

The Family Solution Finder
Study Guide & Workbook w/video's

“Certificate of Completion Course”



PHASE III

“Getting Organized”

Seminar # 16

12 Key Issues a Family Faces in Substance use Disorders

Issue # 7 of 12 key issues: Treatment Centers Intervention

Introduction

The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. Therefore, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is “Drug Court”. The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWLEDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.



THESE 12 KEY ISSUES ARE A “CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:



Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.



Obstacle the Family Faces

These are obstacle the family faces when trying to address each issue.



Solutions to Issues & Obstacles

Each of these will be presented in the 12 Key Family Issues.

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervein. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

ISSUE #8. The County, State, Federal Agencies

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet*. Using the list of available agencies to properly match the agency with the needs of the family.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

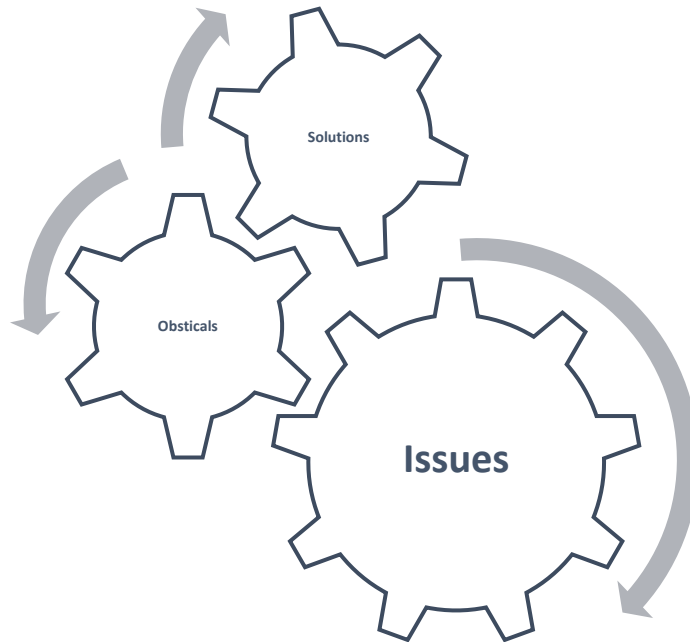
ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

ISSUE # 12. Faith, Spiritual Practices

GOAL: How to create a new State Certified Addiction Counselor position at your place of worship. Open Doors to Open Hearts May 5th call for universal inter-faith prayer across NE Ohio. 2-4pm

An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces

#1 Enabling vs Disabling

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

8 Support Agencies

9 Getting Back to Work

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices (It's His will first and in all ways)

Family Transformational Response Model (F.T.R.)

Instruction: Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue. **This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.**

The F.T.R. Model:

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

The F.T.R. Model Worksheet

I. Define the Issue?

- ❖ Clearly State what happened or will happen.

- ❖ Identify who is involved or should be involved.

- ❖ What would you like to have happened, or like to see happen?

II. How does the issue impact the family?

- ❖ Who in the family?

- ❖ In what way?

- ❖ What is needed to move forward?

III. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list.

- ❖ Who needs to be involved?

- ❖ What will it look like when completed?

IV. Who can help and assist the family in their response?

- ❖ How to search for an organization to help.

- ❖ What to ask from them?

- ❖ What to expect?

V. What should the family expect as their outcome?

- ❖ Timeline.

- ❖ The expenses/cost involved in this issue.

- ❖ Required changes to successful respond to this issue.

Use the F.T.R. model for every issue, to find your best solution.

The Family Solution Finder

Study Guide



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Issue # 7 of 12 key Issues: Treatment Centers Intervention

The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

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#4 The Police

#5 Emergency Medical Services

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#11 Bereavement (Learning how to move forward)

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Introduction: The Treatment Center Intervention

Currently

By the time a treatment center is required the family members have been through a great number of issues and decisions. Most likely, the thought of a treatment center being needed was considered but not fully reviewed, “we will cross that bridge when it comes”. As we have identified in the other seminars, this is not to the families members best interest. This is because when it’s time for a treatment center it is typically at a time when the family members are scared, angry, stressed and not at their best towards making decisions and communicating with others. It is the worst time to be looking for a treatment center. They just want their loved one placed into a facility and treatment started. They want this all to be over, and that is what a treatment center does. **Wrong**, that is not what a treatment center does. It is not over when the patient is discharged off service. The family members are setting themselves up for a huge disappointment if they think a treatment center is the final answer.

The point is, the disease existed before the admit to a treatment facility, during the treatment facility therapy and will be there after the treatment facility care. The **Acute Care Treatment** is only a small part of the patients **Chronic Disease Management**. And acute care setting has never been and never will be a proper site of care for managing the long term needs of a chronic disease. It is the work that follows, which will make the greatest, lasting impact to the loved ones sustained recovery. And that means the family members have a direct role in making the necessary changes which will ensure a stronger, supportive and empowering environment for everyone that is on this journey.

So, given this is a chronic disease, it is likely the family members will find themselves back at the treatment center, repeatedly until recovery is finally sustained. It may take as many as four to six times through a treatment center before longer recovery is achieved.

Therefore, if you know your loved one is addicted, then start looking now for a facility. Don’t wait until you are up against a crucial moment to for a treatment center. Know your options, do your homework now and it will pay off in the future when the time come to use them.

The Challenges

If you ask me if my facility is the right place for your child, I will tell you, yes. Would this surprise you? I have answered your question and you are relieved. If you needed tires, and I sold tires and you asked me if I would sell you tires, I would say, yes. Would this surprise you? I have answered your question and you are relieved. When you call the on-line phone number and get a call center, and ask me for recommendations, as a call center, I will send you to the provider who pays me the most. And you will unknowingly be relieved.

The problem is, when looking for a treatment centers, the family members have no idea what they are asking for, how to evaluate the facility and how to compare them against their competition. And this industry does not make it easy for you to do a “treatment facility search and compare”.

Solutions

This seminar is designed to show the family members how to think this through, what to consider and what questions to ask when searching for a drug treatment center. The first and most important step is to have an un-bias evaluation of your loved one. It is only from that vantage point where you will learn what to ask for and expect as an outcome. For example: If your loved one has an addiction, then you treat the addiction. If they have an addiction and mental illness, then you treat the addiction then the mental illness. If you only treat one, you will likely not have a good outcome. It is possible the mental illness will be under treated and the likely hood for relapse is increased after treatment discharge.

Get three types of assessments:

1. Medical Assessment.
2. Addiction Assessment.
3. Mental Health Assessment.

First Find Out What You Are Dealing With

There are several levels of treatment center and all of them depend on a multitude of criteria from insurance, to diagnosis, to severity of disease and stage of addiction cycle.

Health care professionals who can conduct your assessment:

- Physicians (M.D.) who are trained in addiction treatment
- Licensed psychologists (with a Ph.D. or a Psy.D.) who are trained in addiction treatment
- Licensed clinical social workers (L.C.S.W.), marriage and family therapists (L.M.F.T.) or mental health counselors (L.M.H.C.; L.P.C. or L.C.M.H.C.) who are trained in addiction treatment
- Licensed or certified addiction counselors

Determine Types of Treatment, (Recommended)

Based on scientific research since the mid-1970s, the following key principles should form the basis of any effective treatment program:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick access to treatment.
- Effective treatment addresses all the patient's needs, not just his or her drug use.
- Staying in treatment long enough is critical.
- Counseling and other behavioral therapies are the most commonly used forms of treatment.
- Medications are often an important part of treatment, especially when combined with behavioral therapies.
- Treatment plans must be reviewed often and modified to fit the patient's changing needs.
- Treatment should address other possible mental disorders.
- Medically assisted detoxification is only the first stage of treatment.
- Treatment doesn't need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously.
- Treatment programs should test patients for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as teach them about steps they can take to reduce their risk of these illnesses.

There are many options that have been successful in treating drug addiction, including:

- Behavioral counseling
- Medication
- Medical devices and applications used to treat withdrawal symptoms or deliver skills training
- Evaluation and treatment for co-occurring mental health issues such as depression and anxiety
- Long-term follow-up to prevent relapse
- A range of care with a tailored treatment program and follow-up options can be crucial to success. Treatment should include both medical and mental health services as needed. Follow-up care may include community- or family-based recovery support systems.

The family will need to research each of these treatments on the internet to find out what is involved with each treatment options.

An integrated treatment program, which may combine medication and behavior modification, is best applied as part of a long-term plan to achieve recovery. Individuals may opt to receive treatment in a long-term residential setting that provides time for easing withdrawal, learning and employing relapse prevention strategies, and selecting follow-up options for continued care, including community programs that support and encourage an individual to live a drug-free lifestyle.

Acute Care Setting Required

What to ask when contacting a treatment center?

- What types of treatment therapies are offered?
- Can the program offer medication?
- Are staff members qualified to treat both mental health issues and addiction?
- Is treatment tailored for each patient?
- What will they have to do during rehab?
- What can and should the family do while they are in treatment?
- Can you provide patient rights and responsibilities in writing?

Select Best Facility for Their Level of Care

First Consideration is Detoxification:

Detoxification, or detox, is the process of letting the body remove the drugs in it. The purpose of detox is to safely manage withdrawal symptoms when someone stops taking drugs or alcohol.

Everyone has a different experience with detox. The type of drug and how long it was used affect what detox will be like.

Medications used in detox help keep former users comfortable while the drugs leave their body.

It can take days or months to get through withdrawal symptoms for most drugs. The length of withdrawal depends on several factors, including:

- Type of substance the user is addicted to
- Duration an addiction has lasted
- The severity of the addiction
- Method of abuse (snorting, smoking, injecting, or swallowing)
- The amount of a substance the user takes at one time
- Family history
- Genetic makeup
- Medical condition
- Underlying mental health conditions

Speak with someone who can help you find a medically assisted detox.

After Detox, learn about what treatment setting is right for you?

Intensive Outpatient

- **Overview:** Offers similar services to outpatient care, but services are offered more frequently. Can also arrange for treatment of mild to moderate physical and mental health conditions at the same time.
- **Hours Per Week:** Usually 9 or more hours of therapy and education per week involving a mixture of individual and group counseling.
- **Best For:** People who can benefit from outpatient treatment but require more frequent contact with therapists.
- **Living Environment:** You live at home and may be able to work or go to school Partial

Hospitalization

- Overview: A type of outpatient treatment, also called day treatment, for individuals requiring more services than intensive outpatient.
- Hours Per Week: Usually 20 or more hours of therapy and education per week—up to 9 hours per day, up to 7 days a week.
- Best For: People with more severe addiction and/or other serious health conditions or whose living environment is safe but does not provide enough structure or positive support for recovery.
- Living Environment: You live at home, but usually spend a lot of time each day in treatment, which can make working or going to school difficult.

Residential (Non-Hospital)

- Overview: Services are provided in a live-in setting. Residential non-hospital care (also called “rehab”) includes 3 different levels of care, which differ in the intensity of services offered and their ability to treat more severe forms of addiction and/or other serious health conditions.
- Hours Per Week: Usually 24-hours/day
- Best For: Residential treatment is best for people whose drinking or drug use puts themselves or others at risk for serious harm, who are often unemployed, homeless or in trouble with the law, or who do not have a safe and stable living environment.
- Living Environment: You live at the facility, away from home (for any time between a few weeks to many months), with others in treatment and have access to professional support at all times.

Inpatient (Hospital)

- Overview: Round-the-clock hospital treatment for people with severe medical problems, sometimes due to addiction, or severe psychiatric disorders.
- Hours Per Week: Offers 24-hour treatment supervised or provided by a physician.
- Best For: People with addiction and severe physical or mental health problems who need constant medical supervision and treatment.
- Living Environment: You stay in the hospital until treatment is completed or until you can be safely transferred to another treatment setting Source: Adapted from American Society for Addiction Medicine Patient Placement Criteria.

Second Consideration is where is the Level of Care:

The patient must first go through detoxification before any level of care can be used for treatment. After detoxification the quest is; “what level of care is most suitable for the patient”. Therefore, an assessment needs to be completed for what level of care is best. From the assessment a level is selected. These include:

- **Who has Outpatient treatment?** Patients live at home and go to a clinic or facility regularly for sessions with addiction treatment professionals.
- **Who has Inpatient treatment?** Patients stay in a hospital and receive intensive and highly structured care for addiction and other severe medical problems.
- **Who has Residential treatment?** Patients stay in a nonhospital setting and receive intensive and highly structured care for addiction and other medical problems.
- **Who has Recovery housing?** Patients live in supervised, temporary housing and can participate in treatment program

Other Treatment Settings (ordered from the least to the most intensive)

Outpatient

- Overview: Delivered in a variety of locations, such as a professional’s office or a health, mental health or addiction clinic. Other health conditions, including mental health, can also be addressed
- Hours Per Week: Usually less than 9 hours of therapy and education per week; most often involves once or twice weekly individual, group, or family counseling sessions.
- Best For: People who do not have a serious health problem whose drinking or drug use does not put them at risk for serious harm, who have a good recovery support system and a safe and stable living environment.
- Living Environment: You live at home and may be able to work or go to school.

Methadone Maintenance Clinic.

- Overview: A specially licensed outpatient clinic that dispenses methadone to patients with opioid addiction. Some programs also provide buprenorphine (Suboxone)
- Hours Per Week: Methadone doses are picked up once a day during the early stage of treatment and then less frequently over time. Most clinics offer therapy services, but infrequently (monthly), so you may need to seek additional therapy.
- Best For: People with severe or long-term addiction to opioids who have experienced serious health, family, employment or legal problems.
- Living Environment: Initially, you must live close enough to the clinic to pick up your medication most days of the week Treatment settings range from more to less restrictive. They also vary in the level of medical care provided. The treatment setting that is right for you will depend on your individual needs.

Non-Commercial Search Engines

SAMHSA.COM

RELINK.ORG

DRUGHELP.CARES

EMERALDJENNINGS.ORG

Third Consideration is Type of Therapy:

Therapy (also called counseling) is the most common treatment for substance abuse and addiction. There are several different types of therapies that are effective, depending on your individual needs and circumstances. Research doesn't yet tell us exactly which therapy is best for which people, but we do know that family therapy is usually the best treatment for teens. Look for an addiction treatment provider who offers a range of effective therapies, including one or more of the following:

Motivational Interviewing and Motivational Enhancement

- **Therapy**
 - How It Works: Bolsters motivation to change substance use behaviors, encourages planning for change and then making and maintaining changes in behavior
- **Cognitive Behavioral Therapy**
 - How It Works: Helps identify, recognize and avoid thought processes, behaviors and situations associated with substance use. Helps manage cravings, refuse offers of alcohol or other drugs, and develop better problem solving and coping skills
- **Community Reinforcement Approach**
 - How It Works: Focuses on improving family relations, learning skills to reduce substance use, acquiring job skills, and developing recreational activities and social networks that can help to minimize the drive to use substances

Know the Facilities Treatment Paths

An Individual: addiction treatment provider offers office based, outpatient treatments, usually meeting with you once or twice per week. It is important that individual providers have specific training and expertise in addiction treatment. When in doubt, ask about their specialized training in addiction and how long they have been treating patients with addiction. Individual providers can include:

- Addiction medicine physicians and addiction psychiatrists (M.D./D.O.)

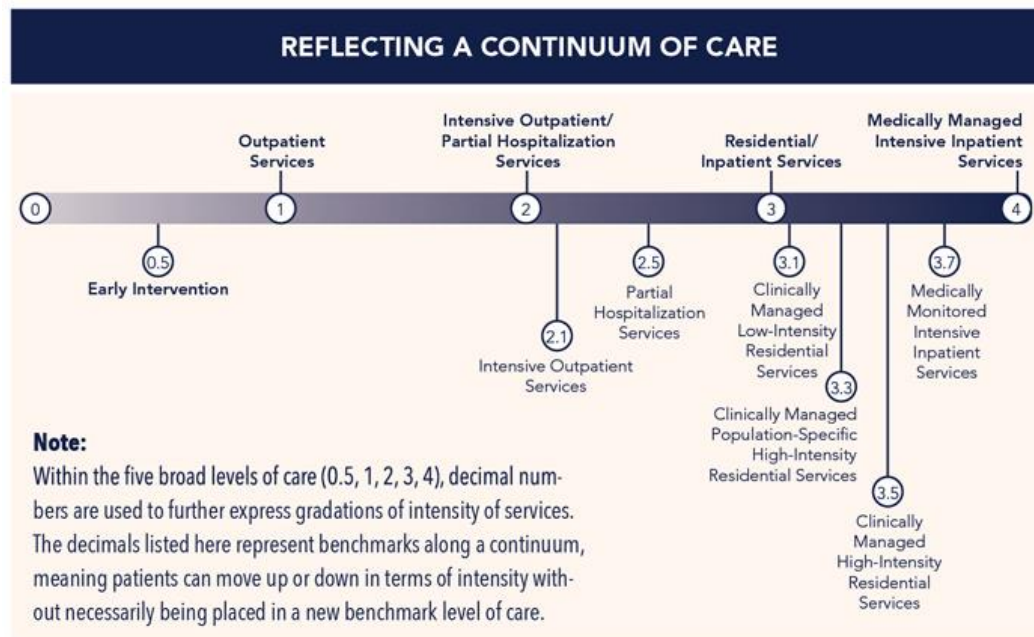
- Psychologists (Ph.D./Psy.D.)
- Licensed clinical social workers (L.C.S.W.), marriage and family therapists (L.M.F.T.), and mental health counselors (L.M.H.C., L.P.C. or L.C.M.H.C.)

An addiction treatment program usually offers more intensive care. At a program, a team of health care providers will work together to treat you. The team should include a physician (M.D.), a psychologist (Ph.D./Psy.D.) or one of the counselors or social workers listed above and may also include addiction counselors.

Treatment programs may also employ physician's assistants, nurses and nurse practitioners with training in addiction treatment. If you need addiction medication, you need to find a provider who is licensed to prescribe it.

- Most physicians, including primary care doctors, can prescribe medications for nicotine and alcohol addiction.
- Methadone can only be prescribed at a specially-licensed methadone clinic. To find one near you, visit <http://dpt2.samhsa.gov/treatment/directory.aspx>.
- Physicians with special training can prescribe buprenorphine in their office. To find one near you, visit http://buprenorphine.samhsa.gov/bwns_locator.
- Addiction treatment programs should be able to connect you with a physician who prescribes addiction medications.

Acute Care is Small Part of the Journey



Addiction treatment programs

- should be licensed by the state government. State licensing means that the provider meets basic quality and safety requirements. It does not guarantee that they provide effective treatments. Some states do not require all addiction programs to be licensed.

– In addition to licensing, addiction treatment programs may be accredited. Accreditation means that providers meet standards of care set by a national organization that reviews programs for compliance, but it doesn't necessarily mean the provider offers effective treatments. Individual health care providers should be licensed and/or certified to practice their profession and have specialized training and experience treating addiction. All addiction treatment providers and programs should have a doctor on staff or available for consultation.

– At a treatment program, a doctor will oversee your care and/or work with other health care professionals who are treating you.

– If you are seeing an individual provider, he or she should consult with a physician regarding your health care needs and your need for addiction medication, if appropriate.

– If you are seeking treatment in a residential setting, look for a program that has an addiction medicine physician or addiction psychiatrist on staff full time

Provides treatment for co-occurring physical or mental health conditions

– Many people with addiction live with other diseases like heart or lung disease, diabetes, cancer, HIV/AIDS, hepatitis C, depression, anxiety, post-traumatic stress disorder and other physical and mental health conditions. Health conditions that can complicate or reduce the effectiveness of addiction treatment should be treated at the same time.

Offers a range of effective treatments

- Although there is no cure for addiction, there are treatments that are effective, including several medications and therapies.

The best treatment providers or programs offer more than one form of effective treatment.

- People who are addicted to opioids (such as heroin or prescription painkillers), alcohol or nicotine should look for a treatment provider who can prescribe medication for their addiction. Medications can reduce tobacco, drug and alcohol use and cravings, and help keep people in treatment longer. Tobacco-free – Look for a treatment setting that is tobacco-free

- both inside the facility and on the facility grounds
- and offers smoking cessation treatment. Continuing care
- Addiction treatment providers should offer ongoing, continuing care and support after your treatment to help you maintain the progress you achieved during treatment and avoid or treat relapse. Most do not, so family members should plan to complete this without the acute care facilities involvement.

The Family Needs Therapy Too

Contingency Management

– How It Works: Alters behavior by rewarding constructive behaviors, like reducing or stopping substance use, and sometimes by discouraging unhealthy behaviors

Behavioral Couples/Family Therapy

– How It Works: Improves communication and support and reduces conflict between couples and families that have a member with addiction

12-Step Facilitation

– How It Works: Based on the philosophy of anonymous self-help groups like Alcoholics Anonymous (AA), 12-Step Facilitation teaches about the disease of addiction, offers tools to maintain sobriety and encourages people to attend self-help group meetings in their community

Family Therapy for Adolescents Includes

- Multidimensional Family Therapy,
- Functional Family Therapy,
- Multi-Systemic Therapy,
- Brief Strategic Family Therapy,
- Ecologically Based Family Therapy,
- Strengths-Oriented Family Therapy

– How It Works: Engages adolescents and families to make long-term changes, address individual, family, peer and community-level influences, and reduce problem behaviors

Adolescent Community Reinforcement Approach

– How It Works: Helps to reduce negative environmental influences and replace them with positive structures that promote a healthy lifestyle and safe behavior

The Family Solution Finder

Workbook



PHASE III

“Getting Organized”

Seminar # 16

12 Key Issues a Family Faces in Substance use Disorders

Issue # 7 of 12 key issues: Treatment Centers Intervention

How the Family Participates

. **INSTRUCTIONS:** View this video prior to continuing in this workbook.

VIDEO TWO



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: How to Choose a Rehab

Published on May, 2018

Cassidy Cousens

How to choose a drug rehab center, how to choose an alcohol rehab program and how to choose a mental health treatment center. Cassidy Cousens, offers helpful tips to assist family members in finding and choosing the right treatment center for a loved one, friend, or themselves.

Link:

https://www.youtube.com/watch?v=sr4iq4WGLtU&list=PLK9_yWbpBidoFLIz1znyWKebChhCVJktl&index=47



Issues the Family Faces

Getting a Diagnosis:

Visit this website, REF: <http://www.bhevolution.org/public/livingwith.page>

The person with suspected substance use disorder visits a family doctor or primary care physician, who may then refer them to an addiction or rehabilitation specialist.

The doctor will ask questions about frequency of use, impairment of daily living, and whether the use of a substance is increasing and how the pattern of use is impacting important social, occupational, educational or other functional areas.

They will also ask about withdrawal symptoms which may have occurred at times when the person attempted to decrease or stop use.

The doctor will complete a physical examination and run some blood work to assess overall health. This helps to determine if medical treatment is needed.

The DSM-5 separates substance use disorder into nine different categories:

- alcohol-related disorders
- caffeine-related disorders
- cannabis-related disorders
- hallucinogen-Related Disorders
- inhalant-related disorders
- opioid-related disorders
- sedative-, hypnotic-, or anxiolytic-related disorders
- stimulant-related disorders
- tobacco-related disorders
- other, or unknown, substance-related disorders
- non-substance-related disorders

The DSM-V lists varying criteria for each of these categories, and many dependencies have different withdrawal symptoms that occur when an individual does not have access to the substance.

To receive a diagnosis of substance use disorder, a person must demonstrate two of the following criteria within a 12-month period:

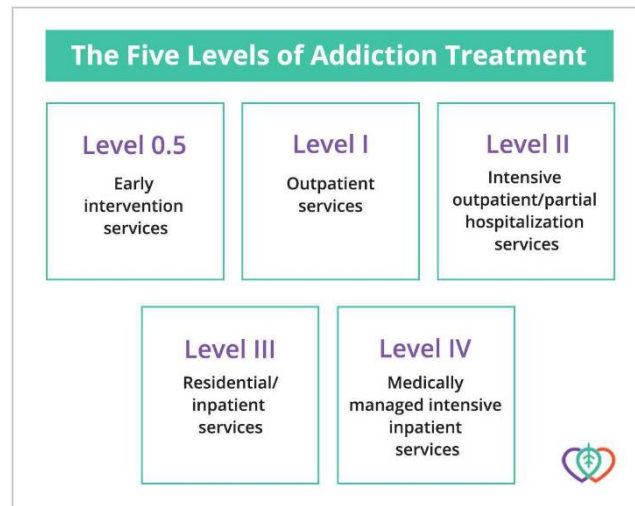
- regularly consuming larger amounts of a substance than intended or for a longer amount of time than planned
- often attempting to or expressing a wish to moderate the intake of a substance without reducing consumption
- spending long periods trying to get hold of a substance, use it, or recover from use
- craving the substance, or expressing a strong desire to use it
- failing to fulfill professional, educational, and family obligations
- regularly using a substance in spite of any social, emotional, or personal issues it may be causing or making worse
- giving up pastimes, passions, or social activities as a result of substance use
- consuming the substance in places or situations that could cause physical injury
- continuing to consume a substance despite being aware of any physical or psychological harm it is likely to have caused
- increased tolerance, meaning that a person must consume more of the substance to achieve intoxication
- withdrawal symptoms, or a physical response to not consuming the substance that is different for varying substances but might include sweating, shaking and nausea

The number of criteria a person demonstrates defines the severity of the dependence. If a person regularly fulfills two of three of these criteria, the DSM advises that they have mild substance use disorder.

A person with four or five of these criteria would have moderate substance use disorder. Six criteria would denote a severe addiction.

Finding a Treatment Center:

ASAM: The first step is an ASAM Assessment tool. Ask for it, ask to have it explained to you. Connect to this link and review their website: <https://www.asam.org/resources/the-asam-criteria/about>



ASAM: The second step, From the ASAM Assessment is to decide what level is right for this person.

Ask the “Treatment Center” to include the family members into the discharge and set-up of a useful continuity of care plan.

Involving client families in therapy can improve communications, reduce stress, and help your loved one’s recovery from co-occurring disorders. Despite these benefits, many clinicians find it difficult to include family members in their clients' care. Here are some tips and guides for getting families involved.

Engagement Checklist

Clinicians may want to use the Engagement Checklist during the initial contact over the phone. The checklist was developed by the authors of IDDT.

Despite the effectiveness of family work, many mental health and addiction programs do not have a family component. Many clinicians never ask clients whether they would like to involve a family member in their treatment. Some just assume the clients don't have family, while others believe that family would be more of a problem than a help.

Even when clinicians do ask clients about family, some clients fear involvement would be too stressful or too burdensome for their families. These issues can usually be successfully addressed. Clinicians who lack experience working with families could benefit from practicing with colleagues who have done family work. In addition, clinicians can use motivational techniques to help them in their work with families.

Several key principles should guide the family education process to help make it effective:

- First, information must be provided through a variety of teaching methods to allow for different learning styles.
- Second, family education must be presented in a low-stress environment; it is easier to learn if everyone in the family is relaxed and feeling safe.
- Third, there must be an atmosphere of hope, where clinician's express confidence that recovery from co-occurring disorders is possible. This helps the family members feel hopeful as well. Fourth, the focus is always on the present and future, not the past.
- Finally, family psychoeducation is strengths-based. It focuses on the client's and family members' personal strengths instead of deficits.
- How to Get Families Involved in Treatment

Family involvement begins with a recommendation from the treatment team. This is easier if family clinicians are members of the treatment team and attend meetings regularly to reinforce the relevance of family psychoeducation. Whenever a family is engaged, the intervention should be listed on the client's treatment plan. In terms of stages of treatment, any stage is appropriate for family psychoeducation. Sometimes a family in crisis may be easier to engage, but families can be involved at any point. Here are the basic steps for involving a family in a treatment plan.

- Clinicians need to inform clients about the family psychoeducation program.
- Clients need to identify family members that they would like to involve.
- Clinicians need to contact the family members to schedule a meeting to discuss the program.
- Family members and the client will meet with the clinician to discuss the program and decide if they want to participate. (Meeting in the family members' home can be an effective engagement tool.)
- If there is interest, an orientation meeting is then held. At this meeting, the program is described in more detail, any concerns of the family are addressed, and family work begins.

Possible client issues

Clients often feel that they have put their families through enough and don't want to burden them any further. Clinicians can help clients see that family psychoeducation will reduce stress by improving communication and problem-solving skills within the family.

Some clients worry about family members finding out about their alcohol or drug use or other private issues. Clinicians need to reassure clients that private matters can be kept confidential if they wish. Certain information, such as relapses, will be important to share with the family, and clinicians should encourage clients to do so.

Possible family issues

The initial contact with a family member is often by phone. The goal of the contact is to get family members interested enough to meet the clinician in person. The personal contact allows family members the opportunity to tell their story. If possible, clinicians should arrange to meet in clients' homes. In this way, clinicians see clients in their own environment and can learn more about the clients' situation.

Often family members of clients with co-occurring disorders feel stigmatized. They may have given up friends and activities because of embarrassment over the client's behavior. Family members often have built up strong negative feelings and need to vent. By using active and reflective listening, clinicians communicate their understanding to the family members. Clinicians should look for ways to point out how the family psychoeducation program can address the family's present and future needs. Clinicians should also convey the message that change is possible.

This text is excerpted from *Integrated Dual Disorders Treatment: Best Practices, Skills, and Resources for Successful Client Care* by Lindy Fox et al. Hazelden, 2010.

Paying for the Treatment Center.

1. **Detox** Outpatient detox ranges from \$1,000 to \$1,500 in total. Most inpatient rehabs include detox in the cost of a program. The exact cost of detox depends on whether it's part of an inpatient program and the type of drug addiction being treated. Substances with dangerous detox side effects require more careful monitoring, making the price higher.
2. **Inpatient Rehab** Some inpatient rehabs may cost around \$6,000 for a 30-day program. Well-known centers often cost up to \$20,000 for a 30-day program. For those requiring 60- or 90-day programs, the total average of costs could range anywhere from \$12,000 to \$60,000.
3. **Outpatient Rehab** Outpatient programs for mild to moderate addictions are cheaper than inpatient rehab. Many cost \$5,000 for a three-month program. Some outpatient programs, such as the program at Hazelden Betty Ford, cost \$10,000. The price tag depends on how often the individual visits the center each week and for how long.
4. **Medications** The type of treatment and medications needed affects the price tag on rehab. Some people don't need medication for their addiction. Medications most often treat alcohol and opiate addiction. It can cost several thousand dollars a year. Year-long methadone treatment for heroin users costs around \$4,700.

Medicaid covers, all or part of the following services:

- Screenings
- Intervention
- Maintenance and craving medications
- Family counseling
- Inpatient care
- Long-term residential treatment
- Detox
- Outpatient visits
- Other mental health services

Medicare can cover, the costs of inpatient and outpatient drug rehabilitation.

It consists of four parts that cover different parts of addiction recovery programs.

The Four Parts of Medicare

1. **Part A Insurance for Hospital Stays.** Medicare Part A can help pay for inpatient rehabilitation. Part A covers up to 60 days in treatment without a co-insurance payment. People using Part A do have to pay a deductible. Medicare only covers 190 days of inpatient care for a person's lifetime.
2. **Part B Medical Insurance.** Part B can cover outpatient care for addicted people. Medicare Part B covers up to 80 percent of these costs. Part B covers outpatient care, therapy, drugs administered via clinics and professional interventions. Part B also covers treatment for co-occurring disorders like depression.
3. **Part C Medicare-approved Private Insurance.** People who want more benefits under Medicare can opt for Part C. Out-of-pocket costs and coverage is different and may be more expensive.
4. **Part D Prescription Insurance.** Medicare Part D can help cover the costs of addiction medications. People in recovery often need medication to manage withdrawal symptoms and cravings. These medications increase the likelihood of staying sober.



Obstacles the family will likely address

Many families choose not to be involved; therefore, the treatment centers don't ask much from the family members.

When the treatment center is asked by the family member; who you are making the inquiry too, will make all the difference in the world as to the response you will get. For example, a nurse will not give your financial information and the front desk is only going to pass you to the next selected person to speak with. Many are watching out for patient confidentiality and that is a good thing. But it will seem like they are not being cooperative, so be sure to ask the person you are speaking with, if they handle the subject matter you are seeking to discuss. Try to ask for the title of the person who is closest to the topic you want to discuss.

Getting Questions Answered from the right person is important. **For example:**

Clinical: Medical Directors, supervisors and mental health coordinators

Financial: Accounts Payable, Billing or Admissions

Discharge: Social Worker, Case Manager, Utilization Nurse

Behavior Health: Might be a different person from the addiction care staff, ask the facility if asking a mental health type question.

Medical Healthcare: A primary healthcare physician or Physician Assistant is the person to ask for medical related questions. Important medical issues should be under the care of a licensed primary care physician or Internal Medicine practicing physician. Make sure an RN is not the one addressing your important medical healthcare concerns.



Solutions to Issues & Obstacles

PRACTICAL EXERCISE # ONE:

The family will benefit if you understand two key areas of the Treatment Facility:

1. The Organization Chart with Name, Title, Phone Extension and email address.

Patient Care Technician

Liaison between the clinical, administration, nursing staff, and patients while maintaining an environment which provides safety, ethical practices. The Patient Care Technician will be required to effectively direct, monitor, assess and report patient behavior. Must be able to maintain a safe environment responding to a variety of changing situations and conditions.

Behavioral Health Technician (BHT)

The BHT is to assist clinicians in organizing clients for group counseling, individual counseling, and case management in a learning role, while providing a safe environment for individuals in the detox and residential units. The BHT assists in the admission process, answers patient questions, assists patient in adjusting to the program routine, and provides transport services for clients. The BHT is the liaison between the patient and the nursing and clinical treatment staff to report any changes in the patient's physical or mental condition. The BHT is responsible for supervising patients during intensive levels of care with an emphasis on patient safety and well-being.

Admission Center Treatment Advisor

Specific Responsibilities:

Receives and processes inbound Admission Center interactions via phone, email, chat and/or social media channels while comforting, motivating, and inspires patients to accept help and successfully intervenes, as needed.

Can help family members understand the defined policies and procedures, responsible for all phases of the Admissions process from providing program and services information and triage to completing the intake process for admission including, but not limited to:

- Pre-screens patients for treatment, identifying psychosocial, mental health and medical issues
- Ensures intake documentation is accurate in the RCA salesforce.com system and other relevant systems/technologies
- Responsible for the accurate collection of fees including co-pays, deductibles and all other out-of-pocket, cash collections (i.e. full self-pay payment plans) required as part of the process
- Reviews and understands insurance eligibility, determines which benefits are available and communicates options to the patient

Assesses facility and bed availability based on patient needs and schedules logistics for admissions, including reserving a bed, transportation and intervention services as necessary/requested * Works collaboratively with the Admissions Center team members, field business development team, the facility, and professionals in the community to support desired outcome for our patient

Works to obtain the patient's commitment to treatment and provide quick admission into one of our facilities. Addresses the service levels, goals and metrics that measure the performance of the Admission Center, its team members and its services

Counselor - Drug and Alcohol Treatment Services

Previous knowledge in the disease of chemical dependency, dual diagnosis, opiate addiction, recovery, and 12 step recovery programs preferred. Counselors are responsible for providing intensive, counseling services to a caseload of clients with a primary diagnosis of alcohol and/or drug addiction.

Responsibilities and Duties

- Oversees implementation of treatment plans
- Has regular contact with referral sources. Identifies family issues needing addressed before discharge.
- Plans treatment services as required.
- Provides Group and Individual Therapy to clients

Alternate Site Healthcare Coordination

	<u>Title:</u>	<u>Name:</u>	<u>Phone:</u>	<u>Email:</u>
Director of Nursing				
Director of Drug Counseling				
Medical Director, Physician				
Psychiatrist				
Admissions Director				
Accounts Payable/ Billing Super.				

PRACTICAL EXERCISE # TWO This Correspondence has been copied to the following:
Communication & Coordination Memo

Your Name: _____

Relation: _____

Patient's Name: _____

Date: _____

_____ I have, _____ Do not have a HIPPA Release Form on file. Date on File:

Visit Date:	Time of Day:	Talked with Staff, Name:	Reviewed Chart:	Areas of Concern:	Unresolved previous issues:
					See Notes dated:
					See Notes dated:
					See Notes dated:
Corrective Action Has Been Noticed					
1.					
2.					
3.					
4.					
5.					

VIDEO TWO:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Intensive Outpatient Treatment for Addictions

Published on March, 2012

Link: https://www.youtube.com/watch?v=ri3rShj4S_4

Duration: 1:36 hrs.

AllCEUs Counseling Continuing Education for LPC and LMHC. This course provides a guide to what is commonly referred to as Methadone treatment based on TIP 46 and 47 by SAMHSA. Executive Summary: Along with the increased complexity of the treatment landscape come more challenges for the administrators who oversee IOT programs. When TIP 8 was written, IOT was seen primarily as a bridge between 28-day inpatient treatment and low-intensity outpatient treatment or mutual-help relapse prevention; most clients were insuring privately. IOT programs proved to be adept at filling that treatment gap, and they took on more roles. Public funding sources began to refer more of their Medicaid patients to IOT programs. This development compelled IOT administrators to adapt existing programs and develop new methods to treat diverse clients. A second force that drove the diversification of IOT programs was managed behavioral health care. Because IOT was cheaper than residential treatment and was being used successfully to treat a wider range of clients, IOT increasingly was a way for managed care organizations (MCOs) to reduce costs. As a result of IOT's successes and the cost containment it made possible, today IOT is a valuable treatment modality, in addition to be an intermediate stage in the clinical continuum.

MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. Your family is to complete a diagnosis and assessment with severity of stage.
2. An interview of the treatment facility will be planned and implemented by the family members.
3. The organization chart for the facility will be recorded for future reference.
4. The family members will seek family therapy during the time the loved one is in treatment.

As part of the Master Family Plan of Action the family members will complete the review the needed "points of contact" at the treatment facility. Also, the family will have a diagram level understanding of the "plan of care" for their loved one while in therapy at the facility.