TREATMENT LEVELS OF CARE

MODULE 13

ALLIED TRADES ASSISTANCE PROGRAM

PREVENTATIVE EDUCATION: SUBSTANCE USE DISORDER

LEVELS OF TREATMENT

- Outpatient
- IOP
- Partial
- Inpatient

STEPS TO ACCESS TREATMENT:

STEP 1:

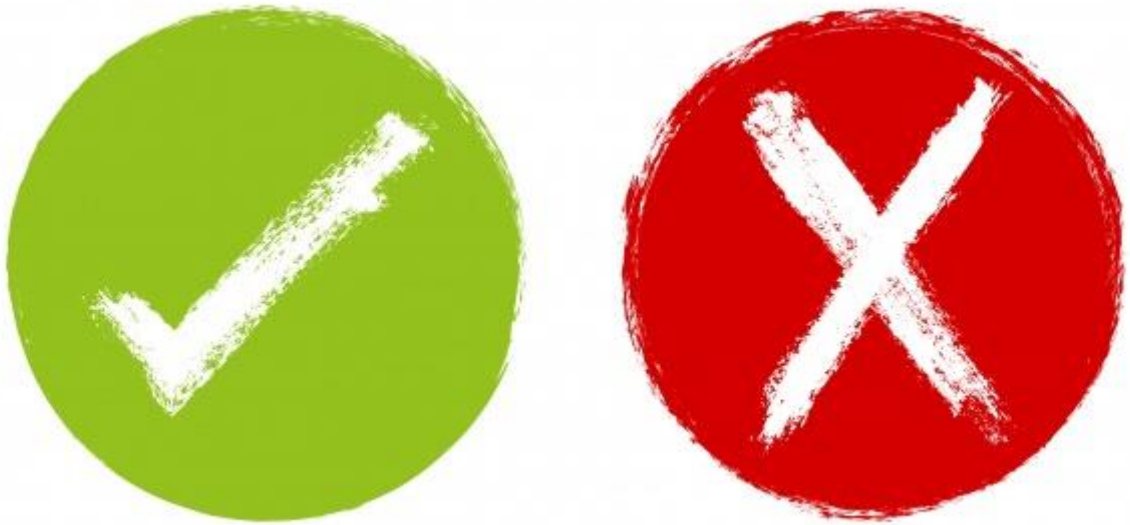
RECOGNIZE THAT YOU OR SOMEONE YOU KNOW NEEDS HELP.

STEP 2:

Call your Employee Assistance Program (EAP) and express your concern to them directly. They will be able to answer any questions you have about treatment specifics and what your insurance covers.

STEP 3:

Your EAP will talk to you about what is going on in your life and make a suggestion for how to move forward. They can also recommend some in-network provider options that best suit your needs. They are there to help you, so make sure you are open and honest with them about what is going on.



STEP 4:

Your EAP will also check to make sure you have active benefit coverage and explain what this coverage is to you, so you'll know how much treatment will cost.

STEP 5:

The EAP will assist you in reaching out to treatment providers if necessary and ensure a smooth transition for you to begin the treatment you need.

STEP 6:

Please take Note that the EAP is available for any questions you may have: before, during, and after treatment. They will be a support system for you if you choose to include them in the process.

BASIC INFORMATION ABOUT YOUR INSURANCE

MAKE CONTACT

Check with your EAP and/or your insurance carrier to see what benefits you have for mental health and/or substance use treatment, so you will know what your financial responsibility will be.

Usually the contact information that you need will be on the back of your health insurance card.

KNOW WHAT YOU ARE RESPONSIBLE FOR

Some insurances pick up 100% of treatment; others pick up part of the costs by paying a percentage of the treatment charges, or by requiring the client to pay a copay for treatment.

Sometimes, a client is expected to pay money up front before gaining access to treatment.

USE YOUR HEALTH BENEFITS

Remember: you pay money into your health benefits (or your employer does on your behalf), it makes sense to take advantage of these health benefits so you do not have to pay out of pocket for your treatment costs!

COMMUNICATE WITH YOUR EAP

It is in your best interest to talk to your EAP before entering treatment, so they can explain to you what providers' financial practices have been like and to make sure you understand your financial responsibility. Note: NOT ALL providers accept all insurances

WORDS TO RECOGNIZE

Coinsurance - a type of insurance in which the insured pays a share of the payment made against a claim.

Copay - a payment made by a beneficiary in addition to that made by an insurer.

Out of pocket maximum - is the largest amount of money you pay toward the cost of your healthcare each year. After you have paid enough in deductibles, copays, and coinsurance to reach your out-of-pocket maximum, your health insurance company pays for all of the rest of your healthcare that year.

WORDS TO RECOGNIZE

Day and or dollar limits - is the maximum amount of money that an insurance company will pay for claims within a specific time period.

In network (usually costs less) - In network refers to providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount.

Out of network (usually costs more) - nonparticipants in an insurance plan

Self-pay - those balances due as a result of having no insurance or having a balance due even after insurance pays, due to coinsurance, deductibles, or noncovered services.

MENTAL HEALTH CARE:

The decision to enter treatment can be difficult. Sometimes people seek out treatment on their own, and at other times treatment may be forced upon someone who is unable to make the choice for themselves.

Treatment begins with a full evaluation of the person's current mental health and safety concerns. After this evaluation, a mental health professional will recommend what type of treatment will be most helpful for the person to return to their normal level of functioning.

The best treatment outcomes stem from individualized treatment care.

OUTPATIENT CARE:

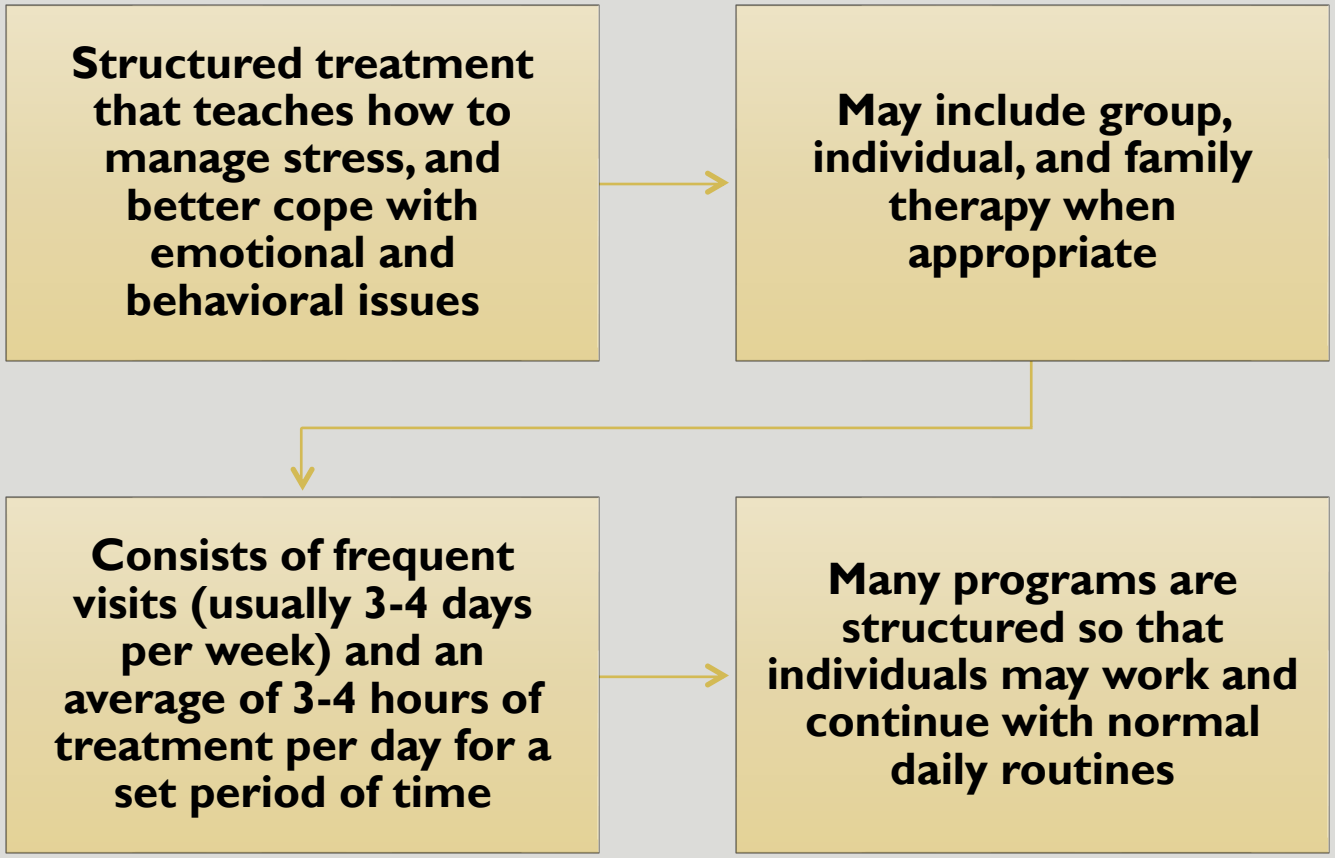
12 step programs (community-based and free)	Includes programs such as depressed anonymous, emotions anonymous, and the national alliance on mental illness
	Typically very useful when trying to achieve optimal mental health
	Allows opportunity for contact with individuals with many years of recovery
	Offers support and strategies for successful recovery

ROUTINE OUTPATIENT CARE

Consists of three types of care:

- **Individual counseling-** includes counseling sessions with a therapist
- **Medication evaluation and management-** includes visits with a psychiatrist or nurse practitioner to determine if medication would be helpful; (and ongoing monitoring if it is)
- **Group therapy-** includes weekly group sessions with other people with mental health issues. In group therapy, people often learn from one another's experiences.

INTENSIVE OUTPATIENT PROGRAM (IOP)



PARTIAL HOSPITALIZATION

Intense structured program

Typically consists of 5-7 days per week, 6 hours each day, similar to IOP, includes group, individual, and family therapy when appropriate

Often includes evaluation by a psychiatrist, who may prescribe or adjust medications

Often recommended for those who have actively participated in lower levels of care (ex: OP and IOP), yet continue to experience serious emotional or behavioral problems

Beneficial for those at risk for hospitalization, or as a step-down for those who have been hospitalized

01
Inpatient acute care

02
Intended for people who need 24-hour care and daily doctor visits in a hospital setting to stabilize psychiatric issues

03
Often recommended for people who are unable to care for themselves, or may be at risk to the safety and well-being of themselves or others

04
Can last for a few days

05
Goal is to stabilize a crisis

06
Includes group therapy, meeting with a team of professionals, including a psychiatrist

07
A family session is important prior to discharge to discuss aftercare plans

INPATIENT CARE

INPATIENT RESIDENTIAL

- Intended to be a short-term placement to stabilize the person until they can return to the community
- Treatment should be as close to the person's home as possible
- Intended for people who do not need medical attention
- Not appropriate for people who are unmotivated for change and recovery
- Should include weekly family therapy

SUBSTANCE USE CARE:

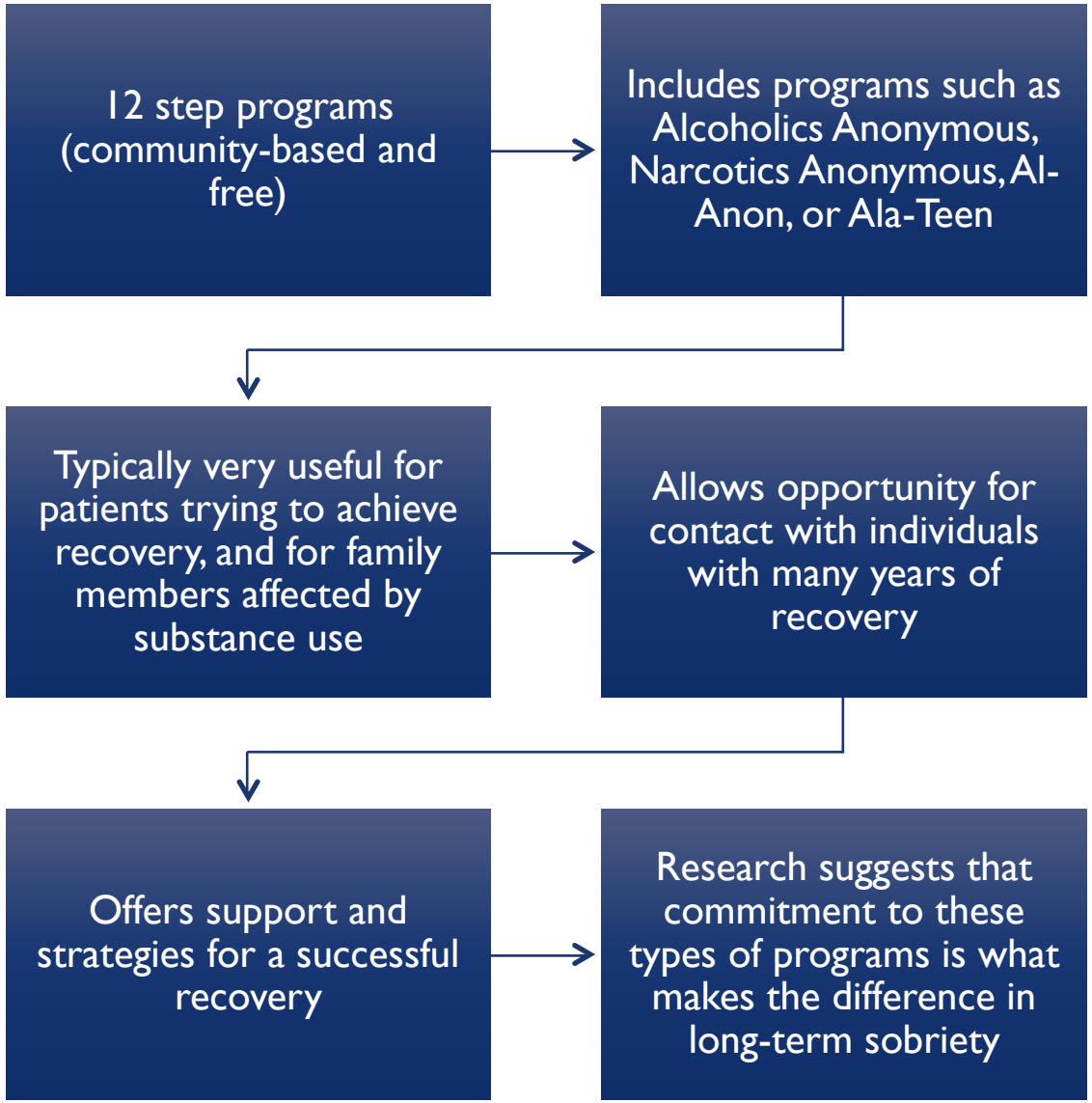
Entering treatment for substance use is difficult whether it's by personal choice, or if it's being recommended or required by an outside source such as the court system, family, or employer.

The first step in establishing a treatment plan for a substance use disorder is a full evaluation.

The evaluation typically includes: (1) complete assessment of the person's current use, (2) previous substance use and treatment history, (3) physical history, (4) social situation, and (5) identification of treatment goals.

After this evaluation, a substance abuse professional (SAP) will recommend a type of treatment based off of safety concerns and medical necessity.

OUTPATIENT CARE



ROUTINE OUTPATIENT CARE

Includes individual counseling with a therapist who has training/ experience with substance use

May also include a Psychiatrist or someone who specializes in addiction to determine if medication would be helpful to achieve and maintain sobriety

Does not include the medical treatment of complicated withdrawal symptoms

INTENSIVE OUTPATIENT PROGRAM (IOP)

- Structured treatment that teaches about the concepts of addiction and recovery
- Usually encourages participation with 12-step programs
- Typically consists of 3-5 days per week and an average of 3-4 hours of treatment per day for a set number of sessions or period of time
- Many programs are structured so individuals may continue to live and work in their community

PARTIAL HOSPITALIZATION

01

Structured treatment sometimes recommended for those who have been unsuccessful in maintaining sobriety despite active treatment at a lower level of care

02

Typically consists of 5-7 days per week for 6-8 hours each day

03

May offer an arrangement for sober housing while attending the program

AMBULATORY DETOX

Provided on an outpatient basis for those that are highly motivated for recovery but need medical treatment for complicated withdrawal symptoms

Appropriate when the individual can be seen by medical professionals often enough to be safely monitored and detoxified

INPATIENT CARE:

Inpatient Detox

Recommended for individuals that require 24-hour intensive medical care to ensure their safety

Typically intended for people whose situations are medically-complicated or for people who are plagued with serious withdrawal symptoms

INPATIENT ACUTE CARE

May be recommended following inpatient detox after withdrawal symptoms have decreased, but medical or psychiatric symptoms that require 24-hour care and daily doctor visits are needed for continued stabilization

Treatment is typically short-term

01

Intended for people who do not need medical supervision

02

May last 28 days or more

03

Not appropriate for people who are unmotivated for change and recovery

04

Primary treatment offered is group, individual, and family therapy in a supportive environment

05

Should include weekly family therapy

INPATIENT RESIDENTIAL

ADDICTION AS A

FAMILY DISEASE

THE IMPORTANCE OF FAMILY THERAPY

The dependence an individual has on alcohol and drugs can be known as a **family disease**, where his or her addiction affects the whole family and those around them. Therefore, family therapy impacts the addict's recovery in very beneficial ways for lifelong recovery.

Family and loved ones can be affected in one or more of the following ways:

Emotionally, Physically, Financially, Enabling, Codependecy, Negative Influences on Children, Fear


8,000,000
CHILDREN IN THE USA LIVE WITH AT LEAST ONE SUBSTANCE-ABUSING PARENT

Since the health of a family can play a major role in the success of recovery for the addict, it's important to show your loved one your continuous support for their individual healing journey.

Most treatment facilities offer other external resources for families, including:

- Al-Anon and Alateen
- SMART Recovery Family & Friends
- Family Therapy
- Families Anonymous

THOSE WHO CAN BE INVOLVED

FAMILY MEMBERS | SIGNIFICANT OTHERS | FRIENDS | COWORKERS


FAMILY THERAPY IS BASED ON THE FOLLOWING CONCEPTS:
Treating just one person, without treating all involved, is like an ongoing cycle that will not be beneficial in the long run
The illness in one family member may be the cause of a larger problem in the family
Changes in one family member will affect both the usual family structure and each individual involved
WHAT THE LOVED ONES WILL QUICKLY LEARN
Knowledge about addiction and effects on the brain and body
How to help rather than hinder an addict's recovery
Identify conflicts and strategies to overcome them in the future
Prevention for other family members, friends, oneself
Re-establishing communication and honesty in your relationships
Trust and forgiveness
SOURCES
http://blackbearrehab.com/blog/family-therapy-important-part-recovery-curriculum/
http://theoakstreatment.com/help-for-families/resources/
http://blackbearrehab.com/family-members-manual-addiction-treatment/
http://drugabuse.com/library/family-therapy-a-vital-part-of-addiction-treatment/
http://www.449recovery.org/newsletter/how-addiction-recovery-impacts-ones-family/
http://alcoholrehab.com/addiction-articles/family-recovery/
http://www.webmd.com/balance/family-therapy-6301
FOUNDATIONS
RECOVERY NETWORK

SELF-HELP PROGRAMS AA AND NA

The primary goals of A.A. and similar self-help groups are to:

Achieve total abstinence from alcohol or other drugs.

Promote changes in personal values and interpersonal behavior.

Continue participation in the fellowship to both give and receive help from others with similar problems.

Self-help groups often are used in tandem with other treatment modalities, such as residential or outpatient treatment programs.

ALCOHOLICS ANONYMOUS

- Alcoholics Anonymous (A.A.) describes itself as a voluntary, self-run fellowship. Its membership is multi-racial and there are no age, or other requirements for members. It is non-professional and has no dues or outside funding sources. An important characteristic for many persons is its promise of anonymity, protecting the right to privacy of its members.

NARCOTICS ANONYMOUS

- Narcotics Anonymous (NA) is modeled on the Alcoholics Anonymous concept, and although the two programs are not affiliated, they use the same Twelve-Step program. NA is a different organization with diverse jargon, style, substance, and social traditions. It is concerned with the problem of addiction, and members may have had experience with any or all of the entire range of abusable psychoactive substances.

TRAVELING FOR TREATMENT:

THE BENEFITS OF SEEKING OUT-OF-STATE CARE FOR YOUR SUBSTANCE ABUSE PROBLEM

Finding the right substance abuse treatment facility can mean the difference between recovery and relapse. But the best facilities aren't often found right next door. Learn the advantages of seeking care out-of-state, or across the country.

21,600,000

21.6 million Americans need drug or alcohol treatment

But only 2.3 million individuals receive treatment from a specialized facility

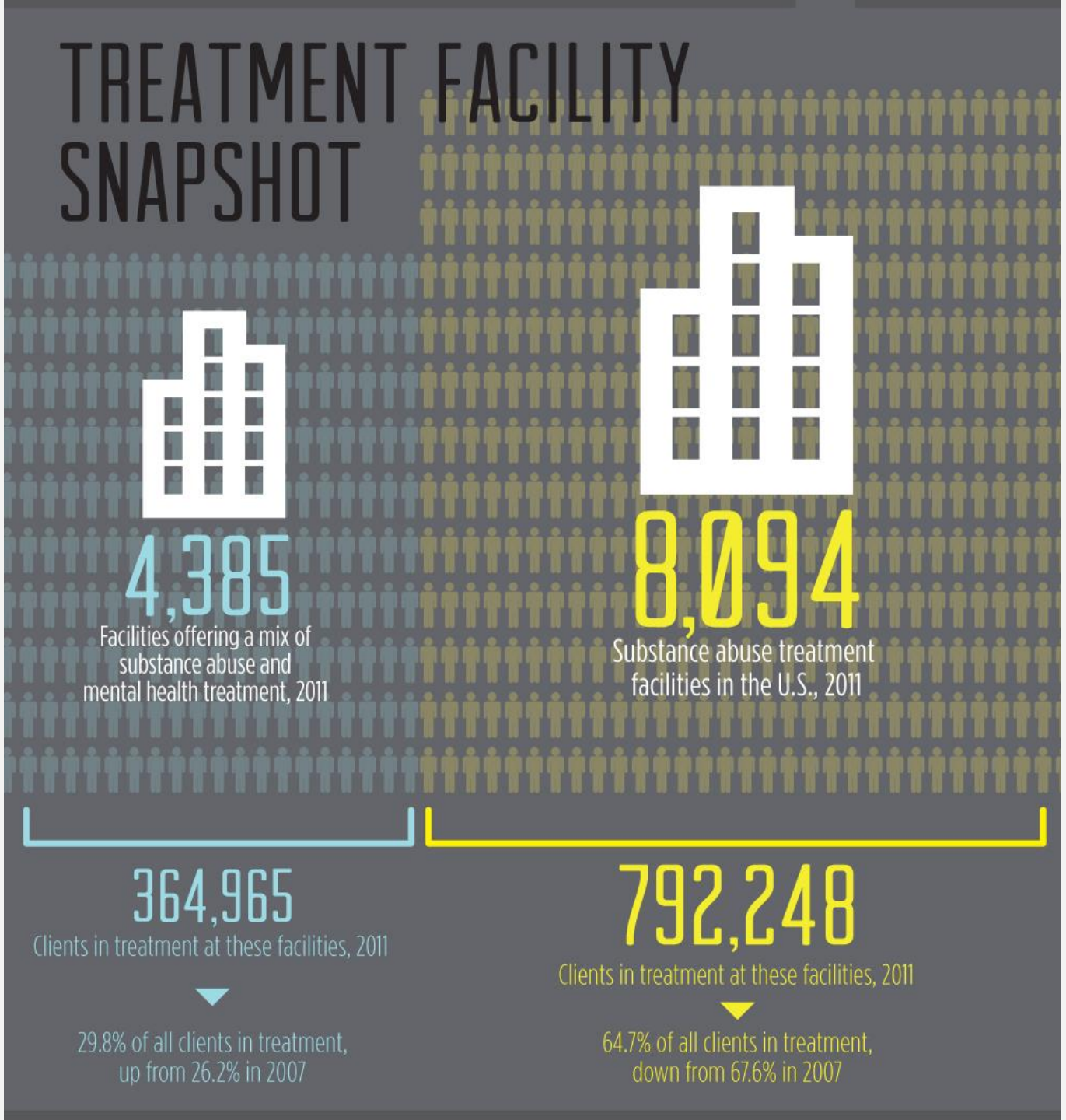
2.3 M.

41%

of patients in treatment have been diagnosed with co-occurring mental health and substance abuse disorders

+4%

Increase in number of substance abuse treatment admissions for patients aged 12+, 2000-2010


TREATMENT FACILITY SNAPSHOT
4,385
Facilities offering a mix of substance abuse and mental health treatment, 2011
8,094
Substance abuse treatment facilities in the U.S., 2011
364,965
Clients in treatment at these facilities, 2011
29.8% of all clients in treatment, up from 26.2% in 2007
792,248
Clients in treatment at these facilities, 2011
64.7% of all clients in treatment, down from 67.6% in 2007

WHY SEEK OUT OF STATE RESIDENTIAL TREATMENT?

Residential treatment has higher completion rates than outpatient treatment, which is often local.

Obstacles to treatment at home:

- Responsibilities to family and friends
- Distractions created by personal relationships
- Lack of emotional space and focus
- Proximity to bad influences

1 in 4

Avoid an institutional setting: 1 in 4 substance abuse treatment facilities offer services in a non-hospital setting

Above-average completion rates:

+12%

12% higher completion rates with short-term residential treatment

+20%

20% higher completion rates with detoxification

+23%

23% higher completion rates with hospital residential treatment

Non-Hospital Residential Treatment Facilities Offering Beds

- FEDERAL GOVT- **96% CAPACITY**
- STATE GOVT- **93%**
- LOCAL GOVT- **90%**
- PRIVATE, NON PROFIT- **89%**
- PRIVATE, FOR PROFIT- **85%**

You may be able to skip the waiting list:
20 million Americans who may benefit from treatment don't receive in—in part due to government facilities' extensive waiting lists. Wait lists may be avoided by attending private institutions in states with less demand.

TRAVELING OUT OF STATE, OR EVEN ACROSS THE COUNTRY, IS SOMETIMES THE BEST OPTION IF YOU WANT TO ENTER A QUALITY ADDICTION TREATMENT CENTER.

SOURCES
http://www.drugabuse.gov/publications/drugfacts/nationwide-trends
http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Tbl3.3.htm
http://www.samhsa.gov/data/2k13/TEDS2010/TEDS2010StChpI.htm
http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Tbl2_2.htm http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Tbl3.1.htm
http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Tbl2.2.htm
http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Tbl3.1.htm
http://www.recoveryconnection.org/addiction-treatment-faqs/
http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_4/TreatmentDischarges.aspx
http://www.samhsa.gov/data/spotlight/WEB_SPOT_033/WEB_SPOT_033.pdf
http://www.nytimes.com/2008/12/23/health/23reba.html?pagewanted=all&_r=0
http://www.samhsa.gov/data/spotlight/WEB_SPOT_033/WEB_SPOT_033.pdf

NOW THAT YOU KNOW ABOUT TREATMENT, HOW DO YOU HELP A FAMILY MEMBER OR A FRIEND?

CONCERNED ABOUT SOMEONE? HERE ARE SOME SUGGESTIONS:

Learn All You Can About Alcoholism and Drug Dependence: Utilize the resources available through this training, online or the EAP.

Express Love, Concern and Support: Don't wait for them to "hit bottom." You may be met with excuses, denial or anger, but be prepared to respond with specific examples of behavior that has you worried.

DO NOT EXPECT THE PERSON TO STOP WITHOUT HELP.

You have heard it before -- promises to cut down, to stop -- but it does not work. Treatment, support, and new coping skills are needed to overcome Substance Use Disorder.

SUPPORT RECOVERY AS AN ONGOING PROCESS:

Once your friend or family member is receiving treatment or going to recovery support meetings, remain involved. While maintaining your own commitment to getting help, continue to show that you are concerned about and supportive of their long-term recovery.

Speak Up and Offer Your Support!

SOME THINGS YOU ***DO NOT*** WANT TO DO:

Don't Preach	Don't Preach: Don't lecture, threaten, bribe, preach or moralize.
Don't Be A Martyr	Don't Be A Martyr: Avoid emotional appeals that may only increase feelings of guilt and the compulsion to drink or use other drugs.
Don't Cover Up	Don't Cover Up, lie or make excuses for them and their behavior.

Don't Assume	Don't Assume Their Responsibilities: Taking over their responsibilities protects them from the consequences of their behavior.
Don't Argue	Don't Argue When Using: When they are using alcohol or drugs, they can't have a rational conversation.
Don't Feel Guilty	Don't Feel Guilty or responsible for their behavior, it's not your fault.
Don't Join	Don't Join Them: Don't try to keep up with them by drinking or using.

CONTINUED:

INTERVENTION

Intervention is a professionally directed, education process resulting in a face to face meeting of family members, friends and/or employer with the person in trouble with alcohol or drugs.

People who struggle with addiction are often in denial about their situation and unwilling to seek treatment. They may not recognize the negative effects their behavior has on themselves and others.

Intervention helps the person make the connection between their use of alcohol and drugs and the problems in their life. The goal of intervention is to present the alcohol or drug user with a structured opportunity to accept help and to make changes before things get even worse.

HOW DOES AN INTERVENTION WORK?

Much of the intervention process is education and information for the friends and family. The opportunity for everyone to come together, share information and support each other is critically important. Once everyone is ready, a meeting is scheduled with the person everyone is concerned about.

CAN AN INTERVENTION BE SUCCESSFUL?

Absolutely.

When done with a person who is trained and successfully experienced as an interventionist, over 90% of people make a commitment to get help.

CAN AN INTERVENTION FAIL?

Yes, but as stated on the previous slide, most interventions are successful.

In some cases, a person may refuse help at the time of the intervention, but as a result of the intervention, come back and ask for help later.

WHERE DO YOU BEGIN?

Interventions may not be necessary or appropriate for all families or all circumstances.

However, if you feel an intervention could be helpful, you should contact your EAP to find out what may be best for you or your family.

DO NOT GIVE UP!

The use of alcohol and drugs by a friend or family member can leave us with many unanswered questions, unable to understand what is happening and feeling like you are enduring life on an emotional rollercoaster.

You may find yourself struggling with a number of painful and conflicting emotions, including guilt, shame, fear and self-blame. And, due to another's continued use of alcohol and drugs, it is easy to become frightened, frustrated, scared and angry. Do Not Give Up! There is Help!

YOU ARE NOT ALONE!

Like any other chronic disease, addiction to alcohol and other drugs affects people of all ages regardless of income, educational background, country of origin, ethnicity, sexuality, and/or community where they live.

Anyone can become addicted to alcohol and drugs and anyone can be affected by another person's addiction -- especially friends and family members. In fact, more than 23 million people over the age of 12 are addicted to alcohol or drugs. As a friend or family member, You Are Not Alone!

If you or someone you know is suffering from substance use disorder or mental health issues, reach out to someone for assistance.

-Your EAP can help-

www.alliedtrades-online.com

- References:
- Cigna. Levels of Substance Abuse Care Descriptions (Lowest to Highest). 2009
- http://apps.cignabehavioral.com/web/basicsite/media/consumer/educationAndResourceCenter/articles/levelsOfMentalHealth.pdf
- http://www.michaelshouse.com/wp-content/uploads/travelfortreatment-final
- http://blackbearrehab.com/blog/family-therapy-important-part-recovery-curriculum/
- https://www.ncadd.org/family-friends/concerned-about-someone
- https://www.ncadd.org/family-friends/there-is-help/intervention-tips-and-guidelines
- https://www.ncadd.org/family-friends/there-is-hope-there-is-help-there-is-healing