

Getting the Proper Treatment for an Alcohol Use Disorder

Experienced alcohol counselors look at three dimensions to determine treatment: intensity, duration, and form.



According to the National Drug and Alcoholism Treatment Unit Survey, almost 800,000 people receive treatment for an alcohol use disorder on any given day. Of these, 10.5 percent receive treatment in either a residential or hospital setting, and 89.5 percent receive outpatient care.

How does one know which treatment is appropriate? There is a lack of credible information to address this question. Treatment for alcohol use disorder has evolved from the humble beginnings of the Alcoholics Anonymous (AA) movement to incredible breakthroughs in neuroscience and psychopharmacology. If you or a loved one is considering treatment for an alcohol use disorder, the following facts and guidelines may help.

Types of treatment

Inpatient and residential programs traditionally last three to eight weeks and provide highly structured treatment services, including group therapy, individual therapy and alcohol education. Professional staff are available around the clock to manage any acute medical and psychological problems.

Alternatively, some individuals receive short-term inpatient detoxification services before being transferred to an outpatient setting. Typically, outpatient programs offer the following services:

- **Intensive outpatient programs (IOPs)** provide alcohol education and group and individual therapy. IOPs typically engage the person with alcohol use disorder for two to three hours per day for up to five days per week and were developed as alternatives to inpatient programs.
- **Day hospital programs**, which allow the person with alcohol use disorder to participate in treatment during the day and maintain their family roles in the evening, offer similar programs as IOPs.
- **Low-intensity outpatient services** provide counseling sessions (group sessions, individual sessions, and—if necessary—family or couples therapy) once or twice per week. For many, low-

intensity programs are intended as maintenance therapy after the person with alcohol use disorder has received initial inpatient or intensive outpatient treatment.

Components of quality treatment

- **Medical management.** Addressing the physical and psychiatric needs of people with alcohol use disorder is imperative. A skilled addictive disease physician or psychiatrist trained in addictions can properly diagnose alcohol use disorder and related psychiatric conditions and provide safe detoxification.
- **Alcoholics Anonymous (AA).** Most mainstream inpatient and outpatient treatment programs encourage people with alcohol use disorder to attend AA meetings on a regular basis. It was, after all, a group of recovering peers that began the movement to consider alcohol use disorder a disease. AA, like no other approach, offers an understanding and spiritual dimension that encourages forgiveness of self and others.
- **Cognitive-behavioral therapy (CBT).** This treatment strategy aims to change maladaptive thoughts and emotions such as craving for alcohol, depression, and anxiety. CBT helps the patient identify high-risk situations for relapse, learn, and rehearse strategies for coping with those situations, and recognize and cope with craving.
- **Motivational enhancement therapy (MET).** This new method, which is based on the principles of motivational psychology, strives to motivate the client to use his own resources to set reasonable goals and make lifestyle changes. The counselor encourages the client to set goals, and attempts to maintain or increase the client's motivation to initiate or to continue implementing change.

Which is best?

Research has found that the treatment forms outlined above produce roughly the same results. The key seems to lie in individualizing treatment to the particular needs of the patient or client.

Experienced substance use disorder professionals look at three dimensions to determine treatment intensity, duration, and form:

1. Severity of illness
2. Motivation of the patient
3. Level of social and family support

These three dimensions must be thoroughly evaluated before making a treatment recommendation. Individuals with severe alcohol use disorder will require medical detoxification. Similarly, those who also have medical or psychiatric conditions may require extended hospital care. However, the system does not always work according to these criteria. For instance, a young and relatively healthy adult who is poorly motivated and lives alone may need a residential program until support and motivation can be developed.

If you are considering treatment for yourself or if you are trying to help a friend or family member, consider the three dimensions because participating in a level of treatment that is inadequate is a recipe for failure.
