

EFFECTIVE OUTPATIENT TREATMENT FOR ALCOHOL ABUSERS AND DRINKING DRIVERS pdf

1: Evidence Based Psychosocial Interventions in Substance Use

EFFECTIVE OUTPATIENT TREATMENT FOR ALCOHOL ABUSERS AND DRINKING DRIVERS. A comprehensive program has been designed that can be conducted on an outpatient basis with one or two group sessions weekly, with a total duration of less than a year.

More than 7 percent of all American adults have an alcohol use disorder. These adults drink too much, too often, and in ways that harm their health, their happiness, and their relationships. Once there, counseling sessions, relapse prevention coaching, and support group work can help to support recovery. Relapse rates for alcohol fall within the percent range, so people often need to stick with aftercare for the rest of life. At the end of a workday, when the air is cool and the sun starts to set, American adults click beer can tabs, pop wine corks, and crack open hard liquor bottles. For some, one drink during happy hour is plenty. These adults can take a sip of alcohol, and then stop drinking for the day. These people might have an alcohol use disorder. But with the help of a treatment program and ongoing support, even deep-set cases of alcoholism can be addressed, amended, and resolved. Identify the Signs of an Alcoholic In most parts of the world, alcohol is legal for adults to both purchase and consume. As a result, beverages that contain alcohol are available almost everywhere, and clearly, many adults partake. Since use is so common, it might seem hard to determine who is drinking alcohol in an appropriate manner and who is drinking in a manner that could lead to alcohol abuse or alcoholism. Experts suggest there are key signs to look for. Binge drinking is one such sign. This type of drinking, as defined by the Centers for Disease Control and Prevention, involves consuming alcohol with the intention of getting drunk. For men, that means drinking five or more drinks in about two hours; for women, that involves consuming four or more drinks within two hours. Most Harmful Drinking Games This type of alcohol abuse pattern is easy to spot. These are people who sit down and attempt to down a great deal of alcohol at the same time. People may also abuse alcohol if they: Take in alcoholic beverages and drive Drink alcohol throughout the day Consume alcohol in order to feel a buzz, without drinking in a bingeing manner Feel the need to drink every single day Drink a large amount of alcohol in social situations These are all very different drinking patterns, but they have one thing in common. People who drink like this have lost some modicum of control over their consumption. The beverages drive their behaviors. Difficult drinking patterns can shift electrical activities within the brain, and when that happens, people might have little to no control over how they drink or when they drink. When the use moves from troublesome to compulsive, an addiction may be in play. In fact, research from the National Institutes of Health suggests that there are five specific alcoholism subtypes. The second type, known as the young antisocial subtype, also includes young adult drinkers. These people do have a family history of alcoholism, and they also have co-occurring mental illnesses and addictions to other substances. The third type, the functional subtype, is middle-aged and successful with a stable job and a supportive family. These are people with a family history of alcoholism, and about a quarter of them have a history of depression. The fourth type, the intermediate familial subtype, includes middle-aged people with a family history of alcoholism and a prior depressive episode. The fifth type, the chronic severe subtype, includes middle-aged people with family histories of alcoholism, a history of mental illness, and addictions to other substances. No one grows up wanting to struggle with alcohol for the rest of life. But alcoholism can be sneaky, creeping into life in ways that are subtle and that can pass by unnoticed. In time, as they comply with these requests from peers, they lose the ability to control how and when they drink. For others, alcoholism comes about due to the influence of a mental illness. People like this might start using alcohol as a DIY remedy for a mental health concern like depression or anxiety. In the beginning, the drinks may seem to keep the symptoms of illness under control. But in time, the alcohol can augment the power of these illnesses. People with these gene combinations may get a bigger high from drinking, and they may not feel ill or sick after a long day of drinking. Their bodies just seem primed for alcohol abuse, and that can make them more likely to develop alcoholism. Kids who grow up in homes with a

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great deal of drinking may come to see the behavior as normal. If their parents drink as a coping mechanism for stress or anxiety, kids may come to do the same. When to Seek Help A key symptom of alcoholism is an inability to curb or amend drinking behaviors. An intervention is an excellent approach for people like this. The idea is to help the person to see the alcoholism as a problem and to help motivate that person to get help that can lead to drinking cessation. It sheds light, and it gives hope. An intervention can be held in the immediate aftermath of a terrible alcoholism consequence. Those openings are easy to find. For example, research published in *Addiction* suggests that people who drink before heading out on the town are 2. When people come home from a night of drinking with bruises and cuts, an intervention may be in order, and it may be well received. Other episodes that might prompt an intervention include:

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2: Go Sober - Effective Outpatient Alcohol Treatment In Colorado

Get this from a library! Effective outpatient treatment for alcohol abusers and drinking drivers. [John S Crandell].

Master of Social Work , L. Licensed Clinical Social Worker Behavioral Treatment Varies—most States require some form of certification Behavioral Treatment Individuals are advised to talk to their doctors about the best form of primary treatment. Treatments Led by Health Professionals Professionally led treatments include: Medications Some are surprised to learn that there are medications on the market approved to treat alcohol dependence. The newer types of these medications work by offsetting changes in the brain caused by alcoholism. All approved medications are non-addictive and can be used alone or in combination with other forms of treatment. Learn more about these approved treatments. Behavioral Treatments Also known as alcohol counseling, behavioral treatments involve working with a health professional to identify and help change the behaviors that lead to heavy drinking. Behavioral treatments share certain features, which can include: Developing the skills needed to stop or reduce drinking Helping to build a strong social support system Working to set reachable goals Coping with or avoiding the triggers that might cause relapse Types of Behavioral Treatments Cognitive—Behavioral Therapy can take place one-on-one with a therapist or in small groups. The goal is to change the thought processes that lead to excessive drinking and to develop the skills necessary to cope with everyday situations that might trigger problem drinking. Motivational Enhancement Therapy is conducted over a short period of time to build and strengthen motivation to change drinking behavior. Marital and Family Counseling incorporates spouses and other family members in the treatment process and can play an important role in repairing and improving family relationships. Studies show that strong family support through family therapy increases the chances of maintaining abstinence stopping drinking , compared with patients undergoing individual counseling. Brief Interventions are short, one-on-one or small-group counseling sessions that are time limited. After receiving personalized feedback, the counselor will work with the client to set goals and provide ideas for helping to make a change. Ultimately, choosing to get treatment may be more important than the approach used, as long as the approach avoids heavy confrontation and incorporates empathy, motivational support, and a focus on changing drinking behavior. Certain medications have been shown to effectively help people stop or reduce their drinking and avoid relapse. Current Medications The U. Food and Drug Administration FDA has approved three medications for treating alcohol dependence, and others are being tested to determine if they are effective. Naltrexone can help people reduce heavy drinking. Acamprosate makes it easier to maintain abstinence. Disulfiram blocks the breakdown metabolism of alcohol by the body, causing unpleasant symptoms such as nausea and flushing of the skin. Those unpleasant effects can help some people avoid drinking while taking disulfiram. It is important to remember that not all people will respond to medications, but for a subset of individuals, they can be an important tool in overcoming alcohol dependence. Scientists are working to develop a larger menu of pharmaceutical treatments that could be tailored to individual needs. As more medications become available, people may be able to try multiple medications to find which they respond to best. These medicines are designed to help manage a chronic disease, just as someone might take drugs to keep their asthma or diabetes in check. The Future of Treatment Progress continues to be made as researchers seek out new and better treatments for alcohol problems. Personalized Medicine Ideally, health professionals would be able to identify which alcoholism treatment is most effective for each person. NIAAA and other organizations are conducting research to identify genes and other factors that can predict how well someone will respond to a particular treatment. These advances could optimize how treatment decisions are made in the future. The anti-smoking drug varenicline marketed under the name Chantix significantly reduced alcohol consumption and craving among people with alcoholism. Gabapentin, a medication used to treat pain conditions and epilepsy, was shown to increase abstinence and reduce heavy drinking. Those taking the medication also reported fewer alcohol cravings and improved mood and sleep. Tips for Selecting Treatment Professionals in the alcohol

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treatment field offer advice on what to consider when choosing a treatment program. Overall, gather as much information as you can about the program or provider before making a decision on treatment. If you know someone who has first-hand knowledge of the program, it may help to ask about his or her personal experience. Here are some questions you can ask that may help guide your choice: What kind of treatment does the program or provider offer? It is important to gauge if the facility provides all the currently available methods or relies on one approach. You may want to learn if the program or provider offers medication and if mental health issues are addressed together with addiction treatment. Is treatment tailored to the individual? Matching the right therapy to the individual is important to its success. No single treatment will benefit everyone. It may also be helpful to determine whether treatment will be adapted to meet changing needs as they arise. What is expected of the patient? You will want to understand what will be asked of you in order to decide what treatment best suits your needs. Is treatment success measured? By assessing whether and how the program or provider measures success, you may be able to better compare your options. How does the program or provider handle relapse? Relapse is common and you will want to know how it is addressed. For more information on relapse, see [Relapse Is Part of the Process](#). When seeking professional help, it is important you feel respected and understood and that you have a feeling of trust that this person, group, or organization can help you. Remember, though, that relationships with doctors, therapists, and other health professionals can take time to develop. This online tool helps you find the right treatment for you “and near you. It guides you through a step-by-step process to finding a highly qualified professional treatment provider. Learn more at <https://www.niaaa.nih.gov/finding-treatment>. Inpatient facilities tend to be more intensive and costly. Your health care provider can help you evaluate the pros and cons of each. Cost may be a factor when selecting a treatment approach. Evaluate the coverage in your health insurance plan to determine how much of the costs your insurance will cover and how much you will have to pay. Ask different programs if they offer sliding scale fees “ some programs may offer lower prices or payment plans for individuals without health insurance. An Ongoing Process Overcoming an alcohol use disorder is an ongoing process, one which can include setbacks. The Importance of Persistence Because an alcohol use disorder can be a chronic relapsing disease, persistence is key. It is rare that someone would go to treatment once and then never drink again. More often, people must repeatedly try to quit or cut back, experience recurrences, learn from them, and then keep trying. For many, continued followup with a treatment provider is critical to overcoming problem drinking. Relapse Is Part of the Process Relapse is common among people who overcome alcohol problems. People with drinking problems are most likely to relapse during periods of stress or when exposed to people or places associated with past drinking. Just as some people with diabetes or asthma may have flare-ups of their disease, a relapse to drinking can be seen as a temporary set-back to full recovery and not a complete failure. Seeking professional help can prevent relapse “ behavioral therapies can help people develop skills to avoid and overcome triggers, such as stress, that might lead to drinking. Most people benefit from regular checkups with a treatment provider. Medications also can deter drinking during times when individuals may be at greater risk of relapse e. Studies show that people who are alcohol dependent are two to three times as likely to suffer from major depression or anxiety over their lifetime. Advice For Friends and Family Members Caring for a person who has problems with alcohol can be very stressful. It is important that as you try to help your loved one, you find a way to take care of yourself as well. It may help to seek support from others, including friends, family, community, and support groups. If you are developing your own symptoms of depression or anxiety, think about seeking professional help for yourself. Remember that your loved one is ultimately responsible for managing his or her illness. However, your participation can make a big difference. Based on clinical experience, many health providers believe that support from friends and family members is important in overcoming alcohol problems. But friends and family may feel unsure about how best to provide the support needed. The groups for family and friends listed below under Resources may be a good starting point. Remember that changing deep habits is hard, takes time, and requires repeated efforts. We usually experience failures along the way, learn from them, and then keep going. Alcohol use disorders are no different. Try to be

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patient with your loved one. Overcoming this disorder is not easy or quick. Pay attention to your loved one when he or she is doing better or simply making an effort. Too often we are so angry or discouraged that we take it for granted when things are going better. A word of appreciation or acknowledgement of a success can go a long way. Professional help Your doctor. Primary care and mental health practitioners can provide effective alcoholism treatment by combining new medications with brief counseling visits. Both are available at www.aaap.org. For specialty addiction treatment options, contact your doctor, health insurance plan, local health department, or employee assistance program. Medical and non-medical addiction specialists American Academy of Addiction Psychiatry.

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3: Inpatient Alcohol Rehab - Find Treatment Nearby

Effective outpatient treatment for alcohol abusers and drinking drivers (Book).

This research was supported in part by a grant from the Mississippi Alcohol Safety Education Program. Court-mandated treatment, which requires offenders convicted of alcohol or other drug-related crimes to participate in treatment for their substance abuse problems or face legal consequences, has long been a component of sanctioning for driving under the influence DUI and is a primary path of entry into alcoholism treatment for many people with problem drinking. Several issues are relevant to mandated treatment: Types of treatment such as motivational enhancement therapy may prove cost-effective with these involuntary participants. More research is needed into the changing DUI population, impaired driving and multidrug use, and new technologies for monitoring DUI offenders. Offenders in the criminal justice system who are charged with crimes related to alcohol use e. This may consist of formal treatment as well as other rehabilitative interventions designed to address problem drinking and its harmful consequences. Court-mandated treatment remains a primary route by which many people enter alcoholism treatment Weisner et al. The criminal justice system was the principal source of referral for 36 percent of all substance abuse treatment admissions in , referrals out of a total of 1. Compared with people referred to substance abuse treatment from other sources, people referred by the criminal justice system were more likely to: Report alcohol as the primary substance of abuse. Be younger than age Report that they had never been treated for substance abuse problems elsewhere. Be treated in ambulatory treatment settings. Offender perceptions of the likelihood and severity of these sanctions e. Court-mandated treatment to reduce drinking and driving and treat alcohol problems has been a common element of the sanctioning process, especially for DUI offenders, for several decades. This article focuses on mandated treatment for DUI offenders, who account for a large proportion of those legally required to attend treatment for problems arising specifically from alcohol use Cavaiola and Wuth ; Weisner The following sections examine forms of mandated treatment; screening, assessment, and referral; the effectiveness of mandated treatment, including treatment matching; DUI events as opportunities for intervention; and brief interventions for offenders outside of mandated treatment. In addition, this article discusses treatment cost-effectiveness and access as well as future research needs and challenges. An exhaustive discussion of research needs for improving alcohol interventions, including treatment, with impaired drivers mandated to treatment in the legal system is beyond the scope of this article. Treatment referrals may involve several components because DUI offenders are diverse, both in terms of level of alcohol abuse and other characteristics, such as comorbid conditions, that may increase their risk of repeating their offense or becoming involved in a crash Wells-Parker and Popkin DUI offenders who have been mandated to treatment by the courts participate in a wide variety of alcoholism treatment programs Cavaiola and Wuth ; Wells-Parker et al. Mandated interventions for DUI offenders can include generic alcoholism treatment programs offered in local communities, referral to groups such as Alcoholics Anonymous AA , and strategies that specifically aim to reduce drinking and driving, such as education programs, supervised probation, and presentations by injured survivors or families of victims killed in alcohol-related crashes i. Mandated interventions often include supervised probation and other forms of supervision and monitoring as well. In addition to monitoring, these programs can provide supportive contact and assistance with problems that could contribute to the risk of driving while impaired Wells-Parker et al. In the early years of DUI programs, traditional educational programs that focused on teaching offenders about how alcohol impairs driving were based on the premise that most DUI offenders were social drinkers who had too much to drink on one occasion. However, a large body of evidence Cavaiola and Wuth ; Wells-Parker et al. As a result of this research, most educational and specialized programs have moved from a primarily didactic approach to interventions with specific protocols Hon Specialized interventions are being developed to reduce alcohol-impaired driving and address alcohol problems and other comorbid conditions that frequently occur

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among DUI offenders Cavaiola and Wuth ; Hon ; Wells-Parker and Williams Screening results often are used to make decisions about what type of intervention is mandated. The term assessment typically is used to refer to a more extensive evaluation that is conducted later, often just before or upon entry into intervention and treatment. Assessment results frequently are used to guide decisions about how to intervene and treat the offender and how long or intense the treatment will be. The ultimate goal of extensive assessment is to match the offender to the most appropriate intervention and treatment according to his or her specific circumstances. The quality of information provided by either a screening or an assessment is an important part of the intervention and treatment process. One concern about court-referred assessment of alcohol and other substance use problems is that offenders may minimize their involvement with alcohol if they believe their answers could result in harsher sentencing or more intensive treatment Lapham et al. In addition, a conflict of interest may arise when the same entity that will provide treatment conducts the assessment, which determines treatment length and cost. To address these concerns, valid and reliable screening and assessment processes that are not dependent on subjective and unvalidated judgments of assessors ultimately need to be developed. Standards for validating the screening and assessment procedures that inform referral and treatment decisions are critical to ensuring successful outcomes for clients. For a review of the technical issues surrounding the development of valid and reliable screening and assessment tools and processes for use with mandated populations, and for standards for validating these tools, see Anderson and colleagues []. In general, research has consistently shown that treatment has a modest effect on reducing drinking-driving and alcohol-impaired crashes among offenders who are mandated to attend and who actually receive the intervention Wells-Parker and Williams A meta-analysis of studies of the effectiveness of treatment and intervention with DUI offenders revealed several reliable patterns Wells-Parker et al. An examination of crashes and DUI events over several years showed that alcohol-specific interventions and alcoholism treatment were better at reducing alcohol-related driving and crashes than interventions which were not alcohol specific. Thus, the best strategy is to combine alcohol-related interventions and treatment with licensing actions to reduce impaired driving and crashes in general among DUI offenders who, as a group, are known to be high-risk drivers even when not impaired Donovan et al. Although the meta-analysis was conducted in , more recent studies generally have confirmed the results Hon Combining treatment with nontreatment sanctions that prevent offenders from drinking and driving e. Findings from the meta-analysis did not reveal a consistent pattern of results for outcome measures related to drinking problem severity or other non-traffic-related outcomes because most studies focused on recidivism and crashes Wells-Parker ; Wells-Parker et al. Results of one long-term study in which offenders were randomly assigned to receive treatment suggested that mandated interventions may have benefits beyond the traffic safety arena. In this study Mann et al. Because only a few rigorous methodological studies have evaluated specific interventions, it was not possible in the meta-analysis to draw broadly substantiated conclusions about most treatment and intervention strategies used with DUI offenders Wells-Parker ; Wells-Parker et al. The most effective strategy, which had substantial support from rigorously conducted studies, combined education and treatment. The treatment component included counseling or psychotherapy and supportive followup such as probation. Program intensity or length did not entirely explain the superiority of combination programs. Combining strategies may be more effective, regardless of treatment length or intensity, because DUI offenders have diverse and complex problems, and offering varied approaches may help to address this range of problems. Using a combination of strategies also increases the likelihood that at least one of the strategies will be effective for a particular offender. Some methods may have little effect by themselves but could be useful in combination with other strategies. In the meta-analysis Wells-Parker et al. However, other studies suggested that combinations incorporating AA attendance often were effective. A meta-analysis of controlled studies of the effectiveness of AA Kownacki and Shadish found that randomized studies, but not nonrandomized studies, of AA alone produced more negative outcomes than no treatment at all. Also, effects of AA-based residential treatment programs were much smaller in randomized studies compared with nonrandomized studies, but the

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small number of randomized studies resulted in nonsignificant differences when compared with alternative residential treatment. The randomized studies contained several samples of coerced participants, whereas the nonrandomized studies used only samples of voluntary participants, indicating that forced AA attendance may be worse than no treatment Kownacki and Shadish Offenders increasingly are required to attend victim impact panels VIPs , sometimes in addition to remedial interventions or treatment. However, several rigorous studies have failed to show positive effects of VIPs on recidivism rates Wells-Parker Currently, investigators do not know what factors may influence whether VIPs are effective or not in reducing recidivism. Clearly, mandating this form of intervention should await a more thorough evaluation of the effects of VIPs. Matching Offenders to the Most Effective Treatment Strategy In addition to alcohol abuse, many DUI offenders have individual characteristics such as a propensity for risk-taking in general and, specifically, a tendency to take risks while driving [Donovan et al. Participants without good support systems for drinking cessation and changing problem behaviors fared best in a step program, in which AA attendance was more likely NIAAA. People with low levels of psychiatric severity also fared best after step facilitation treatment NIAAA. Because many DUI offenders entering mandated programs are angry about their arrest and sentencing, nonconfrontational strategies that are designed to enhance motivation may be especially appropriate. In addition, some offenders lack social support networks that discourage drinking as well as drinking and driving Cavaiola and Wuth Strategies that encourage, but do not mandate, attendance at AA or other support groups are likely to be appropriate for these offenders also. A recent study Wells-Parker and Williams examined the effects of adding a brief individual intervention component to an existing court-mandated group intervention program for first-time DUI offenders. These researchers were particularly interested in which offenders benefited most from the additional supportive counseling. Approximately 4, first-time DUI offenders were randomly assigned to either a standard first-offender program or to the standard program plus the brief counseling component the combination program. In the standard program, offenders were exposed to cognitive-behavioral and motivational techniques in groups and through homework assignments and some education concerning the effects of alcohol and other drugs on health and behavior. The combined intervention added two minute sessions of supportive counseling that provided individual feedback concerning problems such as feelings of sadness; these additional sessions were designed to enhance motivation and the confidence to change behavior. The recidivism rate for offenders who did not report depressed mood was similar for the two programs. However, offenders who reported being depressed and who received the combination program had recidivism rates that were 35 percent lower than those of depressed offenders who received the standard program only. Results suggested that depressed offenders initially were more likely to recognize that they had a drinking problem and needed to change, and were more likely to try to change, than those not reporting depression, but the depressed offenders also were less confident in their ability to change. The supportive counseling may have been especially appropriate for depressed offenders who wanted to change their behavior but lacked confidence to do so. For some DUI offenders, depression may be an indicator of readiness to change, but a lack of confidence in their ability to change results in a feeling of hopelessness. Brief supportive counseling may allow the offender to explore and overcome this barrier. Because many offenders, especially those with more severe alcohol problems, are depressed Cavaiola and Wuth ; Wells-Parker and Williams , it is important to acquire a better understanding of how to target appropriate interventions to depressed offenders. For example, brief supportive counseling that focuses on changing alcohol-related problem behavior seems to reduce recidivism. It is not known, however, whether an intervention that specifically targets depression would be equally or more effective, not only in managing depression but also in supporting change in alcohol-related problem behavior among mandated offenders. As a result, mandated treatment requirements also vary Cavaiola and Wuth ; Wells-Parker Furthermore, the strength of the mandate to receive treatment is weakened by wide variations in the frequency and timeliness of imposing contingent sanctions e. These inconsistencies make studying mandated treatment difficult. Difficulty of using random assignment. The gold standard of research design, random assignment, is extremely difficult

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to achieve in court systems, where it conflicts with usual procedures. Problems with outcome measures. Defining the goals of mandated treatment and determining how best to measure them can be challenging. Is the intended goal of mandated treatment for drinking-and-driving offenders reduced recidivism or reduced alcohol consumption and related problems? Using recidivism and crash involvement as outcome measures has some ecological validity i. Other measures, such as self-report or collateral reports of drinking and drinking-and-driving behavior, could have some advantages but are problematic with this population because offenders are difficult to track over periods of time and because, as in the assessment phase, offenders being tracked as well as their significant others may be motivated to minimize problem behaviors. Technological innovations such as interlocks and off-site monitoring offer interesting new possibilities for tracking drinking-and-driving outcomes but may pose their own challenges. Lessons from research with drinking and driving offenders. Interpreting research for practice: A challenge for evidence-based assessment and intervention with DWI offenders. APA Review of Books

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4: NIAAA Publications

How Alcohol Treatment for a DUI Works. In all 50 states, driving under the influence (DUI) is defined as getting behind the wheel with a recorded blood alcohol content (BAC) of percent or higher.

Frequently Asked Questions How to Choose an Outpatient Program Outpatient rehab is a form of substance abuse treatment that does not include living at the facility. Outpatient treatment can vary widely, from partial hospitalization to step meetings. What Is an Outpatient Program? Outpatient rehab programs allow you to continue to live at home during drug or alcohol rehabilitation. Outpatient rehab tends to cost less than residential or inpatient treatment, and it may be more suitable for those unable to take extended absences from work or personal obligations. Types of Programs There are many outpatient rehab treatment options to choose from depending on your level of addiction and personal needs. These programs are similar to inpatient residential programs with respect to service and effectiveness. The major focus is relapse prevention. Intensive outpatient programs usually meet at least 3 days a week for hours a day or more. These programs are often scheduled around work or school to accommodate daily schedules. This treatment is specifically meant for people who require ongoing medical monitoring but have a stable living situation. Partial hospitalization treatment programs usually meet at the hospital for days a week for at least hours per day. These treatments are usually combined with other treatment methods or as follow-up support after inpatient rehabilitation. Therapy and counseling can help you identify the root cause of your drug use, repair relationships and learn healthier coping skills. Treatments include behavioral therapy, group or individual therapy, and family counseling. Reasons to Choose an Outpatient Facility Outpatient is good for less severe addictions and for people transitioning out of inpatient. You need support of family and friends: Many recovering from drug or alcohol addiction are more effective with regular support from family and friends. Programs are scheduled around work and school to accommodate daily commitments. They can be a great option to get help without the financial stress. Outpatient Rehab Learn more about how to choose between an inpatient or outpatient rehab program, including the key differences between the two. How Serious Is Your Addiction? You need to understand the severity of your addiction to figure out what type of treatment is right for you. Do you think your addiction requires strict detox treatment detox is the process of removing any remaining drugs or alcohol from the body? Has a recommendation been given to you to undergo a supervised withdrawal period some substances, when abruptly stopped, can result in an extremely uncomfortable and dangerous withdrawal syndrome when abruptly stopped? Have you tried outpatient treatment before and then relapsed soon after? Do you feel you might need to remove yourself from your current environment to focus on recovery? If so, then inpatient or intensive outpatient rehab may be more effective. Outpatient treatment program schedules and timelines vary. Programs can run between months or longer. Participation is usually recommended for at least 90 days to maintain positive outcomes 2. Based on your recovery progress, the length of a course of outpatient treatment can be extended, following ongoing evaluation and further recommendation from your addiction treatment professional. When finding an outpatient program, check their schedule to see which days and times they offer treatment to see if it fits with your schedule. Where Is the Program Located? Before beginning outpatient rehab, ask the facility about the therapies offered and make sure you feel comfortable with them. Outpatient treatment can include behavioral therapy, medications or their combination. This technique uses positive reinforcement by providing rewards and privileges for compliant behavior such as remaining drug free, participating in counseling sessions or taking medications as prescribed consistently. Eventually, these vouchers can be exchanged for retail items or services. Cognitive behavioral therapy CBT: This therapy aims to prevent relapse by helping you understand triggers and consequences of drug use. It also teaches you coping skills when presented with the opportunity to use. This therapy style helps you explore and resolve your uncertainty about treatment. Individual or group counseling: Individual counseling focuses on reducing drug use and addressing hard to manage areas of your life like employment status, illegal activity and family

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relations. Many group counseling services follow the step model such as Alcoholics Anonymous or Narcotics Anonymous. The cost of outpatient drug rehabilitation can vary depending on the type of facility, quality of care and length of treatment. Generally, outpatient programs are less expensive than inpatient programs; however, intensive outpatient programs can often be as expensive as standard inpatient facilities. There are many options to reduce the cost of outpatient rehab programs. Several facilities accept private insurance. Certain procedures such as drug detoxification, withdrawal monitoring and psychological counseling are covered under insurance plans. We will provide you with information on the coverage your insurance company will provide and your expected out-of-pocket expenses. Additionally, many programs offer payment plans to accommodate those with strict budgets. If you do not have insurance, there are still opportunities to access low-cost or free treatment. Local health and social services departments often run drug treatment programs. Some facilities offer certain services for free, while others subsidize services based on your income. If you are on Medicaid or Medicare, detoxification and withdrawal treatment may be free. Church groups, charities and non-profits may offer free drug and alcohol addiction treatment. Can the Program Treat Dual Diagnosis? Drug addiction is often a brain disease and can occur with other mental disorders including eating disorders and process addictions. Approximately 6 in 10 people with a drug addiction suffer from another mental illness. What Are the Credentials of the Staff? Make sure the treatment program is accredited by the state it is in and by national organizations such as the Commission on Accreditation of Rehabilitation Facilities. Additionally, the facility should be run by well-trained, licensed mental health professionals and addiction specialists. This should include a core clinical medical staff i. Depending on these factors, you may require varying combinations of services and treatment such as a combination of counseling or psychotherapy, medication, medical services and family therapy. Additionally, these needs may change as treatment and recovery progresses. Therefore, make sure that the outpatient rehab program offers individual treatment plans and a continuing care approach where the treatment intensity varies over time according to your changing needs. Outpatient treatment can be extremely effective. Many who begin and continue treatment stop using drugs and improve their occupational, social and psychological functioning. Intensive outpatient programs can be as effective as inpatient and residential treatments with reduction in problem severity and increased days of abstinence. The more truthful you are with the person, the easier it will be for them to help you find an outpatient rehab near you that meets your needs. In an outpatient rehab program, you participate in regularly scheduled treatment sessions, but remain living at home or in a pre-arranged sober living setting. The precise number of days and hours that you attend treatment depends on individual requirements, as well as how the program is structured. Outpatient rehab allows you to get the help needed while also having time to attend work or school. These programs are also used for people who are transitioning out of more intensive treatment in an inpatient recovery program. How Does It Work? Each outpatient rehab is somewhat unique. But common characteristics are found in most programs. Typically, outpatient rehab programs are less intensive than inpatient programs. You are able to sleep at home or in a sober living house, and attend treatment during a scheduled portion of the day or evening. Outpatient rehabs can fall into different categories: Partial hospitalization plans PHP are the most intensive and structured type of outpatient. PHP programs are typically attended 4 to 5 days per week for up to 6 hours per day. They offer group, individual and family therapy in addition to facilitating access to certain hospital-based care and services that may be needed by those enrolled in the program. But they still offer a very structured outpatient program. These programs are usually held 3 to 4 days a week. Like PHP, they offer group and individual therapy. Individual therapy is a relatively less structured outlet for outpatient treatment. The intensity of this type of treatment is highly dependent on the needs and motivation of the individual seeking care. It is best for someone who has maintained sobriety for a period of time. Individual therapy begins with finding a therapist or psychologist who specializes in addiction treatment. Therapists meet with clients 1 to 2 times a week for one hour. But the duration and frequency of such appointments can be adjusted, as needed. How Long Does It Last? The length of outpatient rehab depends on the program and your own individual needs. For instance, many programs might last for 30 or 60

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days, but they can be shortened or extended based on your rate of progress and ongoing needs. When looking for a program, it is best to ask about its average length and how flexible the treatment duration is. Attend the whole program, because outpatient programs are designed around a curriculum that includes certain topics. Insurance companies will often only cover a certain amount of time in treatment, so confirm how much coverage you have before entering a program.

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5: The Effects of Alcohol Use - www.enganchecubano.com

Deciding whether to enter a residential rehab program or seek outpatient care is an important step toward sobriety. Drug and alcohol treatment programs generally fall into two categories – inpatient or outpatient rehab.

Alcoholism Treatment Individuals who wish to overcome an alcohol abuse problem have a number of options. Alcohol treatment centers are designed to help individuals who are addicted or who abuse alcohol in a number of ways. Typically, treatment centers require an individual to stay at the center for a specific amount of time. Many centers offer both long- and short-term treatment options. During treatment, individuals go through detoxification. Detoxification is the set of interventions used to keep a person safe as they readjust to a lack of alcohol in the body. Treatment centers are designed to provide support in the form of individual therapy, as well as group therapy and educational classes on drug addiction. During therapy sessions, alcoholics can explore their reasons behind their excess alcohol consumption, as well as what they can do to overcome their abusive behavior. Outpatient treatment is also an option for many alcoholics. Outpatient treatment centers are designed to provide recovering alcoholics with a place to explore their destructive behavior. Many outpatient treatment centers provide anonymous group meetings, as well as other programs to help recovering individuals overcome their issues. With outpatient treatment, individuals are not placed in a controlled environment and may be vulnerable to outside temptation during treatment. Typically, this type of treatment is ideal for those who have successfully completed an inpatient treatment program and want a step-down level of care or those whose addiction are subjectively not as severe. Statistics There are more people in the United States who drink on a regular basis than there are people who do not drink at all, according to the NSDUH. Almost 88,000 people died each year between 2002 and 2010 due to alcohol-related causes. Alcohol is the third leading cause of preventable death in the U.S. More than 15 million people needed treatment for an alcohol use disorder in 2010. Teen Alcohol Abuse Alcohol tops the list of drugs used by teenagers. Adults are not the only ones who can suffer from alcohol abuse. Many teenagers are at risk of developing an alcohol abuse problem due to the accessibility of the substance and peer pressure. Alcohol tops the list of drugs used by teenagers, per the National Institute on Drug Abuse. Teen alcohol abuse symptoms include:

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6: Treatment for Alcohol Problems: Finding and Getting Help

Others are outpatient programs, where you live at home and go to the center for treatment. Go to Detox For people who have severe alcohol use disorder, this is a key step.

Alcohol Tolerance and Dependence Consistent alcohol use may also lead to tolerance. Tolerance develops as a person begins to no longer respond to alcohol in the way they did at first. When the brain adapts to the disruptive changes caused by alcohol. Over time, this may increase the risk of organ damage and lead to the development of severe physical dependence. Although tolerance is something that usually develops over time, in some cases a person may show signs of tolerance in just one episode of drinking. The person may show a greater sign of impairment at the start of drinking than at a later point, even if their BACs are equal. Someone who has shown an acute tolerance may end up drinking more and experiencing serious adverse consequences, such as alcohol poisoning. Research has shown that when drinking is always done in the same environment and associated with the same cues, a person may develop tolerance faster. People can develop learned tolerance while practicing specific tasks under the influence of alcohol. For example, if a person always drinks at work and learns how to do a specific task well while under the influence, they may not show any difference in quality compared to an employee who is not intoxicated. With regard to driving drunk, this can be extremely dangerous. People who regularly drive intoxicated may feel confident in their ability to drive their normal route, but learned tolerance does not apply to any new scenarios or unexpected events, for example, an unexpected lane closing, a wrong-way driver, an object in the road, or any other situation that requires your full and unimpaired attention. As drinking continues, the body may adapt in such a way that it essentially begins to require alcohol just to perform normally. Once this happens, the person is said to be alcohol-dependent. Without drinking, they may go through withdrawal, which can be extremely serious, producing life-threatening complications such as seizures and delirium tremens, or "DTs". In order for a person to be diagnosed with an AUD, they must have experienced 2 or more of the following in the past year. I have to drink more than I once did to get the effect I want i. I continue to drink even though it makes me feel depressed, adds to another health problem, or makes me black out. I have found myself in situations while or after drinking that increased my chances of getting hurt: I gave up or cut back on activities that were important or interesting to me so I could drink. I continue to drink even though it is causing trouble with family and friends. Drinking, or having a hangover, often interferes with taking care of my home or family, fulfilling my job duties, or attending to my academic responsibilities. I spend a lot of time drinking or feeling sick after drinking heavily. I have had times when I ended up drinking more, or longer, than I intended. Alcohol addiction is understood by most addiction-related organizations as a chronic disease. Symptoms of alcohol withdrawal are dangerous and can include the following:

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7: How Do I Find Help for an Alcohol Addiction? | Drug Rehab Options

Alcohol treatment rehab programs include both inpatient treatment facilities and outpatient treatment facilities. Inpatient treatment facilities offer round the clock rehab. Patients stay on location at the rehab facility, surrounded by psychiatrists, alcohol counselors, social workers, psychologists, and other rehab patients.

Individual therapy typically involves learning to recognize and cope with stressors and drinking triggers so that you can avoid relapse in the long run. The therapist will address the underlying issues that drive your alcohol abuse and teach you to make healthier choices. Choosing between alcohol rehab centers can be difficult. It is important to find a clinic at which you feel comfortable. Many clinics offer specialized care for certain religions, ages, genders, orientation, or other groups. Paying for treatment can seem overwhelming, but many insurance plans cover some of the cost of rehab. If insurance does not cover enough and you cannot afford the rest of the bill, many alcohol rehab centers offer financing options. Recovery Brands collected data in that asked people leaving an addiction rehabilitation facility what center attributes they saw as high priority things to examine when looking at treatment programs. Executive rehabs are designed to allow you to continue working while seeking recovery from an alcohol addiction. These programs give you access to private work rooms, high-speed Internet, cell phones, and computers. Examples of info you may need to provide include: Your insurance plan and policy number. How long the alcohol abuse has been going on if calling for a loved one. How severe the alcohol addiction is. If any other substances are being abused, and if so, list them. Any medical concerns or limitations. Any co-occurring mental health conditions. How you or your loved one will travel to the facility. You will also want to have your insurance card in front of you so that you can check if they take your insurance. What type of insurance do you accept? What is your treatment philosophy? How long is your program? What types of amenities do you have? What types of therapy do you use? Do you provide medical care? What certifications do your staff members have? Is your rehab accredited? Do you offer medications to treat alcohol addiction e. Do you offer any grants or scholarships? What is your visitor policy? Do you offer medical detox? Do you create individualized treatment plans? Do you create aftercare plans Do you offer Alcoholics Anonymous meetings? Do you have an alumni program? You will probably come up with many more questions on your own, but allow this to serve as a baseline for your phone calls. One important decision is where you will attend your rehab. Many people choose to attend rehab at a local center in order to stay close to home with family close by. Others may want to get away from the triggers around them at home and start fresh on their own. Whatever accomplishes your treatment goals is most important. When seeking treatment, you must be sure you are ready to commit to getting better. If you are fully committed to quitting drinking and healing yourself both physically and emotionally, your treatment is more likely to be successful. Learning about detox and rehabilitation options can help you decide on what alcohol treatment centers would be best for you. If you are concerned about an alcoholic loved one, holding an intervention for your relative could help convince them of the need for treatment. As you reach the end of your treatment program, your treatment team will create an aftercare plan for you. Aftercare consists of ongoing support and recovery efforts that can help you remain sober. Examples of aftercare services include sober living homes, step-down treatment, such as partial hospitalization or intensive outpatient, individual therapy, group counseling, Alcoholics Anonymous AA , nonstep programs, and alumni programs. Much like your treatment plan, your aftercare plan will be highly individualized and may include any combination of the above services. Committing to long-term recovery will help you avoid relapse even years after attending treatment. You can spend time with your family and pick up new hobbies that will help you build a life without alcohol. Many people benefit from attending AA meetings or participating in nonstep programs like SMART Recovery, because of the sober support system they find in these meetings. It may be difficult to attend social gatherings with your friends who still drink, which is why finding friends in recovery can be so valuable. No matter what, you need to know that it is never too late to get control of your addiction. Recovery

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from alcohol addiction could be the most important thing you do in your life. Alcohol Abuse Rates Among Addiction Treatment Patients Alcohol is abused at a higher rate than any other drug among treatment program attendees, as reported by a Recovery Brands survey. Out of all the substances that people abuse and receive treatment for, alcohol continues to be one of the most troublesome. This makes alcohol abuse a problem for all ages.

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In their Principles of Effective Treatment, the National Institute on Drug Abuse (NIDA) states that a variety of evidence-based treatments must be available for those struggling with substance abuse, including alcohol use disorder (AUD).

Various factors such as medical history, length of prior alcohol use and frequency of drinking will play a role in what form of treatment best fits your needs. Sometimes, if the warning signs of alcoholism are caught in the early stages, an outpatient setting may provide sufficient treatment. This allows you to carry on with daily activities such as work or school, family obligations and other responsibilities. However, if you have struggled with years of heavy drinking, an inpatient treatment center may provide the best recovery options. What is Inpatient Alcohol Rehab? Inpatient rehab is one of the most common ways to treat an AUD. It involves checking into a rehab facility and staying there for the duration of your treatment. You will have access to medical professionals and other specialists 24 hours a day, allowing you to rest easy knowing help is always available. Additionally, inpatient rehab programs have a set schedule which consists of breakfast in the morning, followed by therapies, counseling sessions and activities for the remainder of the day. Anyone suffering from alcoholism can seek help from an inpatient rehab facility. However, there are several causes and risk factors that play a role in treatment recommendations: Age Individuals over the age of 60 tend to struggle more during the detox phase. The painful withdrawal symptoms can lead to various health complications and may be life-threatening if not treated properly. An inpatient treatment facility will offer the special medical care that seniors need in order to overcome a drinking problem. Mental health A person suffering from alcoholism and a co-occurring mental health condition may require a personalized treatment plan. Inpatient rehabs have specialists on site who will be able to treat both conditions separately. Counseling sessions will teach the individual how to cope in various real world situations and prevent falling victim to triggers. Substance abuse Mixing drinking and drugs can lead to extremely dangerous interactions. A person who wants to overcome a substance and alcohol abuse problem should seek professional medical help. Treatment specialists are able to monitor health conditions closely, relieve any uncomfortable withdrawal symptoms and provide assistance through each step of the recovery process. Medical history Inpatient treatment is often highly recommended for people with a medical history of heart, breathing or liver problems. If any part of the recovery process interferes with a medical condition, treatment specialists will be able to make the necessary modifications. Inpatient alcohol rehab typically involves 30, 60 and day programs depending on the severity of an alcohol use disorder AUD and how much a person drinks. The cost of inpatient rehab varies based on location, amenities provided and length of time in treatment. However, many facilities accept different forms of insurance or offer financial assistance to those in need. A person can seek treatment close to home or out of state. Out-of-state rehabs provide many advantages such as distancing you from triggers and allowing you to focus solely on getting better. Types of Inpatient Alcohol Rehab Programs There are two primary types of inpatient alcohol rehab programs: Before making your decision, weigh each option by thinking about its benefits, the types of therapies offered, the duration of the program and if financial assistance is available. Inpatient Residential Rehab Inpatient residential rehab facilities typically offer , and day programs. You will be required to stay on site during your treatment. As this is the most intensive form of treatment, it proves most successful in helping those with severe alcoholism. Your first week in an inpatient residential rehab will generally include detox, the first stage of the recovery process. This eliminates alcohol from your body entirely so you are no longer under the influence of its effects. Afterwards, you will continue on in the recovery process with a structured daily schedule of therapies that will teach you how to overcome alcoholism and maintain long-term sobriety. Partial Hospitalization A partial hospitalization program is a cross between inpatient and outpatient treatment options. It can be as intensive as a full hospital setting, but partial hospitalization programs allow you to be home every night. This treatment option works

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best for people who live close to the facility and have a stable home environment. While the frequency of treatment in a partial hospitalization program varies, many programs run every day and last between six to eight hours. Even though individuals are able to go home each evening, they are still closely monitored for signs of a potential relapse, withdrawal symptoms and other health conditions. The length of time for inpatient alcohol rehab varies by person. The shortest program at many treatment facilities is 30 days; however, some individuals need additional time and stay for several months. Other rehabs may allow you to complete the detox process on site and then switch to an outpatient facility afterwards. Individuals with less severe forms of alcoholism may choose a shorter inpatient program as a way to eliminate any daily distractions or triggers. After completing rehab, they can continue recovery maintenance by attending local support groups, like Alcoholics Anonymous and AI-Anon, or meeting with an alcohol counselor. It takes a huge commitment to not fall back on old habits once they get back to a daily routine with challenges and stressors. Treatment may take longer for those who have suffered from years of alcoholism. This is due to the effects that alcohol has on the body. Heavy drinking begins to rewire and restructure how the brain works. It also gradually begins to affect other major organs such as your heart, lungs and liver. Once you quit drinking, it takes time for your body to get back to a normal state. Regardless of how long it takes to complete an inpatient alcohol rehab program, treatment is always an ongoing process. Get help for alcoholism Learn more about treatment How to Choose an Alcohol Inpatient Rehab When researching inpatient rehab options, you will discover a wide variety of treatment centers available. For instance, some inpatient rehabs come with basic rooms, the bare essentials and a few amenities. Several questions to think about before selecting an inpatient alcohol rehab center are: How long is the program and what should I expect from treatment? Does the program offer the specific types of therapy and activities that interest me? Will your treatment specialist help transition you into ongoing maintenance programs after completing rehab? Does the facility accept insurance or offer other options for financial assistance? Will you be able to contact loved ones during your stay phone call, email, etc. What types of medical specialists are on site? Do they provide hour care? Your future is in your hands. Start on your new path to a healthy, rewarding and alcohol-free life.

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9: Resources for Those Seeking Alcoholism Recovery Services & Programs

Combining treatment with nontreatment sanctions that prevent offenders from drinking and driving (e.g., license revocation and alcohol ignition interlocks, which require the driver to pass an alcohol breath test before starting a car) also reduces the public's risk while offenders are receiving treatment.

This article has been cited by other articles in PMC. Abstract In recent years, there has been significant progress and expansion in the development of evidence-based psychosocial treatments for substance abuse and dependence. A literature review was undertaken using the several electronic databases PubMed, Cochrane Database of systemic reviews and specific journals, which pertain to psychosocial issues in addictive disorders and guidelines on this topic. Overall psychosocial interventions have been found to be effective. Some interventions, such as cognitive behavior therapy, motivational interviewing and relapse prevention, appear to be effective across many drugs of abuse. Psychological treatment is more effective when prescribed with substitute prescribing than when medication or psychological treatment is used alone, particularly for opiate users. The evidence base for psychological treatment needs to be expanded and should also include research on optimal combinations of psychological therapies and any particular matching effects, if any. Psychological interventions are an essential part of the treatment regimen and efforts should be made to integrate evidence-based interventions in all substance use disorder treatment programs. As in other areas of health-care, increasing attention is now being focused on providing evidence-based care for persons with substance use disorders and in this context there has been significant progress in the development and standardization of psychosocial treatments for substance use disorders. Psychosocial treatments are now considered essential components to any comprehensive substance use disorder treatment program. Recent research substantiates that psychosocial interventions for substance dependence can promote behavior change. However, although rapid strides have been made in the development of effective psychosocial treatments, these have not been translated into routine practice in the clinical care. A literature review was undertaken using several electronic databases PubMed, Cochrane Database of systemic reviews and specific journals, which pertain to psychosocial issues in addictive disorders and guidelines on this topic. The evidence base cited consists of findings from either individual studies or meta-analyses of studies that largely were randomized controlled trials RCT in which individuals exposed to these psychosocial interventions had significantly better substance use outcomes either at the end of the treatment phase or at follow-up. The main criterion of effectiveness is that a psychological therapy leads to either a reduction in, or abstinence from, that substance and improvements across a broad range of areas of functioning, which include physical health, psychological health, human immunodeficiency virus and hepatitis risk behaviors, interpersonal relationships, employment and criminal behavior. Psychosocial interventions can be used in a variety of treatment settings either as stand-alone treatments or in combination with pharmacological intervention. They can be implemented individually or in groups and delivered by a range of health workers. Psychological treatments can be brief or intensive and specialized. Psychosocial treatments are considered to be the foundation of drug and alcohol treatment, especially for substances where pharmacological treatments have not been sufficiently evaluated. The aim of the intervention is to help the patient understand that their substance use is putting them at risk and to encourage them to reduce or give up their substance use. BIs can range from 5 min of brief advice to min of brief counseling. However, patients with more serious dependence problems may be referred to a specialized drug treatment agency. Because of the brief nature of these interventions, they can be delivered opportunistically like when a patient presents in primary care, general hospital and so on, in both inpatient and outpatient settings by a range of specialist and generalist professionals who have been trained the use of these approaches. A number of features contribute to the effectiveness of BIs and these have been summarized using the acronym feedback, responsibility, advice, menu of options, empathy and self-efficacy confidence for change [3 , 4 , 5] In treatment of alcohol related problems, BIs include targeted opportunistic

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screening for hazardous and harmful drinkers. They are targeted at people who drink heavily and aim to reduce the amount they drink. They do not work with dependent drinkers who are seeking help for alcohol problems. There is a substantial body of evidence showing their effectiveness[7 , 8] in multiple settings like primary care[9] and accident and emergency. Significant effect at follow-up after BI is found for up to 2 years. Ashton,[14] in a review of BIs, suggested that such interventions are effective for people who are ambivalent about change but ineffective for people who are motivated to change and already receiving treatment. BIs are also used in the treatment of tobacco dependence and have been found to enhance motivation and increase the likelihood of future quit attempts. There is evidence that MI is effective in increasing future quit attempt. In general, more the intense the treatment intervention greater is the rate of abstinence. In addition, particular types of counseling strategies are especially effective: MI MI helps people to explore and resolve their ambivalence about their substance use and begin to make positive behavioral and psychological changes. The principles of MI include expressing empathy through reflective listening, developing discrepancy between patients goals or values and their current behaviors, avoiding argument and direct confrontation, adjusting to client resistance and supporting self-efficacy and optimism. Effectiveness of MI has been most widely studied in alcohol abusing and dependent populations: At least 32 trials show that MI effectively improves treatment adherence and drinking outcomes and the results from these show a small to medium effect size with variability across settings and providers. It was more effective with young people, in those with occasional heavy drinking pattern and low dependence, than with older drinkers or those with a more severe dependence. A Cochrane review in [20] also concludes that MI can reduce the extent of drug abuse compared with no intervention. MI is also being viewed as being most effective when combined with other standard psychosocial interventions. CBT Cognitive behavioral interventions, also called CBT comprise an array of approaches based on the learning principles and theorize that behavior is influenced by cognitive processes. Typical cognitive strategies employed are recognizing and challenging dysfunctional thoughts about substances and recognizing seemingly irrelevant decisions that lead to a relapse. Typical behavioral strategies employed are coping with cravings for substances, cue exposure, promotion of non-drug related activities, CM, relaxation training, preparing for emergencies and coping with relapses. Other elements of CBT include social skills training effective communication, refusal skills and problem solving skills. CBT is often rated as the most effective approach to treatment with a drug and alcohol population. Furthermore, the benefits of CBT may extend beyond the treatment period and protects against relapse or recurrence after treatment termination. RP RP has been theorized to be a set of strategies to help the client maintain treatment gains rather than a specific intervention per se. An individual or group-based RP program should include identifying high-risk situations and triggers for craving, developing skills to manage cravings and other painful emotions without using substances, learning to cope with lapses and attaining a life-style balance. RP is effective and can be enhanced by adding pharmacological treatment[32] and there is good evidence that abstinence rates can be improved when psychosocial treatments such as RP, CBT and motivational enhancement therapy MET are combined with acamprosate[33] and naltrexone. Programs can last anywhere between 1 and 24 months or more. The aim of residential rehabilitation programs is to help people develop the skills and attitudes to make long-term changes toward an alcohol- and drug-free life-style. The effectiveness data are sparse. The results of meta-analysis by Smith et al. One issue that affects treatment evaluation of residential rehabilitation programs is that treatment dropout is common. Patients who complete residential programs achieve better outcomes on drug misuse, crime, employment and other social functioning measures. To conclude, the use of therapeutic communities for treatment of substance use disorders does not have a strong evidence base. CM CM or voucher-based therapy is an evidence-based treatment intervention based on principles of behavior modification. This treatment approach is aimed at encouraging positive behavior by providing positive reinforcement when patient progresses toward treatment goals e. The positive reinforcement for behavior change often includes vouchers, privileges, prizes or modest financial incentives that are of value to the patient. There is a strong evidence that CM is an effective strategy in treatment

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substance use disorders, particularly, opioids, tobacco and polysubstance use. However, it has not been used widely in clinical practice due to perceived high costs of provision of such interventions. It has been found to improve medication compliance with disulfiram and encourage treatment attendance at a drug and alcohol service. This approach regards addiction as a relapsing illness with complete abstinence as the only treatment goal and is based on behavioral, spiritual and cognitive principles. As part of the process toward recovery, individuals must acknowledge to themselves and another people the harm substance use has caused to themselves and others, admit that they are powerless over drug use and surrender to a higher power for recovery. However in a recent Cochrane review in [45] in which eight trials involving people were included, no experimental studies unequivocally demonstrated the effectiveness of AA or step facilitation TSF approaches for reducing alcohol dependence or problems. However, for some patients they may provide an adjunctive benefit in maintaining changes brought about by other drug and alcohol treatments, a finding that needs more replication. Currently, there is not enough evidence base to support the effectiveness of step programs as stand-alone interventions. Cue exposure treatment Another behavioral approach, which has shown some promising results is cue exposure treatment. There is clear evidence of reactivity to alcohol cues, including alcohol craving, which is related to the severity of alcohol dependence. No major differences between groups were found at 1 year follow-up. SBNT was developed specifically for trial on the basis of evidence that support from family and friends are helpful in overcoming alcohol problems. The results showed a decrease in alcohol consumption and problems, decreased dependence and increase in mental health quality-of-life. No major difference in outcome measures was found between groups at 12 month follow-up. The clinical implications of these large scale research trials suggest that the decision to enter treatment itself leads to a considerable reduction in drinking and that access to treatment may be as important as type of treatment. This large RCT involved patients with the diagnosis of alcohol dependence, recently abstinent from alcohol. No combination was more effective than naltrexone or combined behavioral intervention CBI in the presence of medical management. However, CBI alone was less effective e. The results of this study suggest that although CBI may reduce alcohol consumption, placebo pills and a meeting with a health care professional can have a stronger positive effect than CBI alone. These therapies have been variable in their approach. CBT has been shown to reduce the illicit drug use among people on a methadone maintenance program, as well as other risk-taking behaviors Teesson et al. In a Cochrane review of 17 studies evaluating four type of interventions: MI or BI, education or skills training, family interventions and muticomponent community interventions found a lack of evidence of included interventions. In addition, these psychiatric disorders increase the risk of substance misuse. Such patients are often the most challenging to engage and treat and their prognosis is frequently poor. Currently, the evidence base is very limited to guide management of comorbidity. For substance misusing clients, any form of psychological treatment leads to better treatment outcomes compared with no psychological treatment, but there is no general consensus that one form of psychological treatment is better than another. Where no substitute prescribing treatments are available with substances such as cannabis and cocaine, there is evidence that psychological treatment alone can be effective in changing patients substance using the behavior. Future directions The evidence base for psychological treatment needs to be expanded and should also include research on optimal combinations of psychological therapies and any particular matching effects, if any. There is a need for research on psychological interventions in special populations such as adolescents, polydrug misusers and in people with psychiatric comorbidity. More research is needed on the intensity and duration of these interventions for people with more severe addiction problems. Footnotes Conflict of Interest: Miller W, Rollnick S. New York and London: Brief interventions for alcohol problems: Motivating young adults for treatment and lifestyle change. Alcohol Use and Misuse by Young Adults. University of Notre Dame Press; National Institute on Alcohol Abuse and Alcoholism; Motivational Enhancement Therapy Manual:

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