# Recovering from Addiction with a Continuum of Care

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I often interact with family members of addicts that feel disappointed and angry because the addict appears not to take their recovery effort seriously. Society at large also shares this form of opinion when it comes to understanding alcoholics and addicts. People are often confused as to why an addict/alcoholic is unable to go the doctor, get a medication and therapy through drug rehab, and be cured. After all, addicts simply have a problem that needs fixing, right?

Unfortunately, addiction is not nearly as simple as an acute illness like a broken bone, or even another chronic disease such as diabetes. Chemical dependency (addiction and alcoholism) is defined as a 'chronic and progressive' disease. This means the disease can be halted but it cannot be cured. It also means that, left untreated, the disease worsens until eventual death. I know this sounds severe, and it is: addiction is something everyone needs to take very seriously as lives are at stake.

The preferred course of treatment for the disease of chemical dependency includes several stages.


While it can be a challenge to convince an addict that he/she has a problem with alcohol/drug abuse, this is relatively simple when compared to convincing an addict in treatment that he/she must continue their treatment for a very long period of time. One of the very difficult tasks of the chemical dependency counselor in the primary treatment environment is to convince the addict in early recovery that he/she must continue their care after primary treatment is completed. It is understandable that most leaving primary treatment want to get back to living a normal life as soon as possible, however a healthier choice is to develop a continued care plan.

Clinicians use the term 'continuum of care' to describe the recommended steps from getting from illness to wellness. Continuum is

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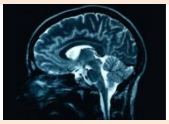
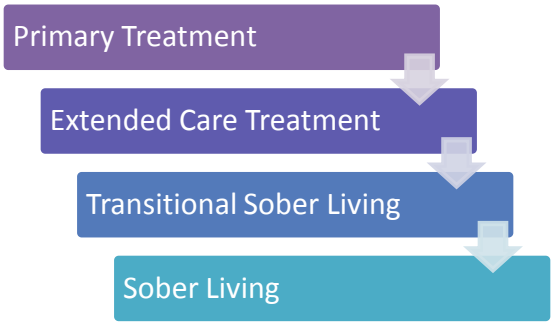
defined as anything that goes through a gradual transition from one condition, to a different condition, without any abrupt changes. Therefore, clinicians are stating that the recommended treatment of a chemically dependent patient should include the gradual transition of the physiological, psychological, and spiritual conditions from an unhealthy (chemically dependent/addicted) state to a healthy state.

Sounds simple doesn't it? However, there is a complication: the treatment contained within the continuum of care, and the time needed for each transition, is unique for each individual. It is, therefore, difficult to create a detailed standard continuum of care for all patients to follow. The good news is there is an outline of the continuum of care that applies to just about everyone afflicted with the disease of addiction.

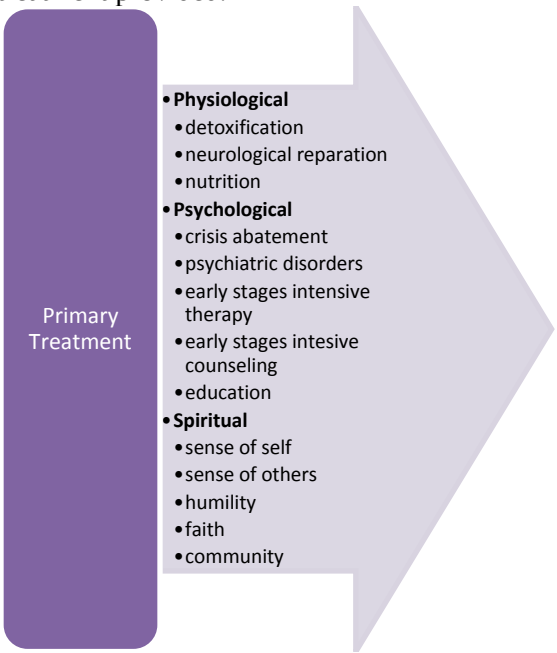
The chemical dependency treatment field knows that addiction is a disease of the body (physiology), the mind (psychology), and the spirit (spiritual).

| Physiological | Psychological | Spiritual |
|---|---|---|
| mechanical, physical and biomedical functions | mental processes and behaviors | metaphysical connection, emotional reverence |
|  |  |  |

The continuum of care must address each of these broad areas of function under different treatment timetables as development and rehabilitation will progress at different rates. But before we look at the developmental timetable, let's define the four primary levels of care found within the chemical dependency treatment field.




Primary treatment is often called 'rehab', but that is only one component of primary treatment. As with all levels of care, there is much more going on than most people realize. Let's look at each level of care individually to better understand the type of treatment provided.

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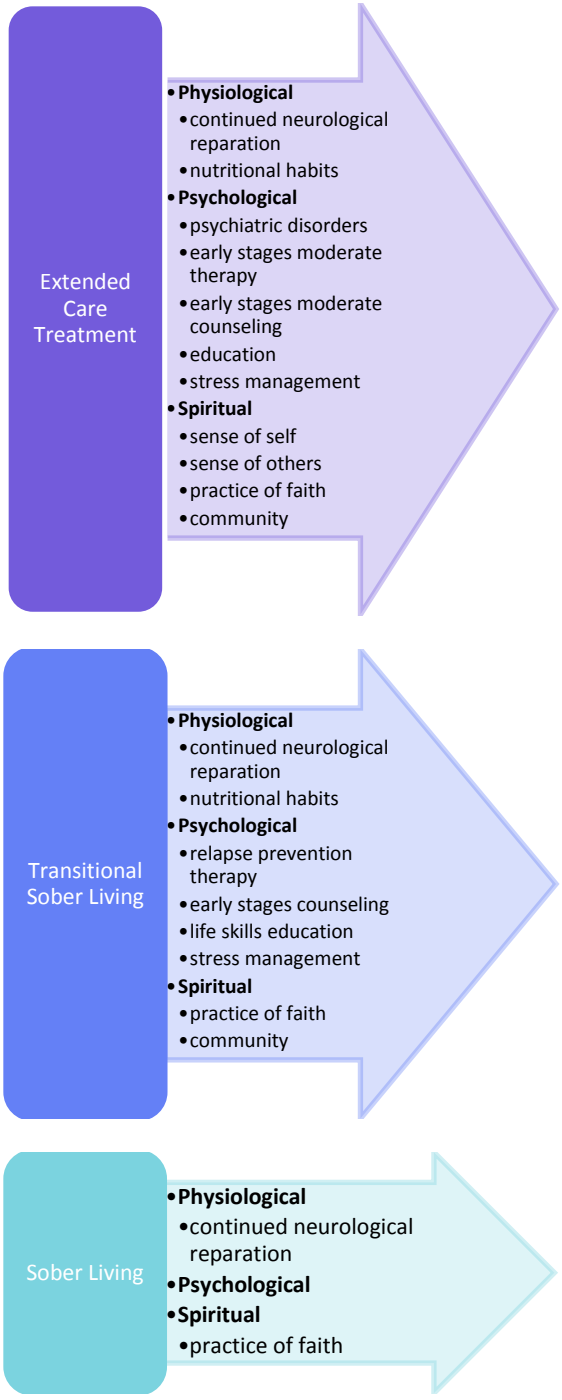


At this point, you may have noticed the pronounced, but gradual, transition of each of the primary functions of treatment as the continuum moves from primary treatment to extended care treatment to transitional sober living to sober living. This progression is immensely important to the patient in order to create a new way of life that halts the disease of addiction and keeps it halted long-term.

Each patient will progress with treatment at different rates, and within each patient's progress, he/she may be quicker to grasp one of the primary functions over the other two. This makes it difficult to construct a cookie-cutter approach to chemical dependency treatment. However, all clinicians will agree that the more time in treatment, the better off an addict will be able build a strong recovery program and live a healthy and fulfilling life.

In general, alcoholic/addicts will require between one to five years to find some sort of homeostasis (balance) between body, mind, and spirit. As a result, and in my opinion, the addict should be in the continuum of care for a minimum of twelve months.


This recommendation may seem like a long time for someone to invest into their recovery, but consider the alternative. Left untreated, or partially treated, the disease of addiction will progress and quality of life will suffer for the addict as well as the family and support system around him/her. This type of suffering is unnecessary if the addict makes a commitment not to give up on their care until there has been sufficient time to truly build a rock-solid recovery program.

But herein lies the problem for clinicians; how do we convince the addict in

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early recovery that he/she needs to continue their care after they leave a more primary level of treatment?

I understand the desire to get back to life, to work, to play, to love… To complicate matters, there are often family members and friends coaxing the addict away from continuing their care effort. Codependency and sabotage can undermine all the progress the patient has accomplished in the moment of making an unhealthy decision to discontinue care before the patient is ready. The addict is easily swayed during the early phases of recovery due to the symptoms of post acute withdrawal. The first 30 to 120 days is likely one of the most difficult times for a recovering addict to make decisions, yet we ask them to make one of the most influential decisions of their lives: Will they stay engaged in the continuum of care?

I think the question is best answered in concert between the patient, the clinical staff, and the patient's support system. I believe that informed parties are best to address issues surrounding staying engaged in the continuum of care. Moreover, I believe that once all of the concerns, benefits, and possible solutions are clarified amongst all healthy parties, that the best choices will be made.

The addict must be ready for a lifelong investment into recovery. The disease of addiction is highly complicated and not easily halted. A great deal of time is necessary for the alcoholic/addict to fully develop and integrate a recovery plan into life. The addict must understand time expectations for treatment and the continuum of care appropriately: the process will likely take a minimum of one year. I know this is a long time, but consider the alternative!

I must underscore the importance of making the decision to integrate the continuum of care into one's recovery effort in conjunction with a chemical dependency counselor. A counselor is best equipped to explain the benefits and challenges of decisions based upon their experiences with other patients. As we are dealing with an issue that patients and their families likely have little experience with, the counselor is an excellent resource tool.

As a final thought, I want to encourage the development of an action plan for the continuum of care effort. The action plan should state what actions are needed, who will support the actions, and why the actions are necessary. It is all too often that I see a patient make very healthy decisions, then switch to an unhealthy direction because they forgot about the reasons they made the original decisions to begin with. Writing down all the supporting information and getting the support system involved can help the addict to avoid derailing from their healthy continuum of care plan.

Recovery from addiction can be one of the most rewarding and empowering experiences in an individual's life. Incorporating a continuum of care approach will only insure that early efforts are not sacrificed to later disaster.

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