

Is Inpatient Addiction Treatment Effective?

By Peggy L. Ferguson, Ph.D.

Short-term, inpatient, acute care treatment of alcoholism and other drug addictions is a powerful treatment modality. However, one inpatient treatment stay by itself is not generally sufficient to put addiction in remission and have it remain in remission. Addiction is a chronic relapsing disease that often requires multiple treatment episodes of various lengths and intensities over a lifetime of recovery efforts. Many people find that acute short-term care (i.e., inpatient treatment) is necessary to interrupt the momentum of addiction. Many people need supervised detox and restrictive care to establish abstinence.

Since one's addiction permeates most areas of one's life, one needs to make lifestyle changes. As people with substance use disorder increasingly use mood-altering chemicals to deal with life (or avoid dealing with life), chemical use evolves to replace living skills, expanding across different parts of their lives. When substance use stops, the person with an addiction discovers the giant, gaping holes in their life where the chemical fulfills the roles of living skills. New living skills must replace the chemicals. Without the chemicals to serve as 'stress management,' 'social disinhibition,' 'feelings numbing,' and more, the person with an addiction is at a loss for what to do when life presents problems such as shyness, stress, and overwhelmingly uncomfortable feelings. Without adequate living skills, the person with a substance use disorder remains continuously vulnerable to relapse.

The addicted person's family is often perplexed when their loved one has been through inpatient treatment and has maintained abstinence for weeks, months, or even years, only to relapse amid some personal difficulty. Without adequate skills for dealing with life's problems, the tendency remains for the person with a substance use disorder to return to what they know will reduce the discomfort. Something must replace the

chemical in these circumstances, or when the stress becomes significant enough, the addicted person will return to using the chemical.

Developing a lifestyle that supports recovery vs. addiction takes some time and effort. These personal and lifestyle changes do not occur overnight, nor do they typically occur in acute care 28-day inpatient treatment. Many people in early recovery initially resist eliminating activities that are not conducive to recovery and have not yet formed new support groups or recovery-encouraging activities.

Professional assistance in continuing care is crucial to maintaining awareness of the need for changes other than abstinence and aiding in gaining these necessary living skills. There are many forms of continuing care, including intensive outpatient counseling (several sessions per week), individual or group continuing care counseling, marital and family counseling, halfway houses, Oxford houses, or other sober living environments. Additional non-professional support is also recommended, including frequent AA/NA meetings, sponsorship, and recovery coaching.

Some newly sober alcoholics and addicts also need help accessing resources for other needs, such as medical attention and treatment, dentistry, housing assistance, work and career help and guidance, and additional support for basic individual needs. Many need help in recreating the basic infrastructure of a sober life. Most communities have community mental health/substance abuse services programs that assist with this for minimum or no cost to the patient. Recovery occurs over a lifetime and involves returning to health, restoring positive relationships, and recovering solid career and community contributions.

Current trends in addiction research, theory, and public health reflect changing perceptions about treating addiction. Many leaders in the field point out that a chronic, progressive disease prone to relapse may not be best suited to acute care methods alone (i.e., 28-day inpatient treatment). Linking the patient to continuing care follow-up before they leave inpatient treatment is part of the best practices of acute care treatment centers.

Acute care, by itself, is generally not effective over the lifetime of the patient. Even with continuing care, multiple treatment episodes may be necessary. Usually, treatment professionals recommend at least one year of continuing care (outpatient counseling), along with ongoing participation in AA/NA or other support groups.

Additionally, many people who maintain long-term sobriety seek counseling services for emerging issues at various points in their sustained recovery. Recovery is only considered long-term or sustained until around five years of continuous abstinence. Long-term recovery does not exempt anyone from the challenges and stresses of living life.

Inpatient residential treatment is a powerful tool that gives patients a "jump start" on their recovery. Acute, inpatient treatment is like a crash course in learning how to get sober. It's an opportunity to focus entirely on recovery without the distractions of external responsibilities. Inpatient treatment followed by continuing care, support group meetings, and additional support as needed is very effective. **Note: This article has been revised and edited from its original version, which was previously published in 2011 on this site. The content has been updated for contemporary language, clarity and accuracy.**

A journey of recovery has triumphs and challenges. Treatment provides a solid foundation for sobriety, helping you understand the complexities of addiction and its potential pitfalls while providing the tools to overcome those challenges. That's why we've created the 'Understanding Cross Addiction to Prevent Relapse' ebook. This comprehensive guide equips individuals and their families with the knowledge and strategies necessary to navigate the complexities of addiction recovery, including the prevalent issue of cross addiction. By addressing cross addiction head-on, individuals can enhance their relapse prevention efforts and maintain their hard-earned sobriety.



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