Is withdrawal-management (detox) offered as part of inpatient or ambulatory treatment?

Comprehensive, medically supervised detoxification is an important first step to prepare the individual for long-term treatment. Families should be aware that detox is not treatment, but it helps people to withdraw from their substance in a medically managed environment. There are different levels of Withdrawal Management. Family members may want to ask about the levels provided to ensure they are aware of their options.

Two of the most common are inpatient withdrawal management, or ambulatory treatment. The major difference between the two is that when patients undergo inpatient withdrawal Management, they are on-site at the facility for the duration while in ambulatory withdrawal management, the patient goes to the facility in the morning and returns home at night.

What clinical modalities are offered and will my loved one receive an individualized treatment plan?

It is vital for families to understand clinical modalities offered such as medication-assisted treatment (MAT), cognitive behavioral therapy, dialectical behavioral therapy and motivational interviewing. In addition to being informed of the modalities offered, families should also inquire whether everyone receives the same treatment plan or if your loved one will receive an individualized treatment plan.

Families need to ensure that their loved one will receive adequate treatment that meets all of their individualized needs, including: medical, psychological, spiritual, social, health and wellness. A good program for your loved one should address many of these facets to ensure they receive the most effective treatment. For example, does the facility cater to older age groups, LGBTQ individuals, or treat for co-occurring disorders?

What are the staff credentials?

Families should ask about the staff credentials to confirm the providers are qualified to treat individuals with substance use disorders. It is imperative that members of the treatment team are licensed professionals such as: medical doctor (MD), psychiatrist (MD) advanced practice nurse (APN), registered nurse (RN), psychologist (PhD), clinical social worker (LCSW), professional counselor (LPC), or a clinical alcohol and drug counselor (LCADC).

Are the therapists and workers supervised and who provides the supervision?

Substance use disorder counseling is a complex process and can take a toll on employees. It is important for family members to ask the facility if the staff is well-trained and supervised for at least one hour per week. New Jersey regulations state that certified alcohol and drug counselors (CADC) need to be in supervision one hour a week. It is also important to be aware of who is providing the supervision—is it a certified clinical Supervisor (CCS), professional counselor (LPC), licensed clinical social worker (LCSW), and so on. If staff is adequately monitored, they are able to provide better care in the long run. The staff will do much better with the clients if they are well taken care of by their supervisors.

What is the staff-to-patient ratio? How much individual and group therapy do patients get?

Inadequate staff-to-patient ratios may indicate fewer resources to meet patient needs and should raise some concerns about the quality of care the treatment facility is able to provide. With lower staff-to-patient ratios, there will be more staff available to treat the patient for the bulk of their time there.
Individual therapy is also a key component of quality treatment and individuals should receive one hour of therapy each week from a licensed, masters or doctorate-level professional. In addition to receiving individual sessions, group therapy has also been proven to be extremely effective because individuals receive useful feedback from their peers.

Is your facility an in-network provider? Do you do any additional testing that would not be covered under my insurance plan?

Families should inquire whether the facility is an in-network provider because an in-network provider will make the out-of-pocket costs you incur significantly lower. Treatment options available close to home that are in-network are effective and it is unnecessary for the individual to go out-of-network or out of state to receive quality care.

Also, in the realm of cost savings, families should ask if the facility conducts any additional testing such as random urinalysis or DNA testing because this practice can very expensive and unnecessary. Billing for these services is separate from the daily rate of treatment services and there is little evidence to support the need of excessive testing.

Is medication-assisted treatment (MAT) available?

Medication-assisted treatment can be an effective form of treatment as part of a comprehensive treatment plan for some individuals with substance use disorders. If the facility is using MAT, families should ask what FDA approved medications are available and how many doses they are allowed when they leave. If families are considering medication-assisted treatment, they should also ask for details on MAT and the transition process when the individual leaves treatment. For example, will the individual receive continued MAT counseling from the facility or will they be referred elsewhere for follow-up care?

How does a person step down from treatment once they complete aftercare?

It’s vital that families have a plan in place for their loved one once they complete treatment and ask how they transition from inpatient treatment to living independently once treatment has been completed. If a patient is in intensive outpatient treatment (IOP), every couple of months, their program will titrate down to less and less treatment because they are getting better.

Families should be able to ensure there is a concrete plan in place for their loved one when they leave the treatment center or IOP. For an individual who has completed treatment, it is vital that they have a structured day in place when they leave because they are coming out of a regimented program and it is possible to relapse if they do not have that structure in place without having another support system in place.

What data do you have to show the effectiveness of your program?

Families should ask treatment providers if they have data available that supports the quality of their staff and practices. Many facilities will provide emotion-based testimonials or anecdotal stories that speak to the success of their programs but do little in terms of providing measurable data. A treatment center should be implementing research-based methods to measure the effectiveness of their programs and services and providing information on things like relapse rates.

How much can families be involved in treatment? What kind of support is available for them?

If families want to be involved in treatment, they should consult with the individual entering treatment about signing a consent form. If the individual is comfortable with this arrangement, the release will allow families to be involved in treatment planning as well as in deciding how the individual will complete treatment.

While each treatment facility may vary, there may be programs or support groups in place that family members can use as a resource to help them understand the recovery process.

To ensure you have enough time to compare the quality of treatment providers and make a well-informed decision, its strongly recommended to get a head start on the selection process. Your loved one or family member may not be ready to enter treatment today, but when they are, it is crucial to have a concrete plan in place detailing immediate next steps. By having a facility vetted you will have plenty of time to weigh treatment options and select a reputable facility that will offer the best possible care.

For personalized guidance and more information regarding treatment options, contact NJ Connect for Recovery at 855-652-3737 or visit www.njconnectforrecovery.org.