

Why Continuing Care Is Important

By Peggy L. Ferguson, Ph.D.

“My spouse went to recovery. Now they tell me that s/he needs to go on to additional counseling. What is that all about?”

“Recovery” and “treatment” is not the same thing. Inpatient treatment, detox, or outpatient treatment, in and of itself, is not “recovery”. Recovery is generally a return of good health, and a restoration (or acquisition) of effective functioning in one’s life, in all areas including relationships, work, and community. Treatment for addiction is not a pill, a therapy, a place, or even a slice of time. “Treatment” is a system of services, that are matched to the patient’s needs, according to his or her stage in the recovery process at a particular time.

It is crucial to keep in mind that addiction is a chronic disease. Like any other chronic disease, it is characterized by occasional relapses, and the patient’s recovery from it partly depends on the patient’s own lifestyle changes and everyday choices. For many, a one-time acute care treatment episode is simply not sufficient to maintain sobriety over the course of a life. Unfortunately, “treatment”, more often than not, involves multiple acute care therapeutic episodes coinciding with the patient’s multiple attempts at abstinence. If treatment is viewed as a system on ongoing care, with the patient remaining engaged in an appropriate level and type of treatment, the cycle of relapse can be interrupted and the patient can accomplish long term recovery.

At the very beginning of recovery when an addict makes the decision to get sober, the momentum of the addiction must be interrupted, so that the patient can begin to abstain from the chemical one day at a time. For many patients, detox or acute inpatient treatment is necessary to have a safe detox and to stabilize the patient. Early treatment efforts are typically focused on interrupting the momentum of addiction, by assisting with managing cravings, and dealing with the symptoms of withdrawal. Detox services monitors and assists the patient in getting through uncomfortable symptoms of “withdrawal”. These earliest days of recovery treatment also assist in emotional stabilization. Physical withdrawal symptoms can also include emotional and psychological symptoms such as an increase in anxiety, panic, and or depression, paranoia, labile emotions.

Once the most acute phase of detox is accomplished, the patient is engaged in learning new skills that are necessary to maintain abstinence. Potential stumbling blocks to continuing recovery are uncovered and a treatment plan is developed to target the problems identified. Patients often work on resolution of some predominant unresolved issues such as historical trauma, or poor self-esteem. The treatment plan lays the groundwork for gaining the skills needed to maintain long term sobriety. When a patient “graduates” from primary care treatment, they are not “cured”, “fixed”, or “recovered”.

Primary care treatment could be inpatient, intensive outpatient, or even weekly outpatient, depending on the need level of the patient. When a patient has “graduated” from primary care treatment, they have identified the problem, and have begun some initial action in learning how to solve the problem. They are however, fledgling problem solvers, have the skills of a toddler for living life sober. The treatment center and staff did not “fix” them. They usually do not have everything that they need to live life on life’s terms and be sober the rest of their lives.

Continuing care is the next step. Outpatient counseling, or a formal aftercare program is needed to instruct in additional skills building, to monitor for relapse potential, and to maintain the changes in behavior that are conducive to building a healthy life.

It is generally acknowledged and accepted that continuing care is an important component of addictions treatment. If you look up criteria for finding a good inpatient treatment program, every list that you find will include aftercare, or assistance with setting up aftercare/continuing.

Although, the statistics for sustained remission from addiction as chronic disease are quite similar to other chronic diseases, the relapse rates for treating addiction as an acute illness are dramatic. For addiction, the majority of patients who successfully complete an inpatient addiction program will relapse within the year. Eighty percent of those do so in the first 90 days after treatment. Fifty percent will relapse in the first thirty days. Of those who only attend a 12 step group without aftercare or continuing care, half will drop out of that twelve step program within the first three months. Is not coincidence that given the above statistics, that only one in 5 patients leaving acute care treatment actually go on to continuing care. Recovering people are only considered to have “sustained recovery” at four or five years of continuous abstinence. Once you have achieved four or five years of recovery, the probability that you will be able to maintain abstinence for the rest of your life goes to about 80%.

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