

Choosing the Appropriate Level of Care For Addiction Treatment

By Peggy L. Ferguson, Ph.D.

Addiction is treated on a continuum of care principle, with a variety of treatment options available. The overarching goals of alcoholism and other drug addiction treatment is the development of abstinence and relapse prevention. Treatment services for addiction can range from a brief intervention in a doctor's office to long term inpatient treatment. Each level of care has its strengths and benefits. Patients have the following treatment options available to them.

Treatment providers try to match the appropriate level of care to the particular needs of the patient. The type of care that an alcoholic or addict needs is identified by his or her particular needs. There is a standardized set of criteria for treatment at different levels of care, with levels of care escalating based on intensity and with the different levels of restriction.

- 1) **Brief intervention.** A family physician might intervene briefly by pointing out the negative health consequences of the patient's consumption of alcohol and/or other mood altering drugs. A brief intervention usually involves assessment and often assumes that "the problem" has not progressed to the point that a more in-depth and intensive treatment is warranted. Brief intervention often involves teaching about consequences of drinking or using other drugs and often attempts to motivate people who are not yet addicted to modify their consumption behavior before it becomes addiction. A DUI assessment and ADSAC class might be an example of a brief intervention. A brief educational intervention is usually not considered "treatment".
- 2) **Outpatient Counseling.** Outpatient counseling is one of the least restrictive forms of substance abuse treatment. Patients live at home, continue to go to work, or continue to maintain their normal responsibilities while attending individual or group counseling sessions. They receive an education about alcohol and/or other drugs, identify the impact of their misuse of the chemical on various aspects of their lives, learn abstinence skills, and begin to work through unresolved issues that may sabotage their continued abstinence. They could go to out patient counseling sessions once or twice a week. As an alternative, they could be involved in an intensive outpatient program where they may spend several hours a day, several days a week at the counseling offices. Some of the major advantages of outpatient counseling are that a) the expense tends to be less than inpatient treatment, and b) that they are able to employ the new abstinence skills in the "real world" as they develop those skills.
- 3) **In-patient Treatment.** In-patient treatment is provided in a residential care facility. Inpatient treatment can involve short term detox services, a 28 day (or longer) program, or long-term inpatient treatment program.
 - a) **Detox programs.** Short term inpatient detox facilities provide a supervised detox which includes 24 hour care, 7 days a week, individual and/or group education, brief counseling, and referral for continuing treatment. Patients may be referred to inpatient treatment or outpatient treatment services

after being discharged. Detox, by itself, is generally insufficient for sustained abstinence.

- b) Individualized, varying length of stay inpatient programs. Currently the trend and standard of care for inpatient programs involves individualized treatment based on a patient's unique needs. This involves somewhat of a flexible length of stay. The average length of stay at Valley Hope in Cushing, Oklahoma, an inpatient treatment facility is 24-25 days, says Mike Miller, Executive Director. Patients who need inpatient treatment tend to be those who may need assistance with detox, and who require more structure and intensity of services to assist them in maintaining abstinence than outpatient counseling provides.

Treatment services provided in inpatient programs generally include a multidisciplinary staff with medical care, education about addiction and recovery, individual and group counseling, family counseling, and "aftercare coordination". An inpatient level of care has additional structure and laser-like focus and support that may be necessary for development of early abstinence skills. Most inpatient treatment facilities also treat some of the more common mental health issues that alcoholics and addicts typically suffer from, such as depression and anxiety. There are also special "co-occurring" inpatient treatment centers that treat more serious mental health problems along with addiction concurrently.

- 4) Long term inpatient treatment programs. For those in need of a longer course of inpatient treatment, there are "long term" treatment facilities where the patients continue to live in the facility and do not go to work or go to school. They focus exclusively on their recovery. Jim Schmit, director at Clay Crossing, a long term inpatient treatment program in Maud, Oklahoma, indicated that typical treatment goals for long term treatment include a deeper acceptance of addiction and the development of a relapse prevention plan of action. He pointed out that patients also need to identify and develop a constructive use of leisure time, to develop a spiritual plan that enables them to achieve long term recovery, and to develop or improve their living skills. He indicated that the advantages of long-term care are that patients are assisted with handling post acute withdrawal symptoms, that they have the structure and support necessary over time to become comfortable with using their new recovery tools (including new coping skills), and that with continued focus on reducing the denial that comes with addiction and deepening their acceptance of addiction, that they have an opportunity to fulfill their commitment to recovery. Long term treatment is recommended for people who have been in inpatient treatment on more than one occasion and who have experienced chronic relapse in their efforts to remain clean and sober.
- 5) 5. Half-way, three-quarter way houses are also considered long term treatment. They are residential programs where the alcoholic/addicts lives in, attends meetings, participates in counseling and other recovery activities, but also goes to work or to school, while in residence. The designation as a half-way or three quarter way house is based on the level of structure. An Oxford House is similar, but does not have professional counseling as part of the

program. Residents attend AA or NA meetings and participate in house governance. Half-way, three-quarter, and Oxford House participation usually happens after inpatient (or outpatient) treatment. These long term supportive environments tend to focus on relapse prevention and development and practice of new living skills. Most treatment providers encourage active participation in 12 step recoveries, along with counseling or other professional services. Attendance and participation is usually encouraged from the beginning of treatment services and continued involvement at various stages of treatment is expected.

Like other chronic illnesses, addiction must be viewed and treated within a biological, social, psychological, and family context. Continuing care seeks to meet the needs for chronic illness. Many people at the beginning of recovery and in search of treatment services prefer to try the least restrictive level of care, outpatient counseling. When alcoholics or other addicts are being treated at one level of care, and they are not able to stay sober, then the next level of care is called for. Just as with diabetes, if your doctor recommends diet and exercise to get your blood sugar under control, and if those efforts are insufficient for the desired outcome, the next level of care or treatment is called for. If you are not able to stay sober in outpatient counseling, it is time to go to inpatient counseling. When you have been to inpatient treatment, followed by outpatient counseling and you keep relapsing, the most appropriate level of care is probably long term inpatient treatment, followed by outpatient counseling.

Twelve step recovery should be a continuing part of recovery efforts from the beginning. Treatment choices should be based on individual need, driven by continuous assessment. Choosing the most appropriate level of care every step along the way to recovery, will help maximize the effectiveness of your efforts.

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