Delivery of Essential Services to Alcoholics through the "Continuum of Care"

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Abstract

To provide for the delivery of essential and comprehensive services for alcoholics, a well-developed continuum of care encompasses the following services: an information and referral, or diagnostic, center; detoxification or receiving center; primary rehabilitation; extended rehabilitation; residential intermediate care; outpatient care; a family program; and an aftercare program. All of these services are geared toward the ultimate goal of assisting the alcoholic to live independently in the community and to utilize a variety of positive coping devices while remaining abstinent from beverage alcohol.

Introduction

The formal structuring of alcoholism treatment and rehabilitation services is a relatively new endeavor. Only in the past 2 decades has society even begun to recognize and accept alcoholism as a treatable illness. Consequently, the methods and environmental settings used for treating this condition are also new and subject to continuing modification with experience.

Currently in the United States, a variety of federal, state, and voluntary guidelines are being established to assure that alcoholism treatment centers are providing services of quality in terms of program content, staffing, and environment as well as standards for safety, cleanliness, and the preservation of human dignity of the patient. Many third-party insurance carriers are now required by statute to provide coverage for licensed alcoholism programs, even in nonhospital settings.

In response both to pressure from citizens and to the availability of federal funds, most states are adopting some form of the Uniform Alcoholism and Intoxication Act (10, 12). This federal legislation decriminalizes public drunkenness. Thus, many states and counties can no longer arrest inebriates for simple public drunkenness but must instead provide some form of alternative care. Under the Uniform Act, federal and state funds help cover additional expenses incurred in providing some of these services.

As summarized in the standards set forth by the Joint Commission on the Accreditation of Hospitals, "The primary functions of any alcoholism program are to identify, evaluate, and treat persons who experience problems related to alcohol use."(7) One result of providers' attempts to meet these, as well as other state or local licensing standards, is that increasingly the delivery of services to alcoholic persons and their families is provided through a formally defined and licensed system of essential services commonly referred to as the "continuum of care." The wide range of services available through the continuum of care makes it possible to match each client with the appropriate level of care; thus, each person receives, as needed, the services suitable for his/her special needs.

Ordinarily, the continuum of care requires the utilization of an extended network of health services including regional mental health centers, detoxification centers or information and referral agencies, specialized alcoholism hospitals, hospital-affiliated medical emergency care centers, intermediate care in day or night hospital facilities, recovery or boarding homes, halfway houses, as well as other residential rehabilitation centers. The referral resources used for any given person must, of course, take into consideration a number of critical client eligibility problems: progression of the illness, financial status, the availability of third-party insurance coverage, distance from the rehabilitation center, and transportation costs involved.

While the focus of this paper is not primarily concerned with manpower utilization within the continuum of care, it should be pointed out that throughout the network of services to alcoholics, the largest single group of direct service providers in the United States is that of recovered alcoholics. These persons who have the illness but are now sober engage in activities focused on helping other alcoholics achieve total abstinence and an improved life-style. Also, since the vast majority of these service providers maintain their own sobriety through their affiliation with Alcoholics Anonymous, (2) it is natural that they encourage their clients to do likewise. As a consequence, the fellowship of Alcoholics Anonymous is perhaps the single largest and most effective referral resource for alcoholics. Founded in 1935 exclusively for alcoholics and now an international organization with over one million members, it deserves special mention not only because it is the major sustaining effort and aftercare program for alcoholic persons, but also because it has become a role model for a whole host of other self-help groups which identify with its basic principles (3, 5, 6, 8).2

The following are brief descriptions of some of the most widely used and definitively structured alcoholism service com-

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2 The idea of people in peer groups helping each other with common chronic problems is certainly not a new one. What is striking, however, is the rapidly increasing number of self-help groups and the great diversity of chronic problems with which they are concerned. Consider the following partial listing. There are self-help groups for Checks Anonymous, Convicts Anonymous, Crooks Anonymous, Delinquent Anonymous, Disturbed Children Anonymous, Divorcees Anonymous, Dropouts Anonymous, Gamblers Anonymous, Slutterers Anonymous, Sexual Child Abusers Anonymous, Migraines Anonymous, Neurotics Anonymous, Emotions Anonymous, Overeaters Anonymous, Parents of Youth in Trouble Anonymous, Psychotics Anonymous, Recidivists Anonymous, Relatives Anonymous, Retirees Anonymous, Schizophrenics Anonymous, Smokers Anonymous, Youth Anonymous, Phobia Self-Help Groups, Parents Anonymous, Suicide Anonymous, Integrity Therapy, Widow to Widow Program, Mistress Anonymous, and so on. For the major debilitating or life-destroying illnesses, there are now self-help groups attached to almost all the major foundations, whether they be for cancer, sudden infant death syndrome, arthritis, cystic fibrosis, lung disease, epilepsy, Hodgkin's disease, juvenile diabetes, multiple sclerosis, or muscular dystrophy.
ponents to be found within the still-developing continuum of care delivery system (4, 9, 13).

Emergency Care

The emergency care component of the continuum of care is a general term describing 2 related levels of service: (a) diagnosis and referral; and (b) detoxification. The implications for emergency care derive from the fact that the service activities frequently involve crisis management of one kind or another. Typically, the crisis concerns an anticipated or immediate situation which is perceived by the alcoholic person or his/her friend or relative as being threatening to himself/herself or others.

Diagnostic and Referral Center. The diagnostic and referral center may also be referred to as an "information and referral" service. It may be a free-standing program or may be part of a hospital or alcoholism treatment program. Its purpose is to facilitate access into the alcoholism treatment system by providing education, diagnosis, some counseling, and evaluation of clients' alcohol-related problems. Some diagnostic and referral centers also provide detoxification services. (Detoxification centers are explained in the following section of this paper.)

These centers provide a referral linkage to the remaining range of appropriate treatment programs within the continuum of care. They screen medical as well as other problems and usually make the services of a licensed physician available for medical emergencies.

Diagnostic and referral centers use appropriate community resources by referring the client to the resource which seems most warranted on the basis of the client's history, current physical condition, and other pertinent considerations. The resource may be a residential alcoholism treatment program or some other community help such as a local mental health center, social service agency, or self-help group such as Alcoholics Anonymous.

Many information and referral centers also act as community outreach facilities. Through relatively systematic and extensive information and education programs, they help to mobilize the community to develop employee assistance programs, school education, and professional education programs. In general, they act as a catalyst to stimulate the community to become more aware of the existence of alcoholism, as well as to inform the community that help is available for the alcoholic, the family, and the employer experiencing the consequences of this serious public health problem. In this sense, referral centers may also offer what has come to be called prevention and detection services.

Detoxification Centers. The emergency care component usually provides a continuous 24-hr availability of the following services to all persons and their families with problems related to alcohol abuse or alcoholism: (a) immediate medical evaluation if necessary; (b) supervision of intoxicated persons by properly trained medical nursing staff until the patient is no longer incapacitated by the effects of alcohol; (c) evaluation of medical, psychological, and social needs leading to the development of a plan for continuing care; and (d) effective transportation services.

Since most rehabilitation centers require that newly admitted patients be free of the intoxicating effects of mood-altering chemicals before beginning participation in the treatment program, detoxification centers usually include a detailed case history and evaluation of physical and mental condition. Emergency care/detoxification centers usually have available the services of a licensed physician for medical emergencies. The process of routine withdrawal is most often carried out by a nursing staff formally trained in the treatment and care of alcohol-dependent persons.

Detoxification, or withdrawal, is most effective when both physical and psychosocial factors are taken into consideration. Not only does the patient need to be cared for medically, but a helpful, friendly, nonpunitive attitude communicated in a noninstitutional environment is also needed for best detoxification results. Expressed another way, staffs in such centers are much more effective in encouraging patients to continue in treatment when they apply sufficient amounts of tender loving care along with the withdrawal management.

Medications are generally used in the detoxification process to make withdrawal more comfortable and to prevent withdrawal complications, but such medications are used only as long as is necessary. Detoxification will usually take one to 3 days, and the patient will then be physically ready to begin a structured rehabilitative process.

Intermediate Care

The intermediate care component of the continuum of care is a general term describing several levels or components of care of the alcoholic person. Each level of care involves a structured residential therapeutic environment in which the patient may receive needed services specific to that particular component. Services may include counseling, vocational rehabilitation, and/or work therapy, as well as the benefit derived from the support which a full or partial residential setting can provide. At present, intermediate care includes the services provided through primary residential rehabilitation, extended care (therapeutic community), and residential intermediate care (halfway house) facilities.

Primary Residential Rehabilitation. Such programs provide a range of intensive rehabilitation services within a residential setting to alcoholic persons who are free from significant physical and/or mental complications. The immediate goals of treatment involve developing positive changes in the client's alcohol-related dysfunctional behavior and then referring the client to appropriate supportive aftercare resources. The majority of these programs are based on the philosophy of Alcoholics Anonymous, and the patient's progress in treatment is indicated (at least partially) by work on accepting and practicing the Twelve Steps of Alcoholics Anonymous (2). Primary residential rehabilitation programs generally provide such services as assessment, counseling, psychiatric and psychological evaluation, spiritual assistance, emergency medical care, referral, and follow-up. These programs usually involve a 3- to 5-week stay with a recommendation for nonresidential aftercare to begin upon discharge from the primary program.

Diagnosis of alcoholism is established through a series of multidisciplinary, structured, history-taking interviews, supplemented by information obtained from the family and other knowledgeable informants. Treatment is approached with a variety of service modalities. Lectures and reading assignments are generally utilized as a means of educing the patient about the illness and about available techniques of coping with the condition. One-to-one interviews as well as patient-initiated meetings with a variety of staff members are also utilized.
Emphasis is usually placed on the use of structured small group meetings for obtaining maximum therapeutic effect.

**Extended Rehabilitation (Therapeutic Community).** Generally, extended rehabilitation programs provide an extensive (60 days or longer) therapeutic experience within a residential environment to those alcoholic persons who require longer care. The goal is to help the person achieve positive major lifestyle changes and reduce the need/risk of returning to the use of mood-altering drugs. This level of care is particularly helpful in assisting the client in developing the personal coping skills necessary to increase his/her acceptance of self-worth and enhance his/her ability to relate and communicate with others. Usually such programs provide somewhat the same services as do primary rehabilitation programs but are less formally structured and provide multiple opportunities for the client to exercise greater independent and responsible self-determination. Such programs may also include more and varied small group or growth group meetings or more prescriptive recreational and/or occupational activities as therapeutic devices.

Typically, extended treatment is provided to those patients who have complicated emotional, social, or vocational problems and who may need a more thorough and lengthy rehabilitation of lifestyle to ease the transition back to independent living.

**Residential Intermediate Care (Halfway House).** The halfway house is intended to provide residential rehabilitative and support services for individuals with alcohol-related problems who are making the transition to a new environment or who are planning to reenter an old environment that is not immediately available or advisable. In effect, these are persons who are at present socially displaced and without an acceptable or accepting home or work environment. Clients are usually accepted by agency referral and for the most part have already received treatment. They now need additional supportive services to make the transition to an independent community living situation. Halfway houses usually provide opportunity for employment/vocational counseling and family financial counseling in addition to counseling regarding the continued maintenance of sobriety. In this setting of supervised living, vocational, social, spiritual, recreational, and physical needs are addressed.

Individualized treatment plans are usually developed which are directed toward helping the patient in any of the following areas: family and social functioning, health, employment, financial management, legal involvement, leisure time use, problem recognition, and general attitude. The major focus in such programs is on helping the patient to establish order and discipline in his/her lifestyle by channeling attitudes in a more constructive direction and by enabling the patient to recognize problems, set goals, and attain them.

Most halfway houses provide some kind of job placement program. The patient may be assigned to work at a "spot job" for a few weeks to help him/her adjust to the responsibility of working in the community. The transition may then be made as part of the rehabilitation program to full-time employment.

The length of stay is typically from 3 to 12 months.

**Outpatient Care**

The continuum of care component designated as outpatient care is intended to provide a variety of diagnostic and primary alcoholism treatment services on both a scheduled and nonscheduled basis in a nonresidential setting to alcoholic persons whose physical and emotional status allows them to function in their usual work and living environment, provided that they can remain abstinent while in treatment. Services provided by structured outpatient programs are generally consistent with the services provided in primary residential programs, except that the programs are conducted during evening and/or weekend hours.

Clients generally considered as good candidates for outpatient programs are those who have completed a withdrawal program and are free of all mood-altering chemicals, those individuals in the earlier phases of the addictive process who have not yet experienced the debilitating consequences of this illness, and those who have received some form of primary residential treatment in the past and have relapsed.

While outpatient programs are relatively new in the field of alcoholism, they are becoming an increasingly more useful option because the patient is not required to be away from home in a treatment center for an extended period of time, and treatment costs are substantially lower.

**Aftercare**

The aftercare component is designed to provide care to patients who have progressed sufficiently through emergency, inpatient, intermediate, and/or outpatient services to a point in their recovery where they will benefit from a level of continued contact which will support and increase the gains made in their previous treatment process.

It is generally agreed that primary rehabilitation, or intensive outpatient care, is just the beginning of the treatment process. Recovery really begins when the patient has returned to his/her home community and must learn to live a new sober lifestyle. Aftercare services are intended to provide an opportunity for consolidation, strengthening, and maintenance of gains and insights made while participating in a formal rehabilitation program. As previously stated, the most widely used aftercare resource is Alcoholics Anonymous. However, aftercare recommendations may also include individual counseling sessions, couples’ sessions, some type of marital communications workshop, or one or more of the self-help groups available in the patient’s community.

Aftercare programs may also be provided by or through the rehabilitation center where the patient received treatment. Such programs provide the client with continued therapeutic and supportive contact with the treatment center as well as an ongoing educational experience leading to continued recovery and growth.

**Family Program**

In recent years, it has been recognized that the family of the alcoholic can benefit by being involved in the treatment process. Family, as used here, refers to everyone who knows and cares about an alcoholic person. This may include family members, neighbors, employers, friends, and others. For a rehabilitation program to be complete, some form of assistance for the family should be available (1, 11, 14).
The rationale for the treatment of family members is clear. The patient who is in treatment is learning a new way of life, one without alcohol. This new life-style will obviously mean radical change in many areas of the patient’s life when he/she returns to the home: changes in attitude, social relationships, spiritual concepts, hobbies, and more. Not only must the family learn what they can expect of the patient upon return from the treatment center, but they will most likely need to make some adaptive life-style changes themselves. These changes primarily involve learning that their historic response to the illness of alcoholism has probably been as stereotyped, repetitive, and dysfunctional as that of the identified patient.

Family programs, then, must be geared to helping family members identify their own problems, modifying their behavior where necessary and educating them about what to expect when the patient returns. Family programs teach significant others how to stop centering their lives around the alcoholic and detach from the alcoholism while still loving the person. Another objective of family programs is to help significant others to let the alcoholic’s problem be his/hers and to start to live their own lives fully.

Family programs are generally short term and may be inpatient or outpatient in structure. The program may consist of orientation sessions to acquaint the family members with the treatment program; other aspects of the program may include educational lectures and group therapy sessions whereby the participants can share experiences with others who are involved in similar situations.

References
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