



**Part III**

**“The Pathfinder Certificate of Completion Seminar”**

**Seminar # 16**

Issue # Seven of 12 key Issues: Treatment Centers Intervention

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## *Introduction*

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

### **VIDEO TWO**



**ASSIGNMENT VIDEO:** On [www.youtube.com/](http://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](https://www.youtube.com/watch?v=sr4iq4WGLtU&list=PLK9_yWbpBidoFLIz1znyWKebChhCVJktl&index=47)

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## *The Treatment Center is an Intervention*

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### **Issues the Family Faces**

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:

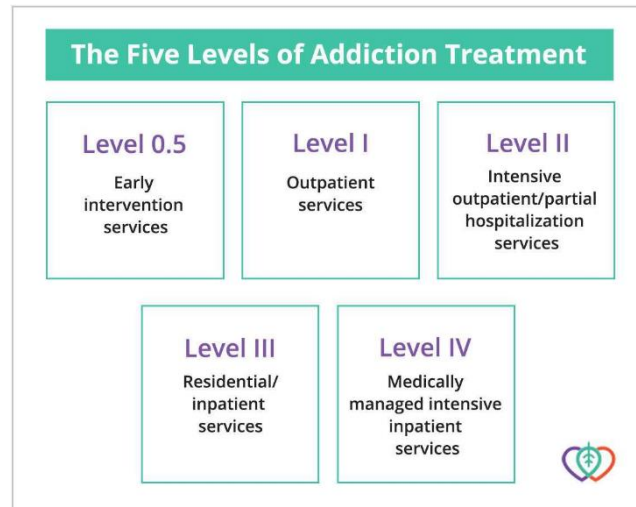
- regularly consuming larger amounts of a substance than intended or for a longer amount of time than planned
- often attempting to or expressing a wish to moderate the intake of a substance without reducing consumption
- spending long periods trying to get hold of a substance, use it, or recover from 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.



### 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

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***COMPLETE A FAMILY Against Medical Advice Discharge Prevention Plan***

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2. **Do they live in the area, do they know where to find drugs?**
3. **Risky Peers, Boyfriend, girlfriend, spouse, drug friends that will help them leave treatment?**
4. **Logistical Means, Access to money, car, transportation, place to live?**
5. **Are there members of the family and distant relatives who will provide the person with emotional cover for learning treatment?**

**Complete the above questions and discuss with the persons therapist at the facility and your family counselor.**

**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:

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

## **VIDEO TWO:**



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

Search Title: Intensive Outpatient Treatment for Addictions

Published on March, 2012

**Link:** [https://www.youtube.com/watch?v=ri3rShj4S\\_4](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.

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

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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.