

**An Introduction To
A Comprehensive
Addiction Recovery
Treatment Program
For Family and
Loved Ones**

Recovery



Waterstone

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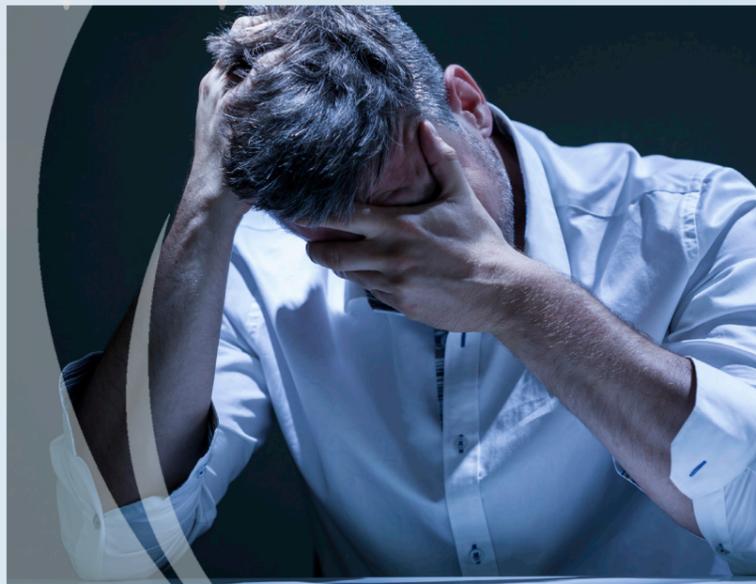
ASSISTING

Loved Ones

WITH ADDICTION CHALLENGES

An Introduction To A Tailored Addiction Recovery Treatment Program For Family and Loved Ones: When relatives who are concerned with the wellbeing of one of their own family members attempt to discover a responsible addiction treatment program through online searches, they are inundated with a barrage of program advertisements. Treatment programs come in all shapes and sizes, but it is very often our own ingrained yet misguided beliefs that set us up for disappointment, frustration or detachment. This publication is designed to guide family members to a better appreciation of the challenges that their loved ones face with substance use disorders while introducing a responsible, comprehensive treatment model from **Waterstone**.

Conflict & turmoil are only artifacts of wrong-headed and misguided reflexes on both sides. Think of them as unwelcome graffiti on **artificial walls;** walls that your loved one has built.



“The family knows all too well how difficult an ask it is to understand one last time.”

FAMILY BARRIERS

Far too often, parents, spouses and children who experience frustration and hurt with a family member struggling with addiction find themselves at a place where they are unable to feel compassion. The trust has simply eroded. While this is an understandable and even common attitude to arrive at, it is also one of the greatest impediments to recovery. It's easy to consider addiction from substance use to be an individual challenge. Large swaths of our culture still consider addiction to be an indication of weak or inferior character. We are not going to suggest that recovery is not a personal responsibility that must be sustained, but that is a far cry from dismissing someone with an addiction disorder as a person unworthy of compassion. In fact, it should be recognized that a Herculean level of compassion is often required of family members

for extended periods. After exhaustive rounds of understanding and assistance applied in good faith and with good will, the family knows all too well how difficult an ask it is to understand “one last time.” And yet, that is exactly what is required. The member of the family who is struggling with addiction knows full well the magnitude of their challenge. When the people closest to them radically underestimate the condition that they are experiencing in their most intense moments of battle, it is all too easy for the struggling individual to put up walls. Those walls are erected between themselves and their closest family members, but even prior, they arise to separate their own harmful choices from their most cherished hopes and dreams. Walls arise to protect a potential formative sense of themselves that they still hold on to. It is those very hopes and dreams that should be harnessed to propel them, with the proper guidance and program strategy, to

— realize
their vision



VITAL THREADS

overcome the daunting period of recovery that they fear the most. Even the narrowest thread of hope is the thread from which they will spin forth a new way of experiencing themselves and their world: one that holds the promise of a renewed tomorrow even while today is approached one step at a time. During the deep disappointment that comes from losing a peaceful home environment, conflict and stress reactions are not uncommon for many families. But now you know that conflict and turmoil are only artifacts of wrong-headed and misguided reflexes on both sides. Think of them as unwelcome graffiti on artificial walls: the walls that your struggling loved one has built up to keep those who do not understand away from a protected vision of themselves. The conflict and turmoil are indications that deep inside they still strive to realize their own hopeful vision of themselves. Your job is to help.

ACHIEVING A

Solution

FOR THE ENTIRE FAMILY

The Whole Person Philosophy from Waterstone: Our solution is not to unduly magnify traditional ideas about the amount of “willpower” required to address addiction, but to start with a better appreciation for the powerful physiological and psychological impacts of the substances at the core of the problem. That is to say, even for family members, a fresh start is required. Once the challenge is appropriately understood, the treatment phases that involve specific medications can be better appreciated for their crucial, if only transient role. The process is outcome-driven and evidence-based through all phases.

OUTCOME-DRIVEN

Custom Tailored

SOLUTIONS MODEL

Waterstone offers a unique highly tailored model for person-centered care. The program applies the most effective treatment approaches currently available, including medication-assisted treatment (MAT) integrated with psychotherapy.

An equally vital component of an effective treatment program is that it retain a foundation in whole-person care. That means that the ultimate goal is total recovery and the pursuit of positive life goals. It means that if each person presents unique challenges and life stories, the treatment program must be able to constantly assess for real world roadblocks on the road to recovery. Sometimes those roadblocks may come in the form of co-occurring disorders that should be addressed simultaneously. Sometimes it requires a nearly endless well of patience. Setbacks are an inevitable part of the real-world recovery process, particularly if the goal is success over the long-term. However, setbacks happen less often and with a diminished impact when sustained hope can be more fully developed. When dreams are shared and formally integrated into one’s daily plan of realization, hope is authentic and powerful. But as many of you know all too well, a successful treatment program cannot achieve its transformative process with goals alone. Motivation must be allowed to take root and grow. The early establishment of reinvigorated hope is only possible within a

larger strategy that confronts withdrawal. During this vulnerable time it is crucial that friends and family not underestimate the actual challenges of withdrawal. An evidence-based, whole-person approach is mandatory because the battle is so unbalanced. The key, however, is to understand that the battlefield is not unbalanced because of an alleged lack of will on the part of the individual. Unfortunately, family members and cultural norms often reinforce the misguided notion that substance use setbacks are simply a failure of will. It turns out that is precisely the attitude that encourages individuals to construct psychological barriers. A person suffering from a substance use disorder understands all too well that despite their intense desperation and repeated attempts to overcome their disorder, unsuccessful attempts are often part of a vicious cycle. They also had underestimated the actual threat at the outset, as family members often do to further compound the problem. The solution is not to unduly magnify traditional ideas about the amount of “willpower” required, but to start with a better appreciation for the powerful physiological and psychological impacts of the substances at the core of the problem. That is to say, even for family members *a fresh start* is required. Once the challenge is appropriately understood, the treatment phases that involve specific medications can be better appreciated for their crucial, if only transient, role. Evidence, not preconceptions, drive the process.

ACHIEVING A

Fresh Start

FOR THE ENTIRE FAMILY

The Fresh Start Treatment Program from Waterstone: The Waterstone model is unique and exportable because it is based on the best clinical practices available in tandem with ongoing evaluation and monitoring for each person. It is a person-centered model that integrates medication assisted treatment (MAT) with customized counseling that is informed by evaluation of co-occurring conditions. This highly effective combination is “compassionate” because it strives to authentically reach each person where they actually are relative to where they are capable of being with the proper guidance of compassionate caregivers who are part of a comprehensive program. Caring is the key.

A CUSTOMIZABLE

Compassionate

CARE MODEL

The Fresh Start Treatment Model is a compassionate, evidence-driven program that is at once customizable to each individual and exportable to collaborative institutions for a wider arc of continuity of care.

The Fresh Start Treatment Program was designed by Waterstone as a compassionate, yet highly effective opiate addiction strategy that utilizes evidence-based guidance to implement a successful tapering process to address the most intense aspects of withdrawal. In the context of opiates, alcohol, and other addictive substances, a large and growing body of evidence suggests that abrupt withdrawal of substances, or “going cold turkey”, is an ineffective and clinically irresponsible long term strategy for most individuals to employ in comparison to a carefully monitored medication-assisted treatment (MAT) program. Although a similar MAT strategy can be applied to address other substances, Waterstone offers The Fresh Start Treatment Program to specifically address opiate addiction. Through a collaborative process, the program is also available to guide appropriately credentialed staff and accredited facilities in multiple locations to increasingly treat the inflated population of individuals and families who have been negatively impacted by the opiate epidemic in their region.

To appreciate the effectiveness of an evidence-driven person-centered model, you must first get a sense for less effective strategies. Many addiction resources offer medications to address substance use disorders, particularly for opiates, but if medications such as *Suboxone* are prescribed outside of the broader context of a specifically tailored, whole-person assessment that includes an ongoing dialogue, screening for co-occurring conditions, and integration with personalized therapy, the chance for long-term success is reduced. Components of *The Waterstone MAT Treatment Program* do not merely comprise a set of additional counseling services; they are the all-important context for the program. That *context*, in the end, is the unique characteristics of your loved one. Moreover, because overlapping disorders are common within the substance-use disorder population, if co-occurring conditions are not teased out and addressed during the substance-use recovery process, those factors will drive the chance of long-term success down. The evaluation of any treatment program should include an in-depth inquiry into whether the program assesses and treats co-occurring psychological disorders as a fundamental part of the core treatment program. The Waterstone MAT Treatment Program is a great place to begin your journey for renewed faith in your loved one’s success and wellbeing.

CLINICALLY MONITORED

MAT Program

BOARD-CERTIFIED DIRECTION

MONITORING

Medication

AND RECOVERY

The MAT Program from Waterstone: If administered responsibly, Suboxone and similar medications may constitute the main component of the medication-assisted treatment core of a more comprehensive long-term program. However, if recovery is not guided by ongoing clinical and psychological evaluation, the risks of setbacks increases significantly. The medical direction at a facility should be highly trained in treating addiction disorders. Prescribing physicians should be well-versed in MAT-related research, best practices, and clinical guidelines. Non-specialists administering these medications in the absence of a comprehensive program strategy may reduce effectiveness.

Many people reflexively hold negative views about the use of medications as part of an opiate addiction treatment program due to the reputation that is attached to large, state-sanctioned methadone clinics. The difference between traditional ‘blunt’ instruments such as methadone and more modern medications such as Suboxone is significant. If administered responsibly, Suboxone and similar medications may constitute the core component of the MAT phase of a more comprehensive, long term program. In practice, however, there is a wide range of strategies employed for medications designed to address withdrawal from opiate use. If your preconceived notions are removed and the evidence for successful medication use is evaluated, a few key points readily emerge. The first is that counseling alone cannot adequately address the crucial period when the driver of substance use is primarily the intense angst of withdrawal felt throughout the entire axis of body and mind. During this crucial phase the desire cannot simply be reduced to a negative cognitive thought. Still, it is equally important to understand that cognitive behavioral therapy and other integrated therapies are vital components for the long-term success of any effective treatment program. If Suboxone-like medications are introduced responsibly for addressing withdrawal symptoms, additional

considerations still arise, such as the dosage and duration of the medication. With these basic considerations, we arrive, once again, at a feature that sets a high quality program apart from one-dimensional treatment programs, including some MAT programs that utilize the very same medications. The medical direction at a facility should be highly trained in treating addiction disorders. The clinical staff at Waterstone includes specialists who are board-certified in addiction medicine. Expertise and access to the most current research enables Waterstone to administer a MAT program that is uniquely fine-tuned to each individual. It may appear self-evident that one of the basic concerns for medication-assisted treatment is to prescribe a dosage that is either too high or remains at the same level for too long. While indeed a concern, ironically, it is now often the case that prescribing physicians who are not well versed in MAT related research make the opposite mistake when it comes to the time required to administer medication-assisted treatment: *they often believe the immediate goal is to taper.* If recovery is not guided by ongoing clinical and psychological evaluation, the risk of setbacks increases significantly. This expertise is exactly what separates the Waterstone MAT Program from other MAT based recovery programs.

MEDICATION, INTEGRATED THERAPY

Comprehensive

ADDICTION TREATMENT PROGRAM

MEDICATION

Integration

PSYCHOTHERAPY

The MAT Program from Waterstone is administered in a flexible, harmonious and relaxed outpatient setting. This allows clients to engage in their normal life activities as they progress through the program. A multidisciplinary team of credentialed physicians, nurses, psychologists, social workers, patient coordinators and case managers work together to provide comprehensive care until stabilization is achieved in early remission, and a transition into long term recovery is possible. Access to specialty trauma therapy is available when warranted. Individualized & group counseling sessions and urinalysis are weekly. From the first confidential call, the program initiates whole-person centered and highly tailored care. Call to inquire.

Best practices include Motivational Interviewing, Person-Centered Recovery Planning, Cognitive Behavioral Therapy, and Medication-Assisted Addiction Treatments like Suboxone to address the individualized complexities of a client's addiction. All these practices are evidence-based and backed by the most current research. They are easily adapted to fit a client's needs and align with other effective peer-support programs such as Alcoholics Anonymous and SMART Recovery. At Waterstone, each client is assigned a treatment team to provide multidisciplinary addiction care and treat mental health issues if necessary. The Waterstone MAT model is unique in that it offers weekly medication management and support from both a therapist and prescribing physician, but more importantly, because it offers individualized, person-centered care that results in more successful MAT application, quicker response to client difficulties, better treatment outcomes and sustainable, long-term change. It goes without saying that the end goal of a high quality treatment program should be recovery and authentic support for the pursuit of new life goals as part of long-term change with development of positive social support systems. If these components and ultimate goals are not part of the program you are exploring for your loved one, it may not be addressing the whole person.

Waterstone has identified five core principles for their medication-assisted treatment program:

- 1) Provide an effective, non-judgmental opiate addiction treatment program using a state-of-the-art treatment model which includes: frequent medication management opportunities and long-term person-centered therapy.
- 2) Offer the highest quality services available in a highly compassionate, dignified, and safe environment.
- 3) Facilitate access to services quickly and without delay.
- 4) Help any individual seeking treatment for addiction to heal, grow and self-actualize through goal-oriented treatment and individualized care.
- 5) Offer those services to all major insurances including Medicaid.

The program allows clients to engage in their normal life activities and responsibilities such as work or spending time with family as they progress through the program. A multidisciplinary team works together to provide comprehensive care.

Waterstone Addiction Medicine

The Waterstone MAT Program:
Medication-Assisted Treatment & Recovery



203-245-0412

ctaddiction.com

We Can Help