Serene Scene

Transitional Sober Living Magazine

SERENE CENTER LONG BEACH®

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June, 2011 Issue

A CONTINUUM OF CARE PLEASE

Andrew Martin, MBA, CADC II, SAP

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12 STEP TREK

Step #8: Made a list...

12 Step Worksheet Series

Courtesy of Serene Center Long Beach

DOPAMINERGIC ACTIVATOR IMPROVES OUTCOMES

Kenneth Blum, Ph.D.

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Do any of these phrases sound familiar?

"I get it now, I won't need to drink anymore."

"I'm feeling much better now, I will be fine."

"I just needed to get some rest and collect my thoughts, everything is ok now."

"I really needed to get the drugs out of my system, now that they are gone, I don't need them ever again."

These are the types of phrases often pronounced by the alcoholic/addict who has recently completed detoxification, residential treatment, or intensive outpatient treatment. The addict is very early in their abstinence effort, and they are in severe post-acute withdrawal. They have little idea what is going on inside their brain physiology, let alone their psychology or spirituality. And if this is the case; how can they possibly know that everything will be just fine and they will not have the need or desire to drink and use again? They cannot.

In truth, 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.

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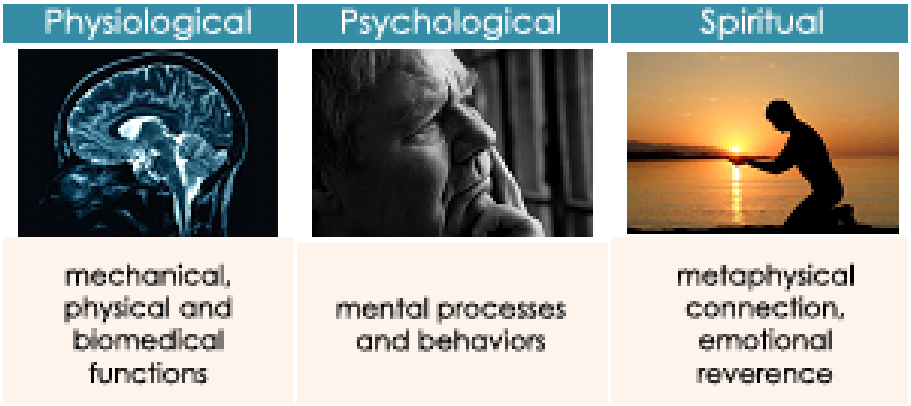
The typical path to an unsuccessful attempt at abstinence and recovery looks something like this:

For many addicts, the cycle repeats over and over again. One of the very difficult tasks of the chemical dependency counselor is to convince the addict in early recovery that he/she must continue their care after detox and primary treatment. 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 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 (addicted) state to a healthy state.

The treatment contained within the continuum of care, and the time needed for each gradual transition, is unique for each individual being treated. 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).



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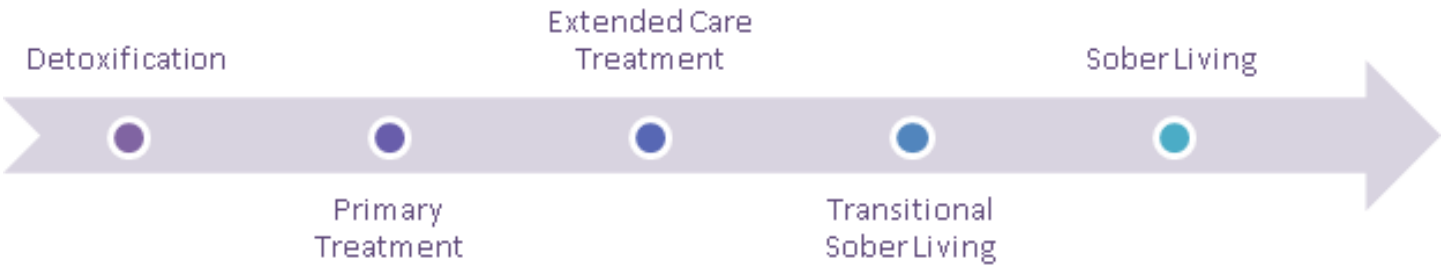
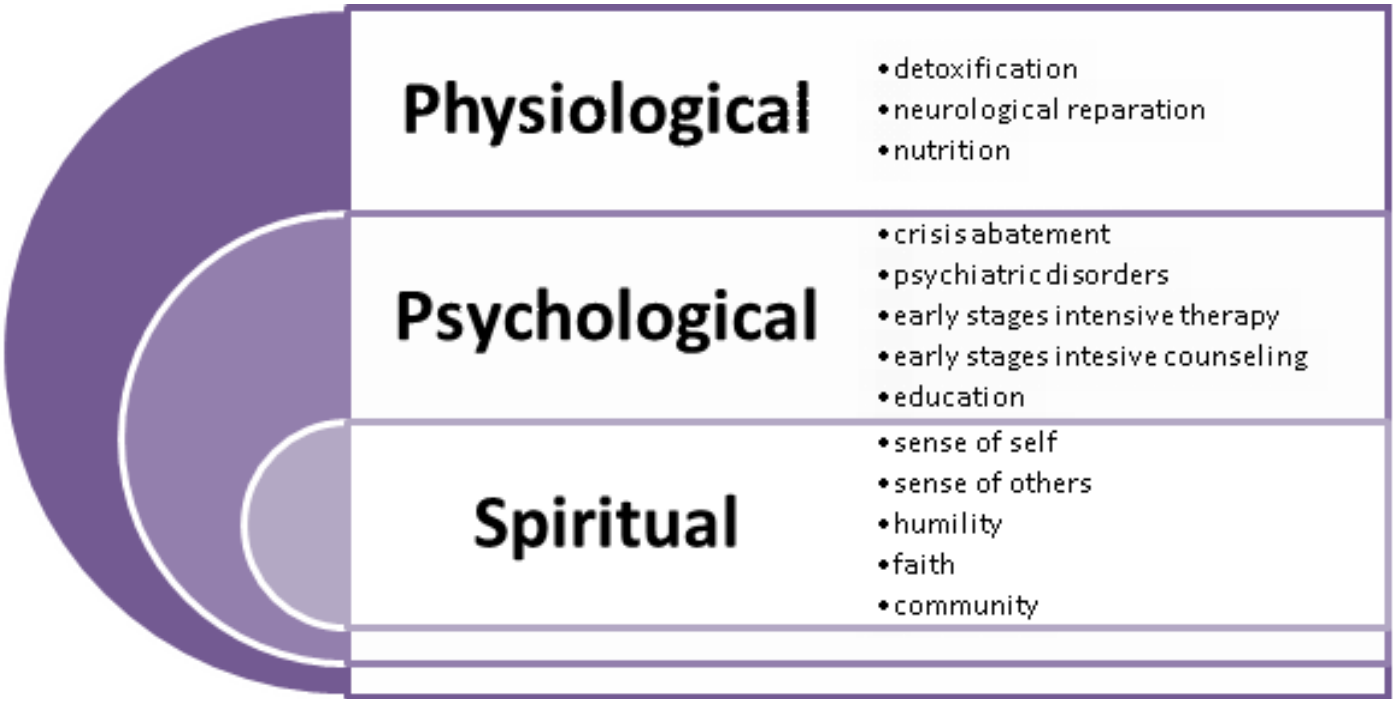
The continuum of care must address each of these broad areas of function under different treatment timetables as development and rehabilitation will progress at different rates. But before we look at the developmental timetable, let's define the five primary levels of care found within the chemical dependency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



Detoxification is often referred to as 'detox', and serves to eliminate the mood altering addictive substance from the patient's body. Detoxification is often performed in a hospital setting under the supervision of Doctors and Nurses due to the sometimes life-threatening symptoms of removing the toxic substances from the body.

Primary Treatment is often called 'rehab' and is found in two primary forms: inpatient treatment (aka residential treatment), and intensive outpatient treatment (aka IOP):



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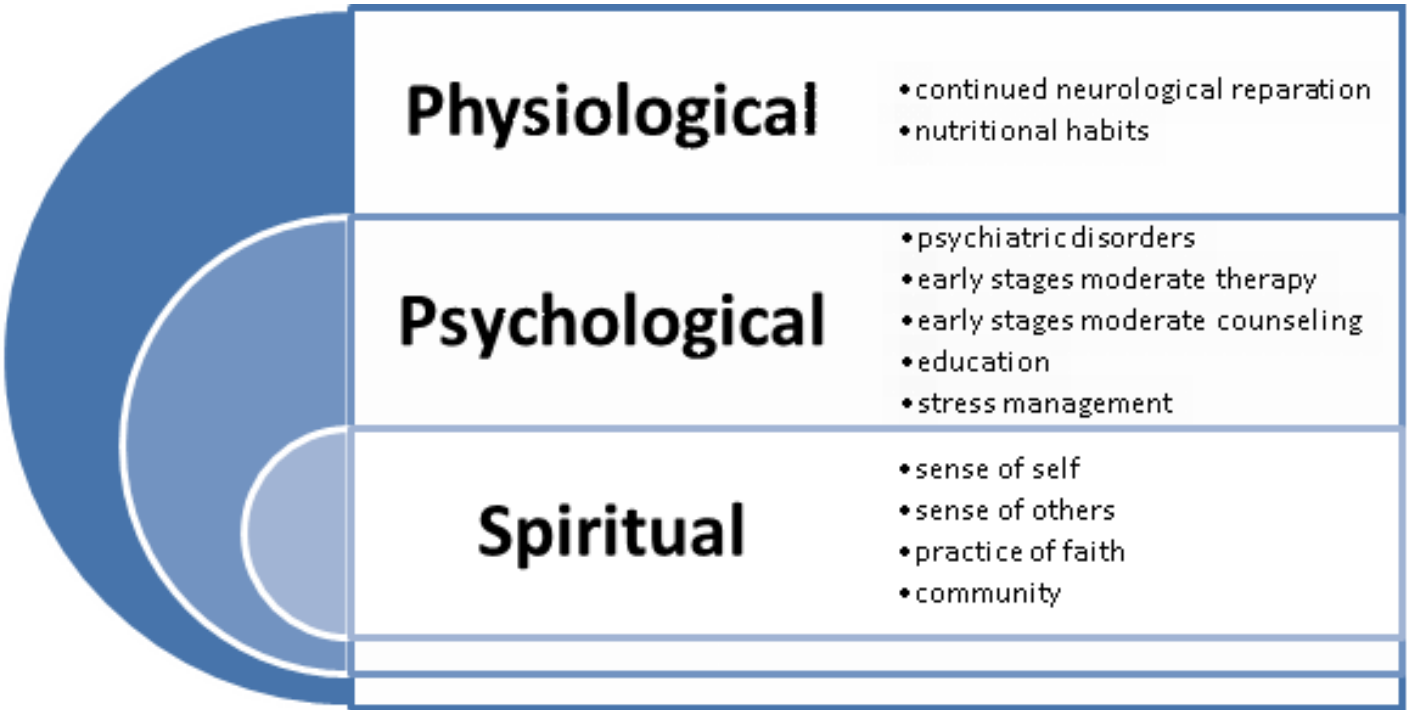
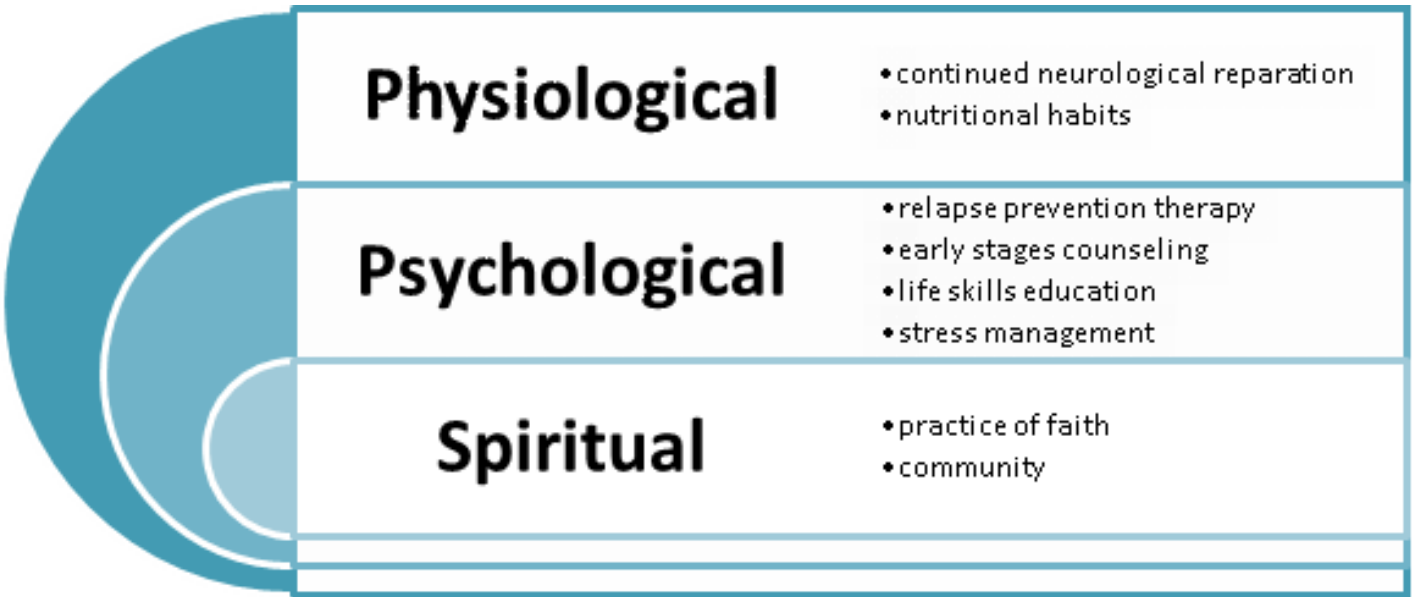
Extended Care Treatment is often also called continued care and is normally performed in an outpatient setting:



Transitional Sober Living is also a part of continued care and serves to function as a bridge between primary treatment environments and sober living environments:



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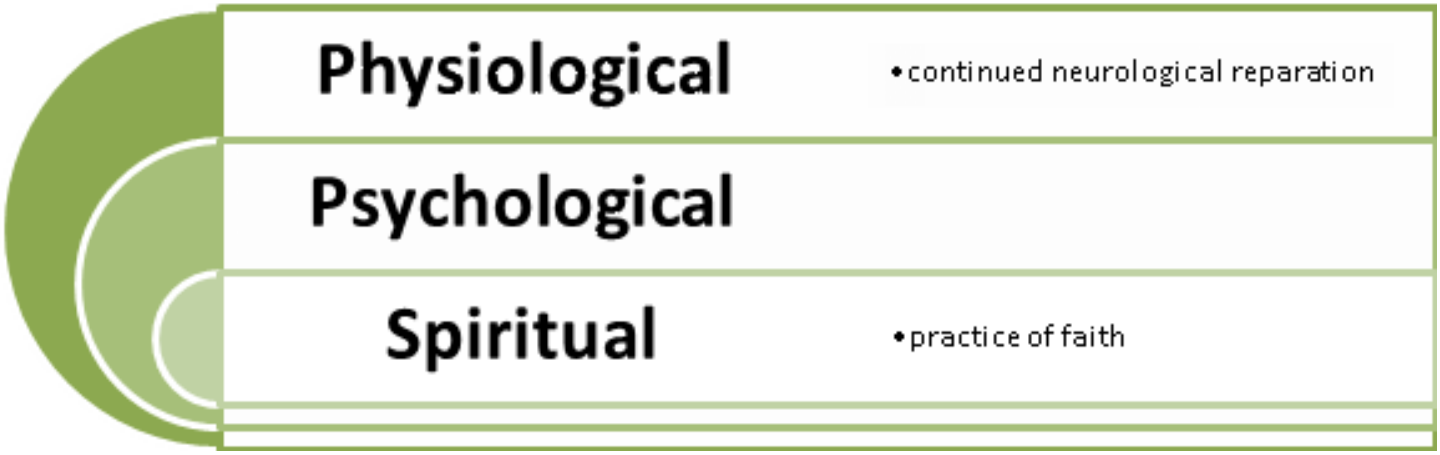
Sober Living can also be referred to as a half-way house and comes at the end of the continuum of care, after transitional sober living:



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 at least twelve months.

This one year commitment 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. Time is needed to reconstruct the skills necessary to live a life without the need for alcohol and drugs. After all, in the grand picture, one year is insignificant if the result is a remaining lifetime of joyful sobriety.

It is understandable that the recovering person has a great desire to get back to life, to work, to play, to love… And to complicate matters further, there are often family members and friends coaxing the addict away from continuing care. Codependency and sabotage can undermine all the progress the patient has accomplished in the moment the addict may make an unhealthy decision to discontinue care before they are ready. The addict is easily swayed during the early phases of recovery due to the symptoms of post-acute withdrawal and a pressing desire to alleviate the stress encountered in the hard work they are doing in recovery treatment. The first 30 to 120 days is likely one of the most difficult times for a recovering addict

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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?

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

Long-term recovery is an investment; a serious and committed investment. 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. Set time expectations for treatment and the continuum of care appropriately: the process will likely take a minimum of one year. Be prepared to handle the inconvenience and expense a full year commitment. This is a long time but consider the alternative.

The importance of making the decision to integrate the continuum of care into one's recovery effort in conjunction with a chemical dependency counselor or an addiction medicine psychologist is paramount. An addiction therapist 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.

Finally, the development of an action plan for the continuum of care effort is critical. 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 in a moment of weakness.

The addiction treatment field knows how to effectively treat the disease. It does require the patient's willingness, and if they are willing the treatment plans do work. The continuum of care works. So give the recovering person the opportunity to truly succeed at arresting this deadly disease, make provisions for a continuum of care, please. *SS*