



INTERVENTION WEBINAR

How to Choose a Rehab Facility For Your Loved One

 Starting Soon



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Mike has an extensive history of helping families treat addiction. He is an authority in addiction treatment and remains dedicated to providing hands-on expertise at our clinic.

How to Choose a Rehab Facility For Your Loved One

How Do You Find the Right Rehab Center?



The considerations for choosing the right rehab center are often distorted. Unbeknownst to those searching, they go about it in a maladaptive way. What most people do not know is that nobody has reinvented the wheel nor does any treatment center have a cure or guarantee. Almost every center that is licensed and JCAHO accredited (Joint Commission on Accreditation of Healthcare Organizations) or CARF accredited (Commission on Accreditation of Rehabilitation Facilities) is providing similar services. What they all have in common is they are delivering evidence based treatment. Evidence-based treatments are treatments that have been proven effective in both efficacy and costs by NIAA (National Institute on Alcohol Abuse & Alcoholism), NIDA (National Institute on Drug Abuse), and SAMHSA (Substance Abuse & Mental Health Services Administration). The efficacy and cost effectiveness are based on randomized clinical trials, and reviews. Rehab centers have to offer these types of treatment if they choose to be reimbursed by insurance providers. The majority of people who look for rehab centers search for ones that accept their insurance. For those who choose to or have to self pay for treatment they will be attending treatment centers focused on delivering evidence based care as the majority of curricula rely on insurance reimbursements and therefore are built around evidence based treatments. Whether the evidenced based care will be effective for your loved one or not, and whether you self pay or use insurance, chances are excellent the center you choose will be delivering very similar if not the same services as the one you do not choose. Because treatment centers operate relatively the same, the greatest thing that separates most rehab centers is their marketing strategies by offering more amenities and nicer aesthetics; things that do not necessarily result in a greater chance of sobriety. Rehab considerations that families and substance users should be focused on is what contributes to a greater chance of success. Some of these are effective clinicians who can connect with clients and understand the importance of family system dysfunction and family involvement in the treatment and discharge plan.

One of the number one predictors of successful outcomes is the clients relationship with their clinician. You will rarely if ever see this on a rehab centers website nor will you hear the admission person discuss this with you. This is because it is not what most families and substance users are looking for, they are often looking for comfort, amenities and aesthetics. Regardless of where your loved one attends rehab, if they do not like their clinician, and the family is not in recovery themselves the substance users outcome can and will be compromised. Many rehab centers lack effective family programming and collaboration with the families wants and needs.

Goals



The question a family has to ask themselves is, what do they truly want for an outcome from their loved one attending a rehab center. Do they want them sober for life or do they just want them back? It is an interesting question and one we see often. Many times the family is subconsciously more interested in getting their loved one back than they are sober; there is a difference. Another problem we face with families trying to find the right rehab center is worrying about what will happen to them while the substance user is gone and what will happen to both substance user and family when they return. Families often choose treatment centers with their own selfish agenda in mind and they aren't even aware of it..

The substance user should set a goal and ask themselves what their goals of attending a rehab center are. Are they just going to rest up and get the family off and others off their back or do they really want to be sober? This is easy to detect as the answer will be clear in where they go, for how long, and how well they follow directions while not dictating the care and the discharge. It is like being asked to take a drug test. The answer is not in the results, it is in the response when asked to take it.

It is ok to have amenities and aesthetics as a goal of treatment selection. Being in a nicer comfortable facility certainly is not going to lessen your chances of turning your life around and becoming clean and sober. When setting goals, a family and substance user should ask themselves some questions. Good questions to consider would be, are we done trying to run the show and are we ready to turn this over to the professionals who know more than we do? Do we want our loved one back or do we want them sober? Do we prefer a center that helps the family or not? Are we done living this way and if so, are we willing to do whatever it takes to not go back to the old way of living? Does the family realize the importance of their own recovery and what roles they played in the addiction? Lastly, when selecting the right rehab center, ask yourselves, are you more concerned about the outcome or the comfort?

Specialties



The majority of rehab centers are equipped and are designed in preparation for clients experiencing a dual diagnosis. This means they have staff that can treat both substance use disorder and mental disorder within their integrated treatment team. There are times when after detoxification and stabilization from substances, a present or perceived disorder or ailment may decrease in severity or may even disappear. Other times the condition or ailment may worsen after drugs and alcohol are removed. In most cases, a dual diagnosis facility can accommodate these changes, and other times they may have to refer out to a rehab center that specializes in the now clearer and exposed symptoms of the condition or disorders. Whenever a substance use disorder is present it can cause increased symptoms that appear as a mental disorder or process addiction such as eating or gambling disorder. Until the substance use disorder is stabilized it is difficult to determine how much of the other condition was caused by the substance use or how much of the condition was self medicated by the patient to treat the condition or disorder. Per instructions when attending graduate and doctorate school, the clinician has to consider the substance use disorder as the cause until proven otherwise as substance use can worsen symptoms of other disorders and conditions.

When a substance use disorder is not present in cases such as eating disorder, self mutilation, depression and other mental disorders a speciality program for the specific disorder or condition should be explored. All disorders, including substance use, should have an assessment performed by a qualified professional and not the family or the person needing treatment.

Qualifications



Qualifications are sometimes difficult to discuss. The reason behind this is, just because you have qualifications and degrees does not mean you're an effective clinician. One of the number one predictors of outcome is the client/clinician relationship. Does having a PhD or Masters degree make you more or less likable to a client with a substance use disorder?. Some of the best employees of a treatment center that connect with substance use disorder clients are individuals who have a substance use disorder themselves and are now in recovery and who have no credentials at all. What makes up a strong staff at a rehab center is qualified credentialed clinicians with support staff that understands the mind of a substance use disorder client first hand. Qualifications of a clinician should include family systems knowledge and knowing the importance of boundaries and accountability for both family and substance users. The qualifications of a clinician should include having the ability to challenge the client and help them see the impact of their addiction on others. Many times clinicians make friends with their clients and zero in on only looking at the needs and wants of the substance user. Addiction is not a victimless crime and discharging a client to an environment that can negatively impact those in the environment are often overlooked.

We believe a clinician that has credentials, experience both inside and outside the classroom in the real world can offer the best opportunity of a client/clinician relationship. This is why treatment centers with an integrated treatment team and staff with family systems considerations are in a position to offer the best opportunity for a positive outcome.

Amenities



Amenities are important for some. As we stated earlier, nice facilities with all the bells and whistles are certainly not going to lessen the chances of one finding a new life and remaining clean and sober. When it comes to amenities, it should be the least on the list of concerns. Nowhere do any of the federal agencies that oversee treatment centers and nowhere in evidence-based treatments does it list amenities as being a predictor of positive outcomes. As long as a family and a substance user sets priorities for their treatment selection towards efforts that increase positive outcomes over amenities than having amenities lowest on your goals is certainly ok.

Some amenities that are beneficial are exercise, outdoor activities, and healthy diet and food choice. These amenities are good for the mind and body and are a great add on to a strong therapeutic curriculum. Amenities should never be put before evidence based treatments. The ones listed here are almost always offered at the majority of centers.

Treatments and Therapies



The majority of treatment centers are offering similar curriculums and evidence-based treatment. Two of the most significant are 12 Step facilitation and Cognitive Behavioral Therapy (CBT); both evidence-based. Group counseling as well as individual counseling are important too. A good group facilitator who understands the group members is able to facilitate effectively by bringing specific group members together to help solve problems through past experiences. A group facilitator who is respected and trusted by the group members can have a significant impact on the outcome of the groups. Another evidenced based approach is BCT (Behavioral Couples Therapy). This involves the significant other or close family of the substance user to be part of the recovery process. Although BCT refers to the significant other, we see the same results when the family is brought together in the same way.

What one does in treatment is important and the treatments and therapies often have an impact that can last a lifetime. Families and substance users should note that staying clean and sober in treatment is far easier than staying clean and sober outside of treatment. Continuing recovery efforts and therapies after treatment is just as important as engaging while in treatment. If the substance user was to only go to treatment and do nothing else when they are discharged, the chances of them maintaining long term sobriety would be very low.

Treatments and Therapies (cont)



MAT or Medically Assisted Treatment is an evidence-based treatment. One of the most effective methods is Vivitrol for opioid and alcohol users. Vivitrol is an injection that lasts 30 days and is an opioid blocker similar to the drug used to reverse the effects of an opioid overdose called Naloxone. When taken by an opioid user it blocks the effects of opioids while having the potential of reducing the craving for opioids. For alcohol users it has shown great results in reducing cravings, although it does not reverse or stop the effects of alcohol. Among all the medically assisted treatments for opioid users we see Vivitrol as having the greatest impact on positive outcomes. The only drawback appears to be that it is the highest on the list of refused therapies for opioid addicts. Offering Vivitrol is a great barometer to gauge the willingness of an opioid user's commitment to sobriety. Acceptance of Vivitrol would show a high willingness whereas complete resistance would show little willingness. Once the shot is taken, they know they are not going to feel the effects of opioids for a while. Those with a subconscious thought of relapse or using just one more time would most likely come from those who resist this form of MAT. This is not an absolute and it certainly is a great barometer of one's willingness.

Treatment plans, therapies and treatments are always changing based on ongoing assessments. As one excels, stays stagnant or backpedals in treatment, your loved ones' clinical team can help determine which treatments and therapies will be most effective for them and your family throughout the recovery process.

Inpatient vs Outpatient



Determining level of care is based on necessity and ASAM (American Society of Addiction Medicine) and DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria. Most clients who are diagnosed with a substance use disorder as moderate or severe needing detoxification and stabilization will enter an inpatient treatment center after detox followed by partial hospitalization and then outpatient treatment. Almost every intervention client meets ASAM criteria dimension 1 which means they meet criteria for acute intoxication and withdrawal potential.

Inpatient means you are inpatient and can not leave unless supervised by rehab center personnel. Inpatient's primary goal is to stabilize the substance user after detox and to prepare them for the next phase of care. PHP or partial hospitalization often follows inpatient treatment. PHP is similar to inpatient other than you move to different housing although your programming during the day is similar. In PHP you are often allowed to engage in more activity and attend outside meetings. When you are discharged to outpatient you receive less programming and at times may still remain in the facilities housing, although this is not always the case. Intensive outpatient (IOP) typically includes 9 hours a week broken up into 3 days with 3 hours a session. Outpatient (OP) is less than IOP and your sessions are reduced based on your treatment team's recommendations.

Choosing Inpatient versus Outpatient should be made with a professional using ASAM and DSM criteria. Far too often we see the family and the substance user trying to dictate level of care. This goes back to the information above on how and why families and substance users make decisions. They often put comfort before effectiveness and necessity. Surrendering to professionals and following the guidelines of ASAM and the DSM can allow for a more positive outcome in addiction treatment.

Length of Program



The National Institute on Drug Abuse (NIDA), one of the organizations that oversees evidence-based treatment, states that for residential and outpatient treatment anything less than 90 days has limited effectiveness. They go on to state that the longer treatment lasts the better the outcome. In our experience when the substance user enters a program that is away from their environment for a minimum of 90 days, followed by outpatient services in a sober living home for an additional 90 – 180 days, with 12 step facilitation and individual therapy, is when they achieve the greatest results.

When a substance user has a decreased ability to leave treatment early against medical advice due to their distance from home and strong family boundaries, it increases the likelihood they stay in treatment and benefit from the complete curriculum of the rehab center. Regardless of whether or not they go far away or for 90 days or less, family boundaries and accountability for the substance user in the event they do not complete treatment and remain clean and sober is often enough to keep them engaged with their ongoing recovery efforts. Very often the substance user will commit to a 30 day program. More often, family boundaries and accountability help the substance user make the decision to stay and continue on for at least 60 more days of treatment and follow discharge instructions.

We understand not all insurance will cover 90 days of treatment and we understand not all families and substance users can afford 90 days of treatment. By discussing various levels of care and treatment options with a professional, they can collectively build a treatment plan that will assist the substance user with staying engaged in recovery efforts for at least 90 days and well beyond.

Cost of a Program



Like any medical or dental expense, addiction treatment without health insurance or for those who choose to self pay can be expensive. The longer one stays in treatment the less their insurance will pay and the more it will cost. In spite of federal agencies stating the effectiveness of long term treatment, insurance companies often fail in providing the necessary funds to ensure a lengthy treatment stay. The range of rehab center costs is far too wide to state and stating the costs may encourage some to forgo even thinking about offering their loved one help. Costs and long waiting lists for state funded facilities are often deterrents for some to enter treatment willingly. The good news is, some treatment is far better than no treatment at all and there are many avenues and treatment plans available to ensure one receives care.

The more treatment you can get, the better the outcome, that is a proven fact. Working with a professional can help you navigate the substance users needs and determine costs and coverage for those needs. Costs should not be a deterrent for attempting to try and help a substance user. [Families spend far more on enabling the addiction over time then they will spend on intervention and treatment.](#) Supporting an addiction or not addressing the addiction is far more costly than any rehab center. When you add up all the expenses for an addiction including housing, medical, legal, food, cash for drugs and alcohol, missed time from work, and opportunity costs that are lost, just to name a few, the cost of the addiction can be 10x greater than the cost of treating it.

Comparing Treatment Centers



As stated many times, treatment centers are doing very similar curricula and nobody has a cure nor has anyone reinvented the wheel. As an intervention company, what we look for in a treatment center are practices that increase the opportunity of success for the substance user and support the family by listening to their wants and needs. Professionals, family members, and substance users should consider treatment centers with effective clinicians and not ones that just go through the motions and discharge clients at 30 days. Clinicians and rehab centers who take what they were told as honest truth by the substance user and run with it is sadly a common occurrence among clinicians. We look for and see things that are important that you the family and substance user may never see on a rehab centers website nor will you hear it from their admissions person

Comparing Treatment Centers (cont)



Here is a list of some of the most important things to consider in choosing the right rehab center:

- JCAHO (Joint Commission on Accreditation of Healthcare Organizations)
- CARF (Commission on Accreditation of Rehabilitation Facilities)
- LegitScript Certification – A thorough vetting process performed to determine eligibility for advertisement online. In order to receive this you have to prove you are a real rehab center.
- Family Involvement – Will the center allow the family to have a voice? Will the rehab center consider the family in the discharge plan? Will the facility only listen to the substance user and not fact check their story with the family who has suffered?
- ROI's – Does the rehab center make signing a release of information for the interventionist and the substance users family a condition of their stay? Will they allow the family interventionist or family therapist to help them with information they will not receive from the substance user?
- Length of Stay – Is the center equipped to treat clients longer than 30 days?
- Cell phone and electronic devices – Does the center restrict cell phone use and do they have a blackout period for the substance user. The highest risk of leaving AMA (against medical advice) is in the first two weeks. How do they address this?
- Accountability – Are they afraid to challenge the substance user and help them see their role in the destruction that has affected their family?
- Boundaries – Will they work with the family and encourage them to set firm boundaries on relapses, AMA's and continued recovery efforts?
- Consequences – Will the work with the family to help them understand the importance of implementing consequences in the event the substance user relapses or discharges treatment against medical advice?
- Discharge planning – Is the rehab center willing to go to bat for others that have been affected by the addiction and are they willing to work with the substance user to understand the importance of not returning to the old environment too soon?

Support for Your Loved One!



An intervention company that supports the family and collaborates with the center during the substance users treatment stay provides the greatest opportunity for positive outcomes. There are many effective interventionists that accomplish the task of helping someone get to treatment. Unfortunately very few do only that. Family First Intervention has a full staff of coordinators, interventionists and Family Recovery Coaches along with a clinical director to help families through the recovery process. Allowing the substance user to go to treatment again while the family does nothing different will almost always produce similar failures of the past. Our research shows that when we incorporate evidence based strategies to our intervention process and support the family, positive outcomes occur more frequently. We are happy to assist you anyway we can and look forward to discussing your situation with you. We are grateful for the opportunity to hear your story and provide any insight or solutions we can.

Stop Accepting Excuses and Start Getting Help

Questions? The Floor Is Yours!

Prefer to talk in private? Get in touch below.

Call Us: 1 (888) 291-8514

Chat with us: family-intervention.com
