	The Wound Underneath	Big Feelings, Real Names	17	Relationships Under Repair	Repair at Home
6	From Shame to Grace	Shame Lies, Grace Speaks	18	Body, Sleep and Rest	Body, Sleep and Rest
7	The Family You Came From	Who Am I, Really?	19	Your Story, Titrated	Your Story, Safely Told
8	Becoming Who You Are	The Reps	20	Help, Not Rescue	Help, Not Rescue
9	Staying Ready	Staying Ready	21	Having One, Becoming One	A Mentor and Becoming One
10	One Whole Life	Home, Family and Hard Talks	22	Purpose and Calling	What Lights You Up
11	Passing It On	Your People	23	A Life You Don't Want to Escape	A Life Worth Staying For
12	Arise	What You're For	24	Recommissioning	Sent

What a client builds: a use-loop and recovery loop, a map of their core belief, a relapse prevention plan, a weekend safety plan every week, a family map, repair and amends steps, and a "Who I Am Becoming Plan" read to the group. Aftercare adds a one-page Continuing Plan.

What's different about the teen book: written for a teen who often didn't choose to be there (its first page says, *"You didn't pick this. You can still pick what you do with it."*), at about a 6th–7th grade reading level, on the Eight P's (Pattern · Peel · Peace · Practice · Pace · Presence · People · Purpose). The crisis line is on every page where a teen rates or writes about something hard; coping skills work in a school hallway; nothing uses pain; and pages for parents and guardians are written so the teen can read every word.

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ADULT SAMPLE PAGES Four pages from the adult IOP Recovery Workbook, unchanged and reduced. Worked examples are composites; no real client appears in our materials.



HOUSE SHALOM · IOP RECOVERY WORKBOOK

WEEK 1

Where Are You?

This week at a glance				
Movement 1 · Uncover	**Your move** Assess	**The R you learn** Recognize	**Skill of the week** Grounding (5-4-3-2-1)	**Season** Trust vs. Mistrust

Movement 1: Uncover the Core · 8 A stage: Assess (bāhan — bah-KHAN, to examine, the way you test metal to see what it's really made of) **Shalom Focus:** All six dimensions — we're getting an honest baseline of the whole you. **Three sessions this week.** Whether this is your first week in the circle or your eighth, start right here: every week turns the whole cycle once.

"Where are you?" is the very first question in the oldest story we have. In the garden, after everything went wrong, the first thing God says isn't *"What did you do?"* It's *"Where are you?"* — not because He didn't know, but because the person hiding needed to come out and say it.

That's where we start too. Not with what you did. With where you are. You can't get anywhere new until you're honest about where you're standing right now. So this week is about location — an honest fix on your position before we plot the route. Some of it will feel like just talking. Some of it will sting a little. All of it is the work.

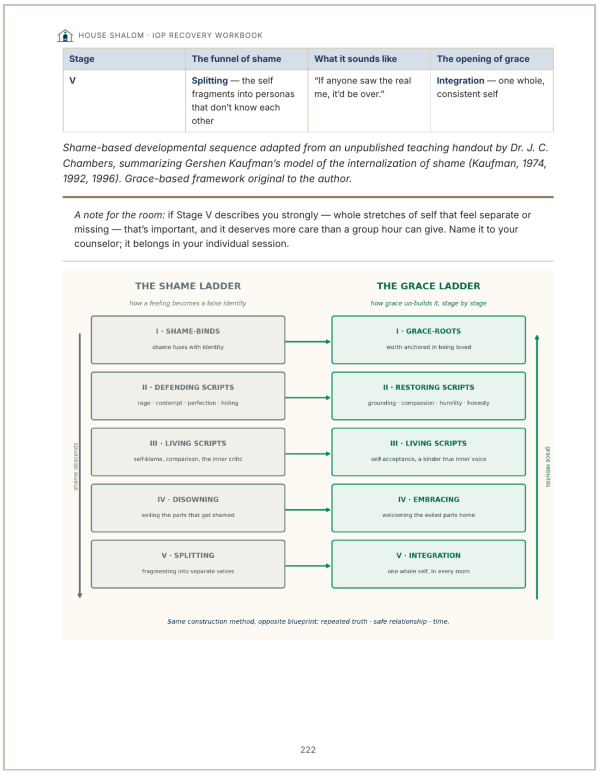
And hold onto this while you look at the hard stuff: **where you start is not where you have to finish.** *In a study of 124 leaders whose average adverse-childhood score was three, childhood adversity did not predict leadership style — but attachment anxiety did. What travels forward is not what happened to you; it is the working model you still carry. And working models are learned, which means they can be re-learned.* (Dr. Duncan's doctoral research, Walden University, 2024. Correlational and cross-sectional: consistent-with the evidence, never proven-by it.) Your starting point is information, not a sentence. So tell the truth about it freely. The truth about where you are can't trap you here; it's the first thing that frees you.

This week's objectives — in plain words:

- Get honest, out loud and on paper, about where you actually are.
- Learn what a substance use disorder actually is — and why it is a condition to treat, not a character to be ashamed of.
- Learn the difference between a lapse and a relapse, and meet the tool you'll use to interrupt a craving: the 8 R's of Return.
- Learn one non-negotiable skill: how to settle your own body when it goes into alarm.
- Find out what it feels like to be *seen* and not shamed — maybe for the first time in a long time.

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WEEK 1 · Week 1 opens: "This week at a glance," the stage of the journey, and the week's objectives in plain words.



HOUSE SHALOM · IOP RECOVERY WORKBOOK

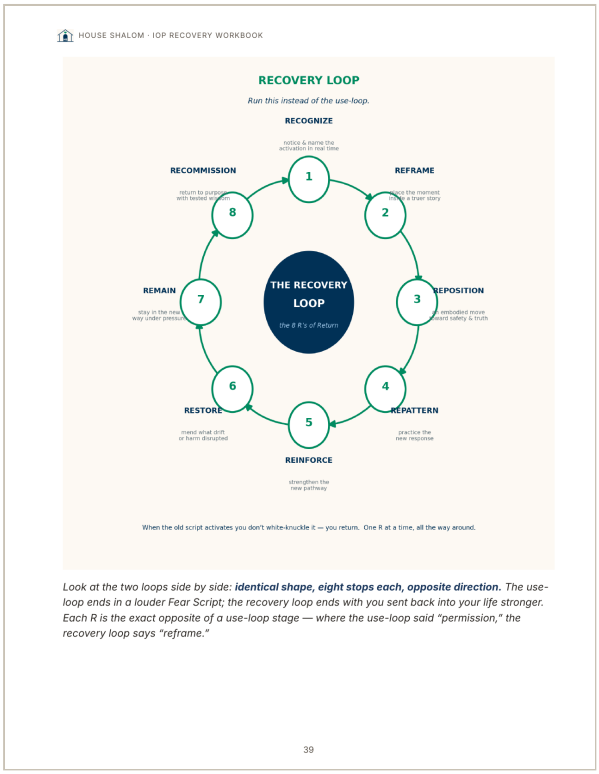
Stage	The funnel of shame	What it sounds like	The opening of grace
V	**Splitting** — the self fragments into personas that don't know each other	"If anyone saw the real me, it'd be over."	**Integration** — one whole, consistent self

Shame-based developmental sequence adapted from an unpublished teaching handout by Dr. J. C. Chambers, summarizing Gershen Kaufman's model of the internalization of shame (Kaufman, 1974, 1992, 1996). Grace-based framework original to the author.

A note for the room: if Stage V describes you strongly — whole stretches of self that feel separate or missing — that's important, and it deserves more care than a group hour can give. Name it to your counselor; it belongs in your individual session.

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WEEK 6 · The shame ladder and grace ladder side by side, with a safety note for the facilitator.

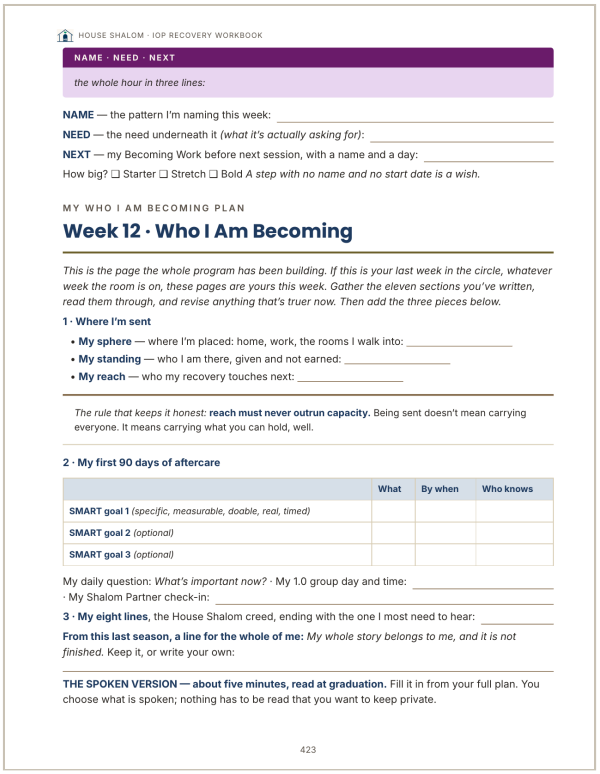


HOUSE SHALOM · IOP RECOVERY WORKBOOK

*Look at the two loops side by side: **identical shape, eight stops each, opposite direction.** The use-loop ends in a louder Fear Script; the recovery loop ends with you sent back into your life stronger. Each R is the exact opposite of a use-loop stage — where the use-loop said "permission," the recovery loop says "reframe."*

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WEEK 1 · The Recovery Loop: eight steps run instead of the use-loop.



HOUSE SHALOM · IOP RECOVERY WORKBOOK

NAME · NEED · NEXT

the whole hour in three lines:

NAME — the pattern I'm naming this week: _____

NEED — the need underneath it *(what it's actually asking for)*: _____

NEXT — my Becoming Work before next session, with a name and a day: _____

How big? ❑ Starter ❑ Stretch ❑ Bold *A step with no name and no start date is a wish.*

MY WHO I AM BECOMING PLAN

Week 12 · Who I Am Becoming

This is the page the whole program has been building. If this is your last week in the circle, whatever week the room is on, these pages are yours this week. Gather the eleven sections you've written, read them through, and revise anything that's truer now. Then add the three pieces below.

1 · Where I'm sent

- **My sphere** — where I'm placed: home, work, the rooms I walk into: _____
- **My standing** — who I am there, given and not earned: _____
- **My reach** — who my recovery touches next: _____

The rule that keeps it honest: **reach must never outrun capacity.** Being sent doesn't mean carrying everyone. It means carrying what you can hold, well.

2 · My first 90 days of aftercare

	What	By when	Who knows
SMART goal 1 *(specific, measurable, doable, real, timed)*			
SMART goal 2 *(optional)*			
SMART goal 3 *(optional)*			

My daily question: *What's important now?* · My 1.0 group day and time: _____

· My Shalom Partner check-in: _____

3 · My eight lines, the House Shalom creed, ending with the one I most need to hear: _____

From this last season, a line for the whole of me: *My whole story belongs to me, and it is not finished.* Keep it, or write your own:

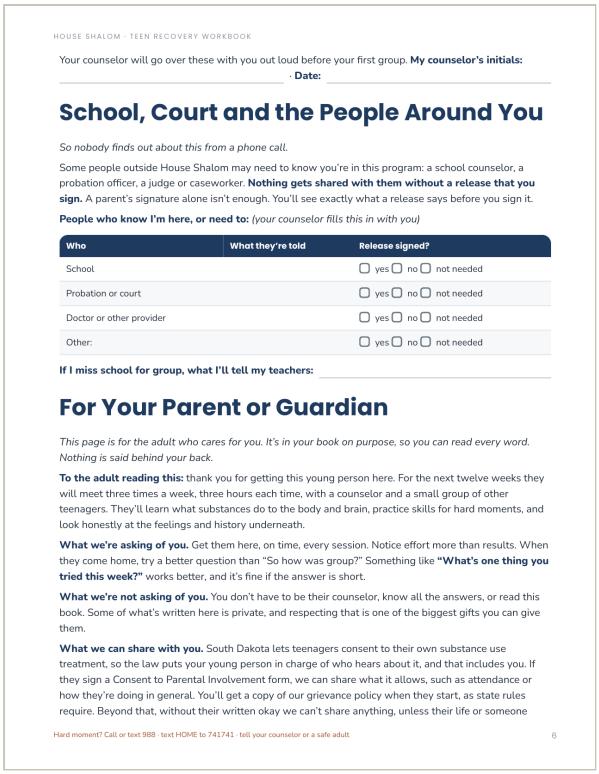
_____

THE SPOKEN VERSION — about five minutes, read at graduation. Fill it in from your full plan. You choose what is spoken; nothing has to be read that you want to keep private.

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WEEK 12 · The Who I Am Becoming Plan, read aloud to the group.

TEEN SAMPLE PAGES Four pages from the Teen Workbook, unchanged and reduced. Names in the examples are composites.



HOUSE SHALOM · TEEN RECOVERY WORKBOOK

Your counselor will go over these with you out loud before your first group. **My counselor's initials:** _____ · **Date:** _____

School, Court and the People Around You

So nobody finds out about this from a phone call.

Some people outside House Shalom may need to know you're in this program: a school counselor, a probation officer, a judge or caseworker. **Nothing gets shared with them without a release that you sign.** A parent's signature alone isn't enough. You'll see exactly what a release says before you sign it.

People who know I'm here, or need to: *(your counselor fills this in with you)*

Who	What they're told	Release signed?
School		☐ yes ☐ no ☐ not needed
Probation or court		☐ yes ☐ no ☐ not needed
Doctor or other provider		☐ yes ☐ no ☐ not needed
Other:		☐ yes ☐ no ☐ not needed

If I miss school for group, what I'll tell my teachers: _____

For Your Parent or Guardian

This page is for the adult who cares for you. It's in your book on purpose, so you can read every word. Nothing is said behind your back.

To the adult reading this: thank you for getting this young person here. For the next twelve weeks they will meet three times a week, three hours each time, with a counselor and a small group of other teenagers. They'll learn what substances do to the body and brain, practice skills for hard moments, and look honestly at the feelings and history underneath.

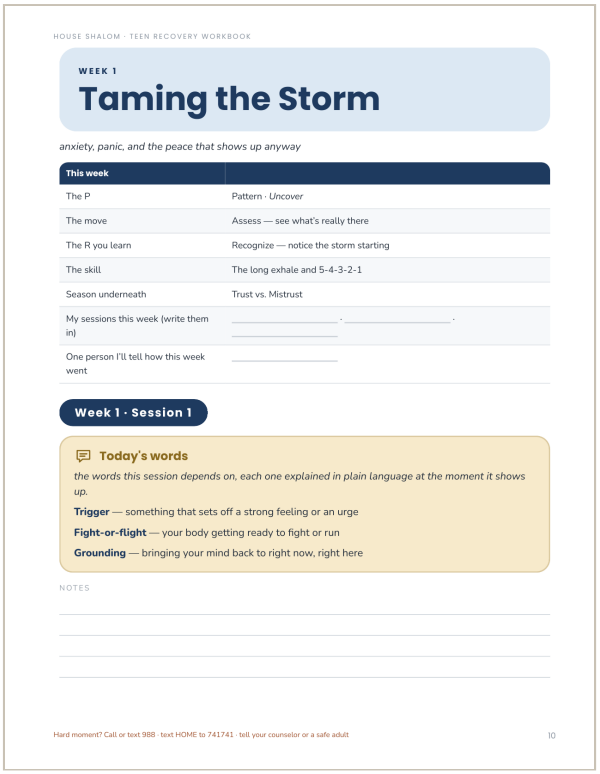
What we're asking of you. Get them here, on time, every session. Notice effort more than results. When they come home, try a better question than "So how was group?" Something like **"What's one thing you tried this week?"** works better, and it's fine if the answer is short.

What we're not asking of you. You don't have to be their counselor, know all the answers, or read this book. Some of what's written here is private, and respecting that is one of the biggest gifts you can give them.

What we can share with you. South Dakota lets teenagers consent to their own substance use treatment, so the law puts your young person in charge of who hears about it, and that includes you. If they sign a Consent to Parental Involvement form, we can share what it allows, such as attendance or how they're doing in general. You'll get a copy of our grievance policy when they start, as state rules require. Beyond that, without their written okay we can't share anything, unless their life or someone

Hard moment? Call or text 988 · text HOME to 741741 · tell your counselor or a safe adult 6

PAGE 6 · School, court and parents: written so the teen can read every word.



HOUSE SHALOM · TEEN RECOVERY WORKBOOK

WEEK 1

Taming the Storm

anxiety, panic, and the peace that shows up anyway

This week	
The P	Pattern · *Uncover*
The move	Assess — see what's really there
The R you learn	Recognize — notice the storm starting
The skill	The long exhale and 5-4-3-2-1
Season underneath	Trust vs. Mistrust
My sessions this week (write them in)	_____ · _____ · _____
One person I'll tell how this week went	_____

Week 1 · Session 1

Today's words

the words this session depends on, each one explained in plain language at the moment it shows up.

Trigger — something that sets off a strong feeling or an urge

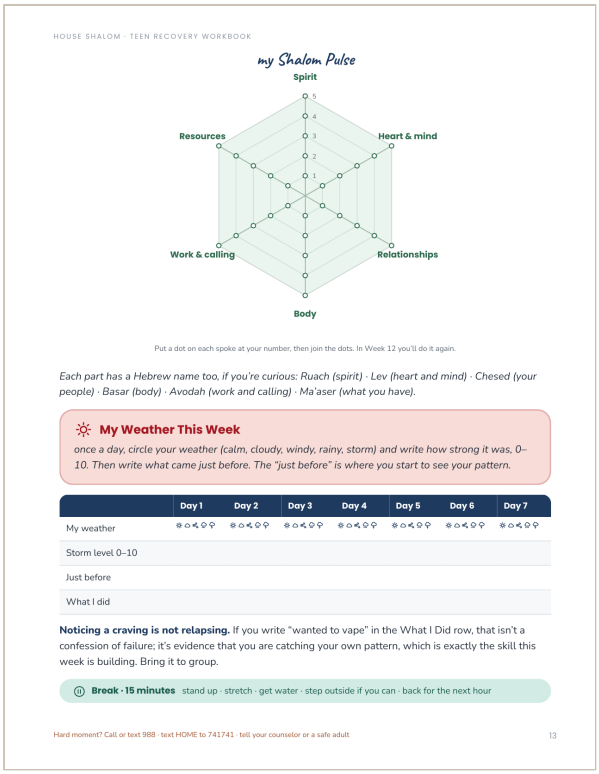
Fight-or-flight — your body getting ready to fight or run

Grounding — bringing your mind back to right now, right here

NOTES

Hard moment? Call or text 988 · text HOME to 741741 · tell your counselor or a safe adult 10

WEEK 1 · Week 1 opens: this week's step on the Eight P's, the skill to practice, and today's words in plain language.



HOUSE SHALOM · TEEN RECOVERY WORKBOOK

my Shalom Pulse

Put a dot on each spoke at your number, then join the dots. In Week 12 you'll do it again.

Each part has a Hebrew name too, if you're curious: Ruach (spirit) · Lev (heart and mind) · Chesed (your people) · Basar (body) · Avodah (work and calling) · Ma'aser (what you have).

My Weather This Week

once a day, circle your weather (calm, cloudy, windy, rainy, storm) and write how strong it was, 0–10. Then write what came just before. The "just before" is where you start to see your pattern.

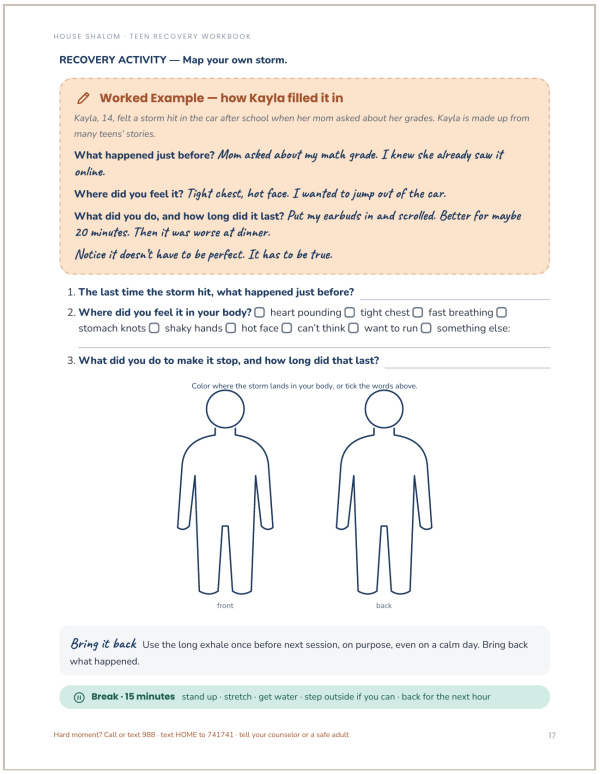
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
My weather	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨	☀ ☁ 🌧 ⛈ 💨
Storm level 0–10							
Just before							
What I did							

Noticing a craving is not relapsing. If you write "wanted to vape" in the What I Did row, that isn't a confession of failure; it's evidence that you are catching your own pattern, which is exactly the skill this week is building. Bring it to group.

Break · 15 minutes stand up · stretch · get water · step outside if you can · back for the next hour

Hard moment? Call or text 988 · text HOME to 741741 · tell your counselor or a safe adult 13

WEEK 1 · The Shalom Pulse and a daily weather check; noticing a craving is not relapsing.



HOUSE SHALOM · TEEN RECOVERY WORKBOOK

RECOVERY ACTIVITY — Map your own storm.

Worked Example — how Kayla filled it in

Kayla, 14, felt a storm hit in the car after school when her mom asked about her grades. Kayla is made up from many teens' stories.

What happened just before? *Mom asked about my math grade. I knew she already saw it online.*

Where did you feel it? *Tight chest, hot face. I wanted to jump out of the car.*

What did you do, and how long did it last? *Put my earbuds in and scrolled. Better for maybe 20 minutes. Then it was worse at dinner.*

Notice it doesn't have to be perfect. It has to be true.

1. **The last time the storm hit, what happened just before?** _____
2. **Where did you feel it in your body?** ☐ heart pounding ☐ tight chest ☐ fast breathing ☐ stomach knots ☐ shaky hands ☐ hot face ☐ can't think ☐ want to run ☐ something else: _____
3. **What did you do to make it stop, and how long did that last?** _____

Color where the storm lands in your body, or tick the words above.

Bring it back Use the long exhale once before next session, on purpose, even on a calm day. Bring back what happened.

Break · 15 minutes stand up · stretch · get water · step outside if you can · back for the next hour

Hard moment? Call or text 988 · text HOME to 741741 · tell your counselor or a safe adult 17

WEEK 1 · A worked example from a composite teen, then the blank and a body map.

Who Is a Good Fit

House Shalom is a good fit for someone who:

- Has a substance use disorder, or a strong reason to be assessed for one.
- Needs more structure than a weekly appointment (Level 2.1), or is stepping down from residential, inpatient or a higher level of care.
- Is ready for outpatient care: medically stable, with low withdrawal risk, and living somewhere safe enough to go home to between sessions.
- Has co-occurring mental health concerns that are stable enough for outpatient care. Our licensed mental health clinicians can see clients for mental health treatment alongside the program.
- Is on medication for addiction treatment, or is considering it.
- Is court-involved, on probation or parole, or referred by an employer, school or family. We work well with mandated clients.

Please refer elsewhere, or call us first, if the person:

- Needs medically managed withdrawal (detox).
- Has active psychosis, or suicidal thoughts that need inpatient care.
- Has a medical condition that needs a higher level of care.

If you're not sure, call. The level of care is set by our assessment using the ASAM Criteria, and if House Shalom isn't the right level, we will help find the one that is.

How to Refer

1. **Talk with the person first.** A referral works best when the client expects our call.
2. **Send the referral.** Call or text (605) 453-6764, or fax the referral form at the back of this guide to (605) 401-4086. Include a signed release if the client is willing to sign one now. If you email client information to HouseShalom@thebecomingagency.com, please encrypt it.
3. **Send an assessment, or we'll schedule one.** If the client has a current substance use evaluation, fax or email it with the referral and we'll review and update it at intake. If not, we reach out within 24 hours to schedule an assessment, which sets the level of care with the ASAM Criteria.
4. **Intake and orientation.** The client reviews rights, consents, our faith disclosure, fees and the confidentiality rules in plain language, and is matched with a peer guide.
5. **They join the group.** Open entry means they start the week they're ready.

What we can tell you afterward

Substance use treatment records are protected by federal law (42 CFR Part 2), which is stricter than HIPAA. **We cannot confirm that a person was referred, assessed or enrolled unless that person signs a release that names you.** At intake we invite every referred client to sign one. For teens, the teen controls that release, even when a parent made the referral; parents and guardians of every teen receive our grievance policy at intake.

- **Progress reports** go to you monthly, or sooner whenever you ask.
- **Attendance.** Missed sessions can be made up. A client who misses two weeks without making them up restarts the level of care, and a client who stops coming is discharged.
- **Completion.** Each client who completes a level of care receives a completion letter, which we send to you.

Payment

- **South Dakota Medicaid.** Covered services are billed at the Medicaid rate, with no copay for covered SUD treatment.
- **Private insurance.** Sanford Health Plan, Avera Health Plans and Wellmark. We verify each client's benefits before they start.
- **Self-pay** is billed at the South Dakota state rate.
- **Sliding fee scale.** Uninsured and underinsured clients pay a fee based on household income and size. No one is denied treatment solely because they can't pay.
- **No charge for drug screens,** including lab confirmation.

Quick Answers

Can someone start mid-program? Yes. Every week stands on its own, and a member at least four weeks in walks the new person through their first week.

How long is the program? Twelve weeks at 2.1 and twelve at 1.0 for most clients. Readiness to move between levels is decided by the counselor and confirmed by the ASAM Criteria.

Do you provide transportation or housing? No, including for teens. We're glad to coordinate with resources you already use.

Who leads the groups? Addiction counselors under the clinical supervision of Dr. Joshua S. Duncan, PhD, LPC-MH, QMHP, LAC. Mental health treatment is provided by licensed mental health clinicians.

Where can I learn more? Sample pages, the full measurement battery, inserts for courts, schools, medical partners and churches, and fillable forms are at thebecomingagency.com.

Call (605) 453-6764 · Fax (605) 401-4086 · thebecomingagency.com

Referral Form

Type in the shaded fields, save, then fax to (605) 401-4086 or send by encrypted email to HouseShalom@thebecomingagency.com. The client should know you are referring them.

DATE OF REFERRAL | **CLIENT NAME** | **DATE OF BIRTH**

CLIENT PHONE

CONTACT PREFERENCES AND TRACK

☐ OK to text ☐ OK to leave a voicemail ☐ Adult (18+) ☐ Teen (13–17)

IF TEEN: PARENT OR GUARDIAN | **PARENT OR GUARDIAN PHONE**

REFERRED BY | **AGENCY**

YOUR PHONE | **YOUR EMAIL**

YOUR ROLE

☐ Court or probation ☐ Parole ☐ School ☐ Physician or prescriber ☐ Therapist or clinic ☐ Hospital or detox
☐ Employer ☐ Church or ministry ☐ Family ☐ Self ☐ Other

REASON FOR REFERRAL

SUBSTANCES OF CONCERN

CURRENT MEDICATION FOR ADDICTION TREATMENT

☐ None ☐ Buprenorphine ☐ Methadone ☐ Naltrexone ☐ Other

OTHER MEDICATION / PRESCRIBER | **RECENT DETOX, INPATIENT OR RESIDENTIAL (WHERE, WHEN)**

SAFETY CONCERNS WE SHOULD KNOW ABOUT

ASSESSMENT

☐ Current assessment attached ☐ Please schedule an assessment

DATE OF ATTACHED ASSESSMENT | **INTENDED TREATMENT START DATE**

LEVEL OF CARE YOU ARE RECOMMENDING

☐ 2.1 IOP ☐ 1.0 outpatient ☐ Not sure, please assess

JUSTICE INVOLVEMENT

☐ Court-ordered or required ☐ Leaving jail or another facility ☐ On probation or parole

DEADLINE OR NEXT COURT DATE | **FACILITY** | **RELEASE DATE**

PROBATION OR PAROLE OFFICER | **SUPERVISION START DATE**

PAYMENT

☐ SD Medicaid ☐ Private insurance ☐ Uninsured ☐ Not sure

INSURANCE PLAN

CLIENT CONSENT TO CONTACT

☐ The client has agreed to be contacted by House Shalom

Information you send us about a client is held in confidence. We can report back to you only if the client signs a release that names you.

House Shalom · The Becoming Agency · 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106

INSERT · FOR COURTS, PROBATION AND PAROLE

Referring a Justice-Involved Client

House Shalom welcomes court-ordered and supervised clients. Many people do their best recovery work after being sent, not after choosing. Our materials don't pretend otherwise, and our counselors are trained for a room where most people didn't plan to be there.

What you can expect from us

- **Send an assessment, or we'll schedule one.** Fax or email a current substance use evaluation with the referral and we'll review and update it at intake, or we'll reach out within 24 hours to schedule an assessment. We assess with the ASAM Criteria and place the client at Level 2.1 (intensive outpatient, 9 hours a week) or Level 1.0 (outpatient). If they need a higher level, we tell the client and help with the referral.
- **A release offered at intake.** Federal law (42 CFR Part 2) bars us from confirming that a person is a client unless they sign a release that names you. We invite every court-involved client to sign one at intake. Please tell your client to expect it.
- **Evaluations only.** We also provide standalone substance use evaluations, including court-ordered evaluations, without enrollment.
- **What a release can cover.** Attendance, participation, drug screen results, level-of-care changes, completion or discharge, and treatment recommendations. You get exactly what the release names.
- **Drug screening.** Random screens at least weekly during intensive outpatient and at least monthly in aftercare, plus for-cause screens. Unexpected results are confirmed by a lab before they're treated as positive. Screens are free to the client.
- **Open entry, planned around release.** A client starts the week they're ready; there's no waiting for a cohort. On the referral form, give the expected release date and the intended treatment start date so we can line up the assessment and first group.

How we handle use and missed sessions

- A lapse is treated as a clinical event: a same-week treatment plan review, reassessment, a revised relapse prevention plan, and a step-up in level of care when it's needed. It isn't by itself a reason for discharge.
- A refused screen is documented and addressed clinically. It is treated as positive only for safety planning, never as grounds for discharge.
- After a missed session by a client with an opioid history, we reach out within 24 hours, because the days after a missed session carry higher overdose risk.
- Missed sessions can be made up. A client who misses two weeks without making them up restarts the level of care. A client who stops coming is discharged.
- **Reports:** monthly, or sooner whenever you ask, under a signed release. We let you know when attendance or use puts the plan at risk, and we send a **completion letter** when the client finishes.

Faith, disclosed in advance

House Shalom is a Christian faith-based program. We disclose that in writing before admission, every faith element has a printed alternative, and a client may substitute their own understanding of a Higher Power or skip the spiritual element entirely, with no effect on their record. **For mandated clients, on request we provide a written attestation** to the referring officer or court that the faith basis was disclosed in advance, a non-faith-based alternative provider was offered, and participation is voluntary. Any client who asks for a non-faith-based provider gets a referral.

What the client builds that you can see

With a release, we can confirm the client completed a relapse prevention plan, weekly safety plans, and the "Who I Am Becoming Plan" read to the group in Week 12, and in aftercare a Continuing Plan read in Week 24.

To refer: call or text (605) 453-6764 · fax (605) 401-4086 · HouseShalom@thebecomingagency.com (encrypted email for client information) · House Shalom, The Becoming Agency, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106

INSERT · FOR SCHOOLS, PARENTS AND GUARDIANS

Referring a Teen

House Shalom's teen track serves young people ages 13 to 17 in their own groups, in their own room, with their own workbooks. Teens and adults never share a group.

What the teen program looks like

- **Level 2.1:** three afternoons a week, 3:45–6:45 p.m., 9 hours total, for 12 weeks. **Level 1.0 (Keep-Going):** two 2-hour sessions a week (4 hours) for 12 more weeks.
- **Built for a teen who didn't choose this.** The book's first page says it plainly: *"You didn't pick this. You can still pick what you do with it."* It is written at about a 6th–7th grade reading level, with short reading stretches, plenty of drawing and mapping, and coping skills a student can use in a hallway with nobody watching.
- **Safety on every page.** Any page where a teen rates how they're doing or writes about something hard carries the crisis line on that same page. We never teach techniques that use pain or physical distress as coping.
- **Measured progress.** Teens complete the CRAFFT, PHQ-A, GAD-7, attachment and self-efficacy measures at intake and at discharge, and a weekly self-rating with a separate risk line that goes to the counselor the same day if it's low.

For parents and guardians

- **Your role.** Get them here, on time, every session. Notice effort more than results. Instead of "So how was group?", try "What's one thing you tried this week?" Short answers are fine.
- **Your page in the book.** The teen workbook has a page written to you at the front and at each stage, printed where your teen can read every word of it. Nothing is said behind their back.
- **Family sessions** are offered with your teen's consent and are scheduled in addition to group and individual sessions.
- **Confidentiality.** Under federal law (42 CFR Part 2), your teen controls who may be told about their treatment, even when you made the referral. At intake we offer your teen a form to choose what we can share with you, such as attendance, progress, family sessions and emergency contact. Some things are never confidential: suspected abuse or neglect, danger to your teen's life or someone else's, a medical emergency, or a court order.
- **The grievance policy.** Every parent or guardian receives our grievance policy at intake.
- **Transportation** is the family's responsibility; we don't provide rides.

For school counselors and administrators

- With the student's written consent, we can coordinate with you on attendance accommodations, academic supports, re-entry planning, and communication with the school counselor or student assistance program.
- Without that consent, we can't share anything, including whether the student is enrolled.
- Discharge planning for every teen includes a school re-integration plan, and we can share it with you when the student allows.
- The teen book spells out school, court and the people around the student on page six, so nobody learns about coordination from a surprise phone call.

To refer or ask a question: call or text (605) 453-6764 · fax (605) 401-4086 · HouseShalom@thebecomingagency.com (encrypted email for student information) · House Shalom, The Becoming Agency, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106. **In a crisis:** call or text 988, or text HOME to 741741.

INSERT · FOR PHYSICIANS, PRESCRIBERS AND CLINICIANS

Referring a Patient or Client

Level of care

House Shalom provides **ASAM Level 2.1** (intensive outpatient, 9 hours a week across three 3-hour sessions) and **ASAM Level 1.0** (outpatient aftercare) for adults 18+ and adolescents 13–17 in separate tracks. Placement is set by our ASAM six-dimension assessment, scheduled within 24 hours of referral. All services are in person.

GOOD FIT	CALL FIRST, OR REFER TO A HIGHER LEVEL
SUD diagnosis, or strong indication for assessment	Needs medically managed withdrawal
Medically stable, low withdrawal risk	Active psychosis
Stepping down from residential, inpatient or partial hospital	Suicidal ideation that needs inpatient care
Stable co-occurring mental health conditions	Medical condition requiring a higher level of care
On medication for addiction treatment, or considering it	

Medication for addiction treatment

- Patients on buprenorphine, methadone, naltrexone, acamprosate, disulfiram or any other prescribed medication are admitted, treated and graduated on the same terms as everyone else. **We never require, encourage or pressure a taper.** Abstinence language in our program never includes prescribed medication.
- With a Part 2 consent naming you, the counselor contacts the prescriber or OTP within five business days of admission and as needed after that.
- Group schedules accommodate dosing windows. A client is never marked absent for a dosing appointment.
- We don't prescribe or manage medication. Dosing questions are always routed back to you.
- For patients with opioid or alcohol use disorder who aren't on medication, we provide education on options without pressure and refer to a prescriber at the patient's request.
- Naloxone and fentanyl test strips are offered at admission and discharge to every client with an opioid history, along with overdose education.

Co-occurring care

Mental health treatment for an enrolled client is provided by licensed mental health clinicians at The Becoming Agency, with its own diagnosis, treatment plan and notes, alongside the SUD program. Substance use counselors address co-occurring concerns only as they bear on the SUD treatment plan.

Clinical approach

Cognitive behavioral therapy is the named evidence-based practice, used at the level of core beliefs, alongside attachment theory, schema-informed work, Erikson's developmental framework and social cognitive theory. The program is trauma-informed: adverse childhood experiences are screened at intake, and trauma memories are processed in individual sessions, not in group.

Measurement

DOMAIN	ADULTS	TEENS
Depression · anxiety	PHQ-9 · GAD-7	PHQ-A · GAD-7
SUD screening and placement	ASAM six dimensions	CRAFFT 2.1 · ASAM adolescent criteria
Adversity · attachment	ACE · ECR-S	ACE · ECR-S
Mentalization · self-efficacy	RFQ-8 · BSCQ	RFQ-Y · BSCQ
Shame and guilt	TOSCA-3 short form	TOSCA-A

Administered at intake, at each level-of-care change, and at discharge, with a weekly self-rating and a separate risk line. Suicide risk is screened at intake and as indicated.

Closing the loop

We can't confirm that a referred person was seen without a signed Part 2 release naming you. We invite every referred client to sign one at intake. With it, we send what the release allows: admission, level of care, coordination notes, and the discharge summary.

To refer: call or text (605) 453-6764 · fax (605) 401-4086 · HouseShalom@thebecomingagency.com (encrypted email for patient information) · House Shalom, The Becoming Agency, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106 · Clinical Director: Dr. Joshua S. Duncan, PhD, LPC-MH, QMHP, LAC · Agency NPI 1952088890 · SD Medicaid 6575280

INSERT · FOR CHURCHES AND MINISTRIES

Walking With Someone Into Recovery

Pastors and church families are often the first to know. Someone stops coming, a family member asks for prayer and can't say the rest, or a person finally tells you the truth after a service. You don't have to carry that alone, and you don't have to become their counselor. You can walk with them to help.

What House Shalom is, for a church

House Shalom is The Becoming Agency's substance use treatment program for adults and teens, at intensive outpatient (ASAM 2.1) and outpatient (1.0) levels. It is a Christian faith-based program, built on one conviction: when the script underneath a life changes, the story can change too. *Shalom* means wholeness, nothing broken and nothing missing, and that is the goal.

- **Faith is woven in, never forced.** Scripture and prayer appear in clearly marked panels throughout the workbooks. Clients of any faith or none take part on equal terms, and anyone may substitute their own understanding of a Higher Power. We disclose all of this in writing before admission.
- **Clinical care comes first.** Addiction counselors under licensed clinical supervision deliver treatment grounded in cognitive behavioral therapy, attachment and trauma-informed care. Faith adds to the truth; it never replaces treatment.
- **Grace, not shame.** A lapse is treated as part of the work, never as a reason to cast someone out. That is a posture a church can share.

How a church can help

- **Say it simply.** "I'm not going anywhere. Would you be willing to talk to someone who does this every day? I'll help you make the call."
- **Make the call together.** Sit with them while they call (605) 453-6764, or fax our referral form with them.
- **Help with the practical things.** We don't provide transportation. A dependable ride three times a week can decide whether someone finishes. Meals, childcare during group and a quiet place to study the workbook help too.
- **Keep a seat warm.** Recovery is lonely. A standing invitation to a small group, a meal or a recovery-friendly fellowship tells someone they still belong.
- **Pray without pressure.** Ask before you pray with someone, and let "not today" be a full answer.
- **Know the emergency signs.** If someone can't be woken, is breathing very slowly or has blue lips, call 911. Naloxone (Narcan) reverses an opioid overdose and is safe to give. Keeping it at church is a good idea.

What we can and can't share with you

Federal law (42 CFR Part 2) protects substance use treatment records more strictly than other health records. **We can't confirm to a pastor or church that someone is in our care unless they sign a release that names you.** Our Referral Partner Release covers that. With it, we can tell you what the person allows, and you can encourage them by name.

To refer or to talk it through: call or text (605) 453-6764 · fax (605) 401-4086 · HouseShalom@thebecomingagency.com · House Shalom, The Becoming Agency, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106. **In a crisis:** call or text 988.

Release of Information · Referral Partner

Consent for Release of Confidential Information · 42 CFR Part 2 § 2.31

For physicians, clinicians, schools, employers, churches and family. For a court, probation, parole or other legal purpose, use the Criminal Justice Release instead; federal rules don't allow the two purposes on one form. Signatures must be handwritten or a valid electronic signature.

CLIENT NAME | **DATE OF BIRTH**

I authorize **House Shalom / The Becoming Agency**, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106, to disclose to and receive from:

NAME | **ORGANIZATION**

ADDRESS | **PHONE / FAX**

THE FOLLOWING INFORMATION

☐ Attendance and enrollment verification ☐ Treatment summary or progress report ☐ Discharge summary
☐ Treatment plan ☐ Assessment results ☐ Medication information ☐ Drug screening results ☐ Other

OTHER INFORMATION

FOR THIS PURPOSE

☐ Continuity of care and treatment coordination ☐ Insurance or billing ☐ Employment ☐ Family communication
☐ School coordination ☐ Other

OTHER PURPOSE

CONDITIONS OF THIS CONSENT

1. My records are protected under 42 CFR Part 2 and cannot be disclosed without my written consent unless a legal exception applies.
2. **Prohibition on redisclosure.** Federal law (42 CFR Part 2) prohibits the recipient from making any further disclosure unless 42 CFR Part 2 specifically permits it. Each disclosure will include the statement: "42 CFR Part 2 prohibits unauthorized use or disclosure of these records."
3. **Right to revoke.** I may revoke this consent at any time by submitting a written revocation to the Program Director at the address above. Revocation is effective upon receipt, except to the extent the program has already acted in reliance on this consent.
4. **Expiration** as marked below.
5. Each disclosure made under this consent will include a copy of this consent or a clear explanation of its scope.
6. I may refuse to sign this consent. My treatment, payment, enrollment or eligibility for benefits will not depend on whether I sign.

THIS CONSENT EXPIRES

☐ On a date ☐ Upon an event ☐ At the end of treatment ☐ Upon revocation

EXPIRATION DATE OR EVENT

CLIENT SIGNATURE | **DATE**

WITNESS SIGNATURE AND CREDENTIALS | **DATE**

For a client 13–17: the teen's own signature authorizes this release. A parent or guardian's signature is not consent to disclose and gives no access to the teen's records.

Release of Information · Criminal Justice

Consent for Disclosure to Criminal Justice or Investigative Entities · 42 CFR Part 2 §§ 2.31, 2.35

A standalone consent. Under 42 CFR Part 2, consent to use or disclose substance use treatment records in a civil, criminal, administrative or legislative investigation or proceeding cannot be combined with consent for any other purpose. Signatures must be handwritten or a valid electronic signature.

CLIENT NAME | **DATE OF BIRTH**

I authorize **House Shalom / The Becoming Agency**, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106, to disclose the following information from my SUD treatment records to:

NAME / AGENCY

ADDRESS | **PHONE / FAX**

INFORMATION TO BE DISCLOSED

☐ Attendance and enrollment verification ☐ Treatment compliance reports ☐ Drug screening results
☐ Treatment summary or progress ☐ Discharge summary ☐ Other

OTHER INFORMATION

PURPOSE (CHECK ONE)

☐ Probation or parole supervision ☐ Court-ordered reporting ☐ Pre-sentence investigation
☐ Civil investigation or proceeding ☐ Criminal investigation or proceeding ☐ Administrative investigation or proceeding
☐ Other

OTHER PURPOSE

CASE OR DOCKET NUMBER | **REFERRING OFFICER OR JUDGE** | **JURISDICTION**

CONDITIONS

1. This consent is subject to all conditions of 42 CFR §§ 2.31 and 2.35.
2. **Redisclosure prohibition.** 42 CFR Part 2 prohibits unauthorized use or disclosure of these records.
3. **Duration (§ 2.35(b)).** This consent remains in effect until the date or event below, a period set by the expected length of my treatment, the type of proceeding, the need for the information, and when final disposition is expected.
4. **Revocation (§ 2.35(c)).** If my treatment is a condition of a criminal justice disposition (box checked below), this consent becomes revocable only on the date or event below, which is no later than the final disposition of that release, probation, parole or proceeding. After that point, or if the box is not checked, I may revoke this consent in writing to the Program Director; revocation is effective upon receipt, except to the extent the program has already acted in reliance on it.
5. Each disclosure will include a copy of this consent or a clear explanation of its scope.
6. My treatment will not depend on whether I sign this consent.

CONSENT REMAINS IN EFFECT UNTIL (DATE) | **OR UNTIL THIS EVENT**

CONDITION OF DISPOSITION

☐ My treatment is a condition of a criminal justice disposition (probation, parole, sentence, diversion or release)

BECOMES REVOCABLE ON (DATE) | **OR UPON THIS EVENT (NO LATER THAN FINAL DISPOSITION)**

CLIENT SIGNATURE | **DATE**

WITNESS SIGNATURE AND CREDENTIALS | **DATE**

HOUSE SHALOM

A RECOVERY PROGRAM BY THE BECOMING AGENCY

Refer to House Shalom

ADULTS & TEENS · ASAM 2.1 & 1.0

1. **Talk with the person first.** A referral works best when the client expects our call.
2. **Call or fax.** Call or text (605) 453-6764, or fax the referral form to (605) 401-4086. Add a signed release if the client is ready.
3. **Send an assessment, or we schedule one.** Fax or email a current evaluation with the referral, or we reach out within 24 hours to schedule an assessment. The ASAM Criteria set the level of care.
4. **They join the group.** Open entry: they start the week they are ready.

CALL OR TEXT (605) 453-6764

FAX (605) 401-4086

EMAIL HouseShalom@thebecomingagency.com

VISIT 3409 W. 47th Street, Suite 102 · Sioux Falls, SD 57106

NPI 1952088890 · SD Medicaid 6575280 · EIN 84-4405527

In a crisis, call or text 988. · House Shalom is a program of The Becoming Agency · thebecomingagency.com