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Repeat Admissions to Substance Abuse Treatment Programs

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CHAPTER 1

Statement of the Problem

A commonly known fact of substance abuse is that there will typically be at least one relapse, if not many, before an individual is able to live a life of full sobriety. This fact alone is responsible for the significantly high number of repeat clients that substance abuse facilities see over time. According to the Drug and Alcohol Services Information System Report given by the Substance Abuse and Mental Health Services Administration (SAMHSA), "58 percent of substance abuse admissions had at least one prior admission to a treatment facility" (SAMHSA, 2002 p.1).

A lengthy list of factors can contribute to this high percentage rate, with clients having just a single setback, or a handful of them. Research does show that any of these different contributors can be the downfall of an addict who is fresh on the road to recovery or even to a person who has been able to remain clean for years. Those who are admitted into rehabilitation facilities for the first time tend to have the most difficulty when it comes to staying sober once treatment is over because they are only beginning their journey.

The number of Americans that are currently abusing some form of illicit drug has continued to rise throughout the last decade. According to the National Institute on Drug Abuse, a predicted 22.6 million people has used or experimented with some form of drug or medication between 2002 and 2010 (National of Health, 2012a). Although the more commonly used drug presently is reported to be marijuana, there is still a high usage of other drugs such as alcohol, psychotherapeutics, cocaine, hallucinogens, inhalants, heroin, and prescription and over-the-counter drugs. It is reported in 1999, there was a predicted cost of $400 billion dollars was spent in the economy on addiction alone (Galea, Nandi, & Vlahov, 2004). The evidence that drug

addiction is considered a mental illness stands because of the manner in which it alters the brain and ultimately changes what would be a persons normal and rational thoughts, replacing them with another sense of importance as far as their needs and desires are concerned. The persons new main concerns now include how and when they will next come in contact with their drug of choice over those of typical responsibilities.

Additional contributors that will also play a role in multiple episodes of treatment are; previous treatments, drug of choice, gender, age, socioeconomic status, length of stay, co-occurring disorders, aftercare, and motivation of treatment, just to name a few. Another significant component that plays a major role in the issue of repeat admissions into substance abuse treatment programs is the nonexistence of centralized discharge criteria for those who are leaving residential treatment. With there being no set cohesive standard of what goals must be met in order to complete a rehabilitation program successfully, facilities are left to determine their own criteria instead of being unified.

Factors that initiate the primary use of drugs differs for every individual, but the results of using and becoming dependent on drugs and alcohol has continued to become a greater and more dangerous risk factor for not only the user, but for society as a whole (Galea et al., 2004). As a result of the number of substance abuse users within society, substance abuse treatment programs have been created in order to allow a person who is truly prepared to give up their lifestyle of using drugs or alcohol a second chance at becoming a functional member of society. In order to successfully carry out this task, substance abuse treatments and professionals have created programs that teach individuals how to cope with different situations that would normally cause them to use, how to reshape their environment, and also how to create and maintain successful relationships that will be beneficial throughout recovery and lives in general.

Background of the Problem

Those who have repeated admissions into substance abuse programs undoubtedly have more issues that need to be addressed than just their substance abuse issues. Research has shown that when treated correctly, just as other chronic diseases, substance addiction can be managed with the proper care and knowledge base (Santa Clara County Department of Alcohol & Drug Services, 2011). According to the American Society of Addiction Medicine, addiction is defined as a chronic disease that causes circuits in the brain to respond as if they are impaired in the areas of rewards, memory, and motivation. Being classified as a chronic disease, addiction shares the characteristics of containing occurrence of both relapse and remission, or in the case of substance abuse, sobriety. The outcome of continual substance abuse use without any form of treatment could possibly cause a person to develop a physical or mental disorder, and in some cases results in an untimely death (American Society of Addiction Medicine, 2012).

For those individuals who are given the opportunity to participate in some form of treatment are taught that typically, there are more issues that need to be addressed in their recovery in addition to the using of their drug of choice. An estimate of those who will eventually encounter a relapse during their recovery is anywhere from 40-60% (Santa Clara County Department of Alcohol & Drug Services, 2011). Professionals who study the subject of addiction have noted that the inclusion of aftercare once treatment has been completed has proved to be extremely beneficial in maintaining sobriety for longer periods of time (Santa Clara County Department of Alcohol & Drug Services). The major concerns revolving around an individuals relapse, is that they are either not receiving the right level of treatment or that they are not yet motivated to the point where attaining useful knowledge from substance abuse treatment is an option.

As briefly mentioned before, a person who has begun their road to recovery countless relapses of all levels are predicted to happen at some point. In order to ensure that clients are not becoming repeat offenders to treatment programs, facilities must focus on the continuum of care given to clients.

Purpose of the Study

The purpose of this literature review is to take a closer look into substance abuse treatment facilities and the increasing number of admissions that have previously received some form of treatment. The consistent repetition of addicts into treatment facilities is proof that a consistent and unified discharge plan could help eliminate this problem by ensuring that there is a specific criteria to be met before the actual discharge takes place. This review will take into consideration only some of the factors that tend to be responsible for these readmissions. An analysis of research will be provided that focuses on components that affect those who have the highest possibilities of returning to some form of treatment. The questions that will be addressed are:

1. For those who have previously received services, how can current treatment affect the outcome of their recovery?
2. Does socioeconomic status have an effect on the number of re-admissions that are seen in treatment facilities?
3. What is the importance of developing a discharge plan that addresses a continuum of care that is contained within the American Society of Addition Medicine (ASAM)?

Definitions

The following are definitions, terms, descriptions and acronyms that are used throughout this review:

American Society of Addition Medicine (ASAM):

This program is made up of thousands of professionals that focus on constantly improving treatment for those who struggle with addictions, making education available for other professionals in the field as well as to the public, assuring that professionals are working in their correct fields, and are always searching for different ways to promote prevention and research dealing with addiction treatment (American Society of Addiction Medicine, 2012).

Continuum of Care:

Continuum of Care is a system that is utilized by treatment facilities (and adopted by other health fields as well) to determine an individual's current level of needed care within a substance abuse field. During this care the intensity of treatment can either increase or decrease depending on the progress the client has made. Success of treatment is normally determined by the evolution of a client shifting across the multiple levels of care (Center for Substance Abuse Treatment, 2006).

DASIS:

Drug and Alcohol Services Information System (Substance Abuse and Mental Health Services Administration, 2012)

CHAPTER 2

Question 1: For those who have previously received services, how can current treatment affect the outcome of their recovery?

Professionals have explored different areas of biological, social issues, personal life events, and treatment history in an attempt to specify which factors influences both the onset of drug addiction and the likelihood of the individual receiving treatment services (Tsogia, Copello, & Orford, 2001). The results from Tsogia et al. (2001) study reveled that the act of estimating who will ultimately enter treatment is an extremely difficult task.

In contrast, one thing that seems to be extremely common in the past years is the fact that many substance abuse users have experienced some type of treatment beforehand. Persons who suffer with substance abuse issues have a challenging road ahead of them when making the decision to begin the road to recovery. As previously mentioned, the possibility of substance abuse users lapsing or relapsing is very likely. This is only a small part of the explanation as to why some addicts will attend a number of treatment facilities during their recovery. Some have even labeled the reoccurrence of treatments as the "revolving door" phenomenon (Cacciola, Dugosh, & Camilleri, 2009, p.307).

In 1999, about 920,000 admissions for substance abuse treatment had at least one prior treatment episode (SAMHSA, 2002). The number of treatment programs an abuser has previously participated in can play a significant role in their current experience. For some clients, they are able to take the information that they have learned in a preceding treatment and use it to their advantage. Those who are in the contemplation stage will be able to use the knowledge gained from previous treatments to take steps in beginning the first stages of their active recovery. For those clients who are in treatment because reasons that are not of their own, will

sometimes use the same information that they now have a knowledge base to "float" through the program. These clients will say all the right things and perform as if they are ready to change but in reality have no real desire to quit their addictions. When substance abusers do not take time to fully commit to working on their addictions or even address all of the issues that they need to face while in treatment, the chances of them being able to make the right decisions when placed in a high risk situation becomes increasingly low.

Research that shows individuals with prior treatments are almost certainly those with higher rates of relapse (Cocciola et al., 2009). First timers to any forms of substance abuse treatment, also known as treatment- naïve clients, are reported to typically be those who are younger, educated, and employed (Cocciola et al.). It is noted that more often than not they are not as deeply involved in their addiction as those who have multiple exposures to treatments but at the same time they tend to be the most resistant in their treatment because they may not feel as if they have a problem.

Treatment-naïve clients are often those who cause the denial gap, which will later be explained in detail, to increase significantly. These clients have a tendency to downplay the seriousness of their use and have not have yet discovered their motivation for change (Cocciola et al., 2009). Research also exists that claims that a good number first time admissions come from the criminal justice system. According to DASIS, the criminal justice system accounted for 52 percent of first time admissions to substance abuse treatments in 2006 (SAMHSA, 2008). With clients being referred by the courts, there should be at least one form of motivation for them to complete treatment, and they also may be deeper into their substance use than they originally believed. The assumption that treatment is not needed is not only seen in first time attendants, but can still be found in those who continue to return to treatment numerous times.

Personal realization for the need of treatment is something that has to be reached by the client and only then will he or she be able to accept his or her wrong doings and begin to make attempts on fixing them.

As has been noted, the decision to remain sober or to use again is up to the individual, not the treatment facility or counselor. Nevertheless, there are some instances in which a counselor's decision can play a major role. The Justice Center (Council of State Governments, 2005) addresses some of the issues that can occur when individuals who need treatment receive treatment that doesn't quite meet their needs. In 2003, nearly 10 percent or 22.2 million Americans were in need of some form of treatment from either drug or alcohol abuse (Council of State Governments). The same year the National Survey of Drug Use and Health reported that an estimated number of 3.3 million people actually participated in some method of treatment (Council of State Governments). With the evidence that was collected during this research, the council presented three different gaps that must be recognized in order to deliver the most effective treatment. The denial, treatment, and intensity gaps put the responsibility on both the facility and the client in order to produce maximum results. The denial gap depends solely on the mindset of the client and how serious they are about their recovery. In a survey that was conducted on approximately 20 million people, only 5.1 million people were able to admit that they were in need of treatment (Council of State Governments). The treatment gap however, deals with those abusers who acknowledge that they are in need of some form of treatment but never receive it. According to the National Institute on Drug Abuse, in 2010, there were 23.1 million American's who met the qualifications necessitating treatment, but only 2.6 million Americans, actually received the treatment (Council of State Governments).

The excuses that can and will be used are endless, from the cost of treatment to the individual being able to deal with his or her addiction on this or her own, to not wanting to be away from their children for certain periods of time. Being able to educate individuals about how treatment could possibly benefit his or her situation and different possibilities of funding sources is another goal for the substance abuse community. The intensity gap is the only one of the three gaps that could be addressed with the least amount of work by simply requiring facilities to use the same criteria throughout the entire field when it comes to determining the level of care for individuals. This particular gap compares the difference of treatment that a substance abuse user has actually received to the level of treatment that they should have received or actually needed (Council of State Governments, 2005). For example, there are some insured clients who meet the criteria to be in a residential treatment center, but are pulled out before they are able to gain any substance of knowledge because of insurance regulations and their difference of measurements when it comes to length of stay for a particular drug and how long they should remain in a certain level of care. In other cases, clients may try and determine their own level of care and take their recovery into their own hands. Put another way, instead of attending an intensive outpatient program and receiving the type of support they would benefit from, while retaining freedom, they will choose to choose to attend Alcoholic Anonymous meetings instead.

On the other hand, even with the right level of care diagnosed, it is still possible that they will need more than one episode of treatment. Being honest about ones addiction and trying to address the true reason for using will sometimes be is the hardest, but most beneficial part of any level of care. When a client does experience a lapse or relapse in his or her recovery, they are taught that the next important decision that he or she will have to make is to learn from the situation at hand, or completely relapse back into their previous addiction. Ensuring that the

correct level of care is given during and after treatment will enhance the possibilities of the client to make the more responsible decision. Again, the choices that are made are purely the persons decision, but guaranteeing that he or she has the knowledge is the main goal of treatment programs.

Question 2: Does socioeconomic status have an effect on the number of re-admissions that are seen in treatment facilities?

Surprisingly, substance abuse plays more of a role in the economy than one would guess. In the area of public health, substance abuse is presenting itself to be somewhat of a challenge when it comes to what needs to be done differently to lower and maintain control of the overall cost. It is reported that predicted total of $180.9 billion dollars is spent on drug related issues and $184.6 billion is spent on issues concerning alcohol problems (Stein, Kogan, & Saorbero, 2009). With that being said, it is shocking to discover that although both upper and lower class people struggle with the issue of substance abuse, it is those who are less fortunate who tend to have the better chance of receiving some form of care and in some cases have more of a motivation to even want treatment.

Studies have shown that those who are more prone to repeat admissions into substance abuse treatment facilitates are those who are of low socioeconomic status (SAMHSA, 2011). The more frequent admissions tend to be those who are homeless and those who are receiving public assistance. (SAMHSA) Although some state that people with zero forms of health insurance have the hardest time with finding placement in any type of substance abuse treatment facility when compared to persons with either Medicaid or some form for private insurance (Bouchery, Harwood, Dilonardo, & Vandivort-Warren, 2011). Although those who are homeless and those

who receive Medicaid are two separate groups, their statistics and factors are remarkably more closely related than any other group. The Treatment Episode Data Set, (TEDS) reports an estimation of 3.5 million people who receive public assistance also have a problem with substance abuse (SAMSHA).

One significant reason for repeat admissions for those who are given public assistance is benefit of health insurance, which is awarded to them by the state. The Medicaid program is often given to low-income families to ensure that children in the household can be given the proper level of medical care. In most cases Medicaid is the only form of insurance the person or family has. The TEDS undoubtedly shows that the admissions of individuals with Medicaid were three times more likely than those with a different form of insurance (SAMSHA, 2011). Of the individuals who eventually do end up receiving some form of treatment, those who are funded by Medicaid have a greater rate of not returning to treatment than those who are privately funded or uninsured simply because they are able to pay for different levels of aftercare without issue.

The National Coalition for the Homeless points out that 38 percent of homeless people are dependent on alcohol and 26 percent participate in abusing other forms of drugs (2009). They also remind us that there has been nothing to prove that substance abuse is the cause of homelessness, or if homelessness if the cause of substance abuse; that question is ongoing and yet to be answered (National Coalition for the Homeless). Substance abusers are using drugs and alcohol as coping skills in order to deal with unfortunate circumstances in their lives not knowing that their actions are essentially making their problems worse than what they could be. To the homeless, obtaining treatment for their substance abuse issues is the least of their worries. They tend to focus more on how they will continue to eat and where they will lay their heads at

night. Often times, the homeless live together in small communities with each other and are all substance abusers. This type of environment does not have many motivators for those who want to become sober, and, in some cases can be a person's downfall because they would feel the need to be accepted into the community that they are now apart of (National Coalition for the Homeless).

An additional fact that plays a major role in whether or not a person decides to obtain treatment or not is the source of their motivation, a topic that will be covered in depth later in this paper. Addressing substance abuse is not an easy task to do, and attempting to travel the road alone becomes even more of a struggle. Without a support system, some would see it as almost an impossible task. The Substance Abuse and Mental Health Services Administration discloses that in the year 2008, there were 1.8 million admissions to drug and alcohol facilities that were required to report to the state (National Institute of Health, 2012b). Of those admissions, 41.4 percent of them had some involvement with alcohol abuse, 20 percent dealt with heroin and other opiates, and marijuana accounted for 17 percent of the total (NIH, 2012b). When dealing with clients who are on public assistance, it was reported that this particular group were reporting to abuse alcohol more frequently than other drugs but were the least likely of others to report that it was their primary drug of choice. At one point in time, alcohol was the worlds most widely used drug, more than likely because the drug is not illegal. According to the National Institute on Drug Abuse, the level of illicit drug use has continued to rise at alarming rates (NIH, 2012a).

The research shows that the number of Americans who had reported abuse of prescription medications is considerably higher than the number of those who are reporting abuse of cocaine, hallucinogens, inhalants, and heroin combined (Center for Substance Abuse Treatment, 2006a). The availability of the various drugs that are accessible to people makes a drastic impact in the

rise of abuse and addiction. For example, the amount of written medical prescriptions for stimulants alone increased from five million to almost 45 million between 1991 and 2010; this proves how much more accessible drugs are to the communities, even if they are intended to help instead of hurt (U.S. Department of Health and Human Services, 2011). Consequently, misuses of prescription drugs have already become a major concern in the world of addiction. Professionals have the responsibility to make sure that people understand that the misuse of prescribed medications can lead to multiple different scenarios, which may include health risks, overdoses, and addictions.

Previously mentioned was an incredibly prevalent factor for those who made the decision to enter treatment. A person's motivation to take this next step is not always a choice that he or she has made for himself or herself. Studies have shown that, for people who are higher in social class will sometimes place a stigma on themselves when it comes to receiving treatment (Bouchery et al., 2012). In order to not be publicly judged by their peers, communities, or families about the consequences of the actions they have made, many will remain in the denial stage and insist that residential treatment is extreme for them. On the other hand, there are a number of people who enter substance abuse treatment for reasons such as being on probation or violation of said probation or unfortunately for medical reasons for themselves.

Unfortunately, another issue that seems to barely be addressed is the quality of life (QOL) of substance abuse users. An exploratory study states that the reason that most substance abusers QOL is not addressed is because they are often seen as "undeserving" and sympathy for them is hard to come by because of their previous actions (Bouchery et al., 2012). Studies have proven that increasing their QOL of some alcoholics is a viable possibility once their alcohol intake has been decreased (De Maeyer, Vanderplasschen, & Broekaert, 2008). Treatment

facilities unknowingly promote their clients QOL simply by requiring them to remain abstinent throughout the duration of their treatment. Research has proven that the first few months of recovery and abstinence are the most important to substance abuse users QOL because during that time the body has the possibility to try and heal or regain some of the things it had previously been deprived of (De Maeyer et al., 2008).

Question 3: What is the importance of developing an after care plan that addresses a continuum of care, as is contained within the American Society of Addiction Medicine (ASAM)?

As has been mentioned, ensuring that individuals receive the correct level of treatment is imperative to the outcome of their entire treatment (Center for Substance Abuse Treatment, 2006b). A system was established to ensure that everyone is based on the same criteria. This system is called a Continuum of Care, and it is made up of different levels of treatment that are designed to meet an individual where they are and allows him or her to progress or digress as needed (Center for Substance Abuse Treatment). This approach currently consists as a guide for professionals when placing clients in a particular level of care. This detailed method encourages and promotes creating individualized treatment plans for each client while maintaining that their medical management services are available (Center for Substance Abuse Treatment). It also ensures that clients feel comfortable and safe in the environment, there is a dependable structure of the facility, and open accessibility of different levels of treatment (Center for Substance Abuse Treatment). The creators of this criterion have identified five levels of care, which include; early intervention, outpatient services, intensive outpatient/ partial hospitalization services, residential/inpatient services, and medically managed intensive inpatient services. Correct

placement of an individual into a level of care allows clients to face problems in different areas of their lives, address their issues with substance abuse, and also to display the characteristics that they possess that could possibly make them contributors to their communities, families, and to society as a whole. It is vital to the overall treatment process to identify the client's support system and the available resources that are offered to him or her during treatment and after treatment is completed.

The American Society of Addiction Medicine's requirements of a mandatory discharge plan before a client is allowed to complete treatment successfully has proven itself to be worthy by evidence of it being the most widely used established set of guidelines and by being required to be used in the field in over 30 states (ASAM, 2012). Studies have shown that the elements that are required within the ASAM criteria will ultimately increase the possible outcome of a successful recovery for substance abuse users. A percentage of 40-60 clients of rehabilitation treatment centers will return back to abusing alcohol and drugs within the first year after they have completed treatment (Schaefer, Harris, Cronkeite, & Turrubiarties, 2008). Although there has yet to be specific evidence proving what incidents could or should be avoided in order to ensure that the client is able to maintain his or her abstinence, the creation of a discharge plan that attempts to transition the client back into society has yielded the best outcome of success so far. Because there are so many different factors that can influence a person's judgment, especially during the beginning stages of recovery, discharge plans should be produced so that they are able to cover multiple different areas. For instance, when a client is to be released from an residential facility, it would be helpful to set up outpatient treatment, attempt to stabilize any form of ongoing medical care that needs to be addressed; create a healthy connection with family and the clients support system; and locate any other support groups in the clients area that would

be helpful in maintaining their sobriety. Doing so creates an escape from a number of high-risk situations that will more than likely arise in a person's journey of recovery.

As in most cases, there are those who do not agree fully with the direction and outcome that the ASAM has created for both placement and discharge criteria. The argument from one particular study states that Gregoire believed that the criteria created by the American Society of Addiction Medicine for those in need of residential care was not specific enough to make correct decisions (Gregoire, 2000). They go on to say that the criteria is more in favor of placement in residential care and therefore causes the placement process to be a bit more challenging when it comes to placing those who may be able to benefit more from intensive outpatient rather than a residential stay (Gregoire). Another disapproval did not entirely dismiss the ASAM as being a purposeful tool; it instead went on to say that because of their concerns with the criteria having more of a predisposition towards residential stay, the tool has proved to be useless when it came to the reviewing of their particular clients (Gregoire, p. 242).

In spite of some thoughts on how beneficial the ASAM criteria have proven to be, one specific study reports that clients who fulfilled the requirements at an intensive program and were set up with further treatment appointments confirmed that the odds of them remaining sober were two times as likely as those who did not complete as intense of a treatment program (Schaefer, Harris, Cronkeite, & Turrubiarties, 2008). Regardless of the length or structure of the program, studies show that the continuum of care is the most important element for improved outcomes of substance abuse users (Schaefer et al., 2008).

CHAPTER 3

Discussion & Implications

The research that was presented in the previous review served as an example of some of the overall effects that are created by the presence of substance abuse in particular individuals, which will more likely than not cause them to have multiple admissions into treatment programs. Recovery has proven itself to be an ongoing journey that has a common risk factor of relapse for those who struggle with this particular disease. The development of substance abuse treatment facilities were put in place to help substance abuse users develop coping skills which will in turn provide users with different options of how to deal with high risk situations that cause people to feel the need to abuse the substance.

The review touched on just how many substance abuse users were experiencing more than one episode of treatment in rehabilitation facilities. By providing evidence of the differences between first time and repeat clients, professionals are allowed to take notice of the elements that can be improved. This can ultimately make advances in the quest for ensuring the safety the communities and increase the overall knowledge base of society.

The estimated record of people who are currently using and are addicted to drugs and alcohol represents a sizable number of people in our population. With the numbers of substance abusers consistently increasing, the level of danger presented to society has increased as well. The amount of people who are committing crimes under the influence such as drunk driving, burglaries, and even murder, have also started to rise in number. This causes the problem to not only lie with the person who is addicted, but also to those who are affected by their actions as well. Millions of dollars are spent yearly in our economy in order to gain control over the effects from those who have substance abuse disorders. Rehabilitation facilities offer multiple levels of

care in order to try and meet the needs of anyone who is in need of treatment and seeking for help.

This review briefly touched on the different types of motivation that are common for those entering treatment. There is no one overall reason why a person decides that they will enter treatment, but many different variables that apply to different people such as; negative social outcomes, pressure from family members, and in some cases readiness to change for themselves (Tsogia et al., 2001) More research should be done regarding which motivational factors produce the highest intakes or the greatest chance of remaining sober. Having this knowledge can also be helpful with placing the individual in the right level of care. Having reassurance that a client is focused and ready to deal with the issues that he or she has, will determine how intense of a program they could be ready for. For example, a client who is admitted into treatment for the first time would possibly benefit from a higher level of treatment if the end result is having their children taken away versus a first time client who is still in denial about how serious his or her use actually is. With the results of a correctly executed study, one would be able to prove with evidence their results.

Not only is motivation a noteworthy subject that needs to be looked at more in depth, but also the variety of factors that cause people to actually return to treatment is just as important. Although studies have proven that there are different reasons for each individual, a cohesive number of the most common motives need to be examined. With this piece of information known, it is possible for this to be incorporated into the person's individual treatment plan so that he or she is able to work either to fix the problem or make arrangements on how he or she will handle the situation once they have been released from treatment.

All in all, the most significant inquiry of substance abuse treatments presented in this literature does not address why there is not a cohesive discharge criterion for the substance abuse field as a whole? Some studies have shown that the discord with different facilities not holding clients to the same level of standards have proven to be ineffective. In order to assure that clients are reaching their maximum level of recovery no matter what level the care, a discharge plan that is consistently being used will ensure that clients are completing goals that will be required of them no matter which program they happen to enter.

Despite the number of episodes a client has encountered with treatment programs, after each reentry, the counselor will be able to understand the goals that were previously set and which goals were not reached or do not apply to the client any longer, which subsequently infers that the treatment plan and the client may need to be reevaluated. For this reason, some substance abuse rehabilitation facilities have taken it upon themselves to implement discharge criteria within their own facilities. Although that data collected will be extremely small numbers in comparison to the number of people who need to be treated, the criteria developed can one day be adopted as another method of treatment.

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