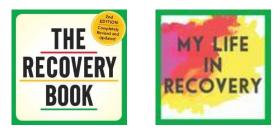
How to Choose an Addiction Treatment Program



The Recovery Book & My Life in Recovery

Addiction treatment programs—inpatient and outpatient—can be quite varied. Some specialize in alcohol rehab, others focus on drugs. Some are just for women, others are just for men, and some are for teens. Some focus on the LGBTQ community, particular ethnic groups, or pain patients.

Addiction Treatment Programs – Basic Criteria

When you start looking for a treatment center, first consider several basic criteria:

Location. Can the patient as well as others in the family travel to a treatment center that is across the country, or is a center close to home preferred?

Treatment. What types of treatment are offered and what is the philosophy of treatment?

Certification. Are the counselors certified? Are there doctors on staff?

Expense. How much does it cost? Do they accept insurance? Do they have a payment plan?

Aftercare or continuing care. Is an extension program available near your home?

Success rate. What does the program claim?

Reputation and reviews. What do others say about the program? Using the SAMHSA Behavioral Health Treatment Services Locator and your own networks, find some programs that meet the basic criteria of most concern to you, perhaps location and costs. Then take a closer look at those programs and see which ones measure up, using the more detailed criteria listed below.

Read the program's online materials. Talk to admissions counselors. If you can, talk to former patients and visit the facility in person. Ask local AA members or a doctor or counselor what they recommend. As you learn more about each program and what you want, toss out some of your options; you should end up with a good list of finalists.

This may seem like a lot of work, but it is important to find a quality program. Such a facility will increase your chances of successfully getting sober—and a poor one may sour you on treatment forever.

Addiction Treatment Programs – Detailed Criteria

There are no industry-wide quality standards for addiction treatment programs, and no two programs are exactly alike. In general, however, the best programs have the following qualities.

A philosophy that puts patients and their sobriety first. Patient needs come before staff convenience or financial issues. You can probably find this out only from someone who has already been through the program. Ask around at AA meetings and check with your counselor or Employee Assistance Program staff person at work about any program you are considering.

A medical approach to alcoholism/addiction. Alcoholism/addiction is seen as a disease. Alcoholics and addicts are treated as sick people who come to get well, not bad people who need to reform.

A detox facility, if you need one. It makes sense to go through detox and treatment in the same facility—not only because you could get derailed between detox and treatment at the first bar you pass, but because it will mean better care. There won't be any conflicting philosophies to confuse you. If you have any prolonged medical effects of detox they will be dealt with more easily.

A strong focus on 12-step methods. That doesn't mean AA or NA runs the program, but that the staff introduces patients to these fellowships, what they do, and how patients can work with them.

Enough treatment time. A minimum stay of four weeks for alcoholics and six weeks or longer for those addicted to other drugs has been traditional for many years. More recently, however, there has been a trend toward shorter inpatient programs coupled with intensive outpatient continuing care. This is largely due to everyone trying to rein in costs. But research clearly shows that longer treatment means better results.

If you can swing the longer stay, go for it. Many people also benefit from spending time at a halfway house or long-term residential facility after their inpatient treatment. Ask if the facility you are looking at has any such programs.

A professional environment. While a relaxed, homelike atmosphere is good, a setting that is too informal or too posh can undermine treatment. It could divert you from the work you need to do for recovery. You should feel like a patient at a medical facility, not a guest at a resort.

An educational program. The better you understand this disease, the more ammunition you will have to fight it. You should learn about topics such as

- The disease concept of addiction
- How it's possible to break through the self-deception or denial of addiction
- Information on tolerance, dependence, and withdrawal symptoms
- The actions and effects of drugs
- The possible medical consequences of alcohol and drugs
- How alcoholic/addict families function and what kinds of family complications can be expected in recovery
- How to prevent relapse
- How to move forward in your life as a sober person (and work on all of the life issues listed in the <u>Recovery Zone System</u>)

Quality staff. A mix of trained professionals and recovering alcoholics/addicts is best. Be wary of any program run entirely by recovering people without any support from professionally trained staff. Also be wary of one that has few recovering people on staff. Counselors should have national or state certification or licensing in the addiction field. Staff physicians should be certified by the American Board of Addiction Medicine or the American Academy of Addiction Psychiatry.

Enough staff. A good ratio is one counselor for every seven patients or so. The best programs have counselors with added expertise in areas such as marital and family problems, women and addiction, pregnancy and child issues, ethnic issues, LGBTQ, HIV/AIDs, hepatitis C, and issues unique to teens.

Full-time staff. Even the best of staffs can't do the best of jobs if they are around only from nine to five. There should be qualified people for patients to talk to whenever the need arises, day or night, weekdays and weekends.

A sound policy on the use of medication. The use of medication to ease the symptoms of withdrawal is proper procedure, and can even be lifesaving. But continuing to use drugs long into your recovery, except in rare cases, places time bombs on the road to recovery. Ask how many patients get mood-altering drugs after detox.

A self-discovery approach. Patients should have the chance to really look at themselves, preferably by writing a life history and confiding as much as they wish of it to a counselor. You should not be required to show this life history to anyone, and it should be routine policy that it is burned or otherwise destroyed after you've talked about it with your counselor.

Plenty of group sessions. There should be at least three daily patient group meetings, led by a professional. There should be more group meetings if there is not a lot of one-on-one work being done. Some meetings should be educational (nutrition, health), others therapeutic (talking about feelings and experiences). Group sizes should range from six to twelve for counseling sessions and twenty-five to fifty for larger educational lectures and AA-type meetings.

Programs for diverse communities. Many treatment centers have group sessions that focus on the issues of women, men, families, teens, older people, LGBTQ, repeaters, and other communities. Some centers focus solely on those communities. Before you decide on such a program, ask questions to see how committed the facility really is to a community. For example, an online directory listing that says a facility has programs for LGBTQ clients may not tell the whole story. How *often* do the specialized groups meet? If it's just once a month, the center probably is not really taking those needs into consideration. On the other hand, if a large facility has daily meetings for the LGBT clients, that's a better sign. Have all of the staff been trained in diversity issues? What percentage of their patients are typically from this community?

One-on-one therapy. Patients should have scheduled time with a counselor at least twice a week. These counseling sessions are critical in motivating a patient to put in some hard work.

A comfortable schedule. The daily routine should be designed to benefit patients, not staff.

A mix of patient and staff ages. Sharing with others in different age groups can improve communication skills and open up solutions to emotional problems. It can also foster empathy for others and initiate resolution of family problems.

Family involvement. A good program will involve your family in the recovery process. It will urge your loved ones to go to Al-Anon meetings during the treatment period and afterward. It will also invite them to participate in the treatment program itself, usually toward the end of your stay. The family program may include individual, couples, and family counseling.

Recreational therapy. It's not enough for a treatment center to tell patients not to use drugs. It also needs to teach them the importance of learning new things to do with their time. Recreation preparation can include art, music, exercise, indoor or outdoor games, arts and crafts, or hobbies. Question the validity of a program that puts too much focus on exercise or other recreational activities that can distract from treatment. You should also question any program that sends people—usually kids—out into the wilderness for "treatment."

Confidentiality assurance. The center should not give out any information—including the fact that you are a patient there—to anyone except people on your "approved" list.

A passing grade on the Kleenex test. Boxes of tissues placed throughout counseling areas, group rooms, and in sleeping rooms tell you that patients are expected to not hide their emotions, and that having a good cry is just fine.

Snack stations. Snack stations with healthy foods such as fruit, nuts, and pretzels are another sign of a place that cares. Eating candy bars all day is not good for anyone, but sometimes a sugary snack can satisfy a craving for drugs.

Healthy foods. Good nutrition is a must in recovery. Many programs now provide healthy meals developed by a nutritionist. They also provide nutritional advice and sometimes recipes to take home. The daily diet should focus on whole grains and plenty of fresh fruits and vegetables, while downplaying bad fats, salt, refined foods, and sugar.

A good referral network. A good program will be able to give you the names of satisfied graduates as well as professionals in your home area who can vouch for its work.

A continuing care (or aftercare) program. Treatment is not just the end of a life of alcohol and drugs. It is the beginning of a new drug-free life. To continue the process begun in treatment, you will need to follow through with an ongoing program of support, meetings, and maybe counseling or outpatient treatment when you go home. The treatment center should be ready to set up a continuing care program for you.

A convenient location. The quality of a program is more important than its location, but location is a factor to consider. Sometimes being far from home can be a real advantage. It might even improve your chances of successful treatment. Out of your neighborhood, away from your usual sources of drugs and alcohol, it will be easier to focus on changing your life. You'll have fewer distractions and temptations. On the other hand, you may be uncomfortable in a place that feels foreign to your usual way of life. Plus, you might not have the funds to allow family members to travel there.

A quality facility. There is no sole national accreditation required for inpatient treatment facilities. To further complicate things, facilities offer different levels of care, so different licensing requirements may apply. Some are licensed or accredited by a state health or mental health agency, but those requirements vary from one state to the next. Voluntary accreditation is offered by some organizations, such as the Commission on Accreditation of Rehabilitation Facilities. If you want to check this out, just ask, "What accreditations do you have?" A facility should be happy to fill you in on its background.