

How to Find the Best Treatment for YOUR Needs

By Chandler Scott McMillin

What is “Good” Treatment?

In our humble opinion, good treatment is:

Available—meaning not plagued with an overlong waiting list. The ideal: when the alcoholic is ready to accept help, treatment is ready to provide it. In some areas, finding this can be a real obstacle.

Affordable—we’re not fans of the notion that treatment must be costly. It’s more important that it meets the needs of that particular alcoholic or addict – once you’ve determined what those needs are, that is.

Effective—meaning likely to produce the desired results. All treatment is not created equal. There’s better treatment, worse treatment, and a wide range in between. But it’s not always easy to tell the difference.

Two things to remember:

- » *There’s no magic bullet for alcoholism.* The goal of treatment is to improve the chances for recovery, health, and happiness. Good treatment does just that. Poor treatment doesn’t.
- » To understand how treatment *should* work, compare it to the challenge of managing diabetes. Treatment means major changes in lifestyle. As the saying goes, you can’t do the same things and expect a different result.

With diabetes, those changes mostly involve diet, exercise, and reduced stress. Recovery from alcoholism includes emotional and psychological adjustment as well as lifestyle and behavior. But in both cases, the change is always *towards* health and *away* from illness.

And with chronic conditions like diabetes and alcoholism, change involves a learning curve – meaning a succession of experiences, some perhaps quite challenging, occurring over an extended period. Progress may be erratic, as in ‘two steps forward, one step back’.

Finding Affordable Treatment for people without many resources

This is often the real challenge for people who are uninsured or lack the funds to pay privately. And that’s an ever-increasing number of Americans, unfortunately.

In some areas, the public sector provides the alternative. But in others, options are scarce.

Start your search. Here (in general terms) is how it’s done.

Begin by making a list of potential candidates

First, contact your local Health Department and ask questions about the service you’re looking for. They’ll tell you what’s available locally. You can also search online with the simple phrase “addiction treatment” and the name of the area where you live. That should also get you results. You can also check the Yellow Pages. Winnow through your list using two criteria: first, does it provide the service I need? Second, can they accept your loved one? Some counties restrict services to their own residents.

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One family complained that they would be willing to commit to treatment if they could just be assured that it would work – that their addict would get well and things would turn out fine. After a few weeks of this discussion, I retrieved a notepad from my desk drawer and composed a document that included a formal written guarantee of success. Dated and signed by me.

The father read it over and was clearly puzzled. “How can you guarantee success?” he demanded. “I can’t,” I replied. “That’s the point.”

Nobody can. But does that mean we shouldn’t try?

Of course not.

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Research the options

When the list has been whittled to a few likely candidates, contact providers and ask questions. Or schedule visits to see for yourself.

Here are some questions to ask:

1. Do you provide the service we're looking for? Whether that's detox, residential treatment, outpatient programming, medication, co-occurring disorders, etc, or a combination of the above.
2. What is your philosophy of treatment? The answer will tell you whether you're comfortable with the program's approach. Mind you, it won't reveal much more than that. But it does provide a hint as to how satisfied your family might be with the services provided.
3. How long do the various phases of the program last? Addiction is chronic and requires ongoing treatment, not a short burst of therapy.
4. How do you decide who needs what? Through an assessment process, of course, but it helps to have that described to you.
5. Last, ask a few questions about important particulars of your case. Easier to do in person than over the phone. For instance, if your loved one has a diagnosed emotional problem, can they handle that? If you live close enough, can you attend family sessions? Do they link up with other services in the community that your loved one might need? How do they approach 12 Step and other support groups?

Your goal is to learn about the program, while reminding yourself that no program ever meets all your needs perfectly.

If it's true that an informed customer is a smart customer, then this process can make a real difference in your eventual satisfaction with the help you receive.

Inpatient or Outpatient?

The issue here is structure – as in, how much external help does this particular alcoholic need in order to get and stay sober?

Apologies again for oversimplifying, but it comes down to a few basic issues.

First: Is residential detox required? Or is there some other medical condition that would benefit from an inpatient stay? That depends on the severity of withdrawal symptoms. Perhaps the alcoholic has elevated blood pressure that can't be stabilized as an outpatient.

Second: is there a mental health disorder that complicates the picture? Depression, mania, panic attacks – these are just a few examples. Depending on the severity, a clinician might decide that a short inpatient stay is indicated.

Third: Is the alcoholic motivated enough to remain drug-free in the home environment? Can he control his impulse to drink?

Fourth: if he goes back to drinking, is he likely to present a danger to himself or others? The clinician looks at history and current mental status for the answer.

Finally: Is the environment safe, and is it conducive to an attempt to recover? Maybe she lives with an abusive boyfriend. Or in a drug-infested apartment complex.



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Levels of Treatment

For our purposes here, there are four levels of treatment we're likely to encounter:

1. First, detoxification, which can be done as an inpatient or sometimes an outpatient. Meds are prescribed to safely guide the addict through withdrawal.
2. After that might come inpatient rehabilitation – 2 to 6 weeks of counseling and education designed to start the alcoholic on the path to recovery. The inpatient environment is used for alcoholics who need additional support and supervision (monitoring) to avoid a crisis.
3. Outpatient treatment – where the alcoholic doesn't live-in – comes in three common forms. Day programs usually operate between 9 and 5, four or five times a week. Intensive outpatient programs are attractive to working folks; they're usually three evenings weekly. Classic outpatient counseling ordinarily means a once a week visit. All can involve group and individual sessions. You might participate in a day program for several weeks, or intensive outpatient for several months, or weekly counseling for half a year or more.

Many programs are phased. The patient progresses through several levels.

It's a good idea to ask the program what levels they provide, and how they determine who goes where. The answers will vary but it normally include the use of a standardized assessment such as the ASAM (American Society of Addiction Medicine) criteria for patient placement.

The 'Best' Treatment isn't always the Right Treatment

If you have resources – insurance that covers treatment, or the funds to pay out of pocket – you'll have more choices in front of you.

Not always better choices, but more choices. How do you decide?

To put it bluntly, you need to identify the treatment that best matches the needs of your loved one. And that's not always the most prestigious program.

The question we should ask is: "What treatment is most likely to succeed with this alcoholic at this point in time?" The professional's role is to help you answer that.

Some years back I helped a family with an intervention on an alcoholic who by coincidence, I happened to know. A high-functioning type whose drinking was of considerable worry to his family, but someone who was medically in pretty good shape.

The family had researched the various treatment options and settled on a famous residential program in a distant state. A terrific facility, one everyone's heard of, with some of the best clinical staff anywhere. They had a friend who was a graduate and raved about it.

Still, I had my doubts. The program was openly spiritual in focus; this alcoholic was anything but. The program also had a liberal policy towards smoking, and this particular alcoholic was phobic about tobacco – to the point of leaving a room that smelled of old smoke.

I figured these two facts alone would drive him out of the program before it had a chance to benefit. But the family overruled me. Their argument being that they wanted only the best for their loved one.

If it had been up to me, I'd have sent him to a local physician who ran a solid if unexceptional intensive outpatient program that was more medical and psychological than spiritual in orientation. Plus it had strong boundaries around tobacco use, and actively encouraged people to quit.

You can predict the outcome. The intervention went well and the alcoholic got on the plane in a pretty good frame of mind. That lasted all of three days before he signed out of the famous program, against staff advice, and flew home.

I cite this not as evidence of how smart I am, but to argue that it's helpful to match the program to the patient. Intervention is all about overcoming (at least temporarily) the alcoholic's objections to change. The more objections we leave in place, the more likely it is the alcoholic will use them to justify dropping out of treatment.

Of course, nobody knows whether the program I recommended would have worked any better. We only know that the other one didn't.

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Where to look for lists of providers

Here are some common points of reference that you can check out to see which represents the best fit for your needs. It's best to consult more than one, so you're less likely to miss an available resource.

Free or low cost programs

Your local health department

This'll be in the phone book. If you're in an urban area, they'll have an informational website about addiction treatment services, both residential and outpatient. If you're not, phone them and ask.

Two advantages families find with public programs: **First**, they tend to be free or at least sliding scale. **Second**, they're usually more familiar with the local court system, which is important if your alcoholic or addict is involved with the criminal justice system. In some instances, there's also a downside: certain services aren't available, or there's a waitlist. The local health departments can also direct you to private low-cost options that might be available in your area, too.

The National Facility Locator

This is operated by SAMHSA, the principal federal authority. You can find it [here](#). Or, type this link into your browser: <http://dasis3.samhsa.gov/>

On the map, just click your state. Up to you to contact the various facilities that interest you, and do some investigating.

Your State alcohol and drug administration

Locate this via the State Government listings in the phone book or the State website. In many cases there will be a separate phone for treatment inquiries. Some states offer services that can be accessed by anybody within the state. Other services will be restricted to certain local areas. All the listed programs and providers will have been certified by the State as meeting the required standards.

Twelve Step meetings for families

Many families get info about available treatment resources from visiting these meetings. The ratings and evaluations are highly subjective, of course. Same goes for recovering people of your acquaintance. How do you find the 12-Step family groups? Look [here](#), or type this link into your browser: <http://www.al-anon.alateen.org/meetings/meeting.html>

And for a more varied list of programs

National Association of Treatment Providers

This will include low, medium, and high-priced programs. They offer a representative list of member providers, near and distant, by name and by state. You can check surrounding states as well. You can find them [here](#), or type this link into your browser: <http://www.naatp.org/members/index.php>. Be sure and visit the websites for each before you call.

What About Those Online "Treatment Finder" Services?

There are a lot of them, and some of them can be very helpful. Here are the pros and cons of using them, as we see it:

Pros:

- They may have quite a lot of information available for you to review and compare in one place, at your leisure.
- They may be able to answer specific questions right away, whether it's business hours or not.
- Some of them can help you find or negotiate lower cost options that may help with your budget.
- They may be able to help you with logistics, such as finding an interventionist, setting up transportation, etc.

Cons:

- The quality of these services varies greatly, and you can't always tell from appearances whether you're getting good advice or just a sales pitch.
- Many of these services are owned or supported by specific treatment programs or systems, or supported by revenue from programs that advertise with them. This doesn't mean they'll give you bad advice, but you should be aware of their bias.