

# Levels of Care for Alcohol Use Disorder Treatment

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## Center for Addiction Services and Personalized Interventions Research

The type of care recommended for alcohol or substance abuse disorders depends on the current severity of the use and safety-related concerns. (For example, people who are dependent and risk withdrawal complications will need medically-supervised care.) Levels of care range from peer led support groups to out-patient treatment to in-patient care, including medically monitored care. Typically, people (and insurance companies) prefer to start with the lowest level of care necessary, stepping up the care as needed. Lower levels of care do not imply lesser helpfulness; in fact, sometimes they can be more effective than higher levels of care over the long run. A lower level of care simply indicates lesser need for medical or professional oversight.

Below are descriptions of the different levels of care, starting with the lowest levels.

**Self Help Meetings:** Typically not considered “treatment” or “therapy,” though may have many of the same benefits in helping to change substance and alcohol use. (In combination with other options, can increase level of care.)

***Moderation Management:*** Peer-led support groups offered nationwide, in Europe, and other nations, promoting moderated drinking lifestyle. <http://moderation.org/meetings/index.shtml>

***Alcoholics Anonymous:*** Peer-led meetings offered worldwide promoting abstinence and recovery program based on fellowship support and the 12 Steps. <http://aa-intergroup.org/>

***SMART Recovery:*** Considered an alternative or an adjunct to AA, peer facilitator-led meetings promote abstinence and focus on building and maintaining motivation, coping with triggers, managing thoughts, feelings, and behaviors, and living a balanced life. <http://www.smartrecovery.org/>

**Outpatient Treatment (private):** Indicated for less severe alcohol or substance use disorders; though level of care can be increased by combining psychotherapy with medication and/or self-help meetings.

***Private psychotherapy\*:*** Psychotherapy treatment for alcohol and substance use disorders can last anywhere from a few sessions to a few years, once a week or more frequently (though having enough time between sessions to integrate new ideas and to practice new skills is usually helpful). Frequency often depends on the type of psychotherapy provided, the degree to which the alcohol or substance use has affected other areas of an individual’s life, how quickly an individual is able to change, the individual’s interest in working on issues that may or may not be related to alcohol or substance use, and the ability to pay (either out-of-pocket or insurance coverage).

(\*See handout [About Therapy for Alcohol and Substance Use Disorders](#) for more information on psychotherapy and types of psychotherapy providers.)

**Medication Assisted Treatment:** Provided by psychiatrists or Nurse Practitioners (and in some cases, by Primary Care Physicians), medications can be effective adjuncts to treatment or stand-alone treatments.

- *Disulfiram* (brand name: Antabuse), taken daily by pill, deters drinking by inducing vomiting.
- *Naltrexone* (brand names: ReVia, Vivitrol), taken daily by pill or via monthly injections, blocks the pleasure had from drinking, diminishing the desire to continue drinking.
- *Acamprosate* (brand name: Campral), may reduce craving for alcohol.
- *Topiramate* (brand name: Topamax), used to prevent seizures and migraines, used off-label, may help treat alcohol problems as well as depression.

**Outpatient Rehab:** Most outpatient treatment programs, whether hospital-based or free-standing facilities, offer similar services, though vary in frequency of visits and number of services per visit, based on the severity of alcohol or substance use and other mental health-related issues. Most programs provide on-site psychiatric assessments and medication, Cognitive-Behavioral Therapy (CBT), support groups, an introduction to AA and the 12 Steps program, and may offer family therapy and education. Length of stay for the different levels are listed below, and are determined by an individualized treatment plan, progress with sobriety, completion of requirements, and ability to pay and/or insurance coverage.

**Day Treatment Program:** Length of stay is typically several weeks to several months or more. Patients usually attend group treatment 4-5 days/week for several hours a day, and individual counseling once weekly or every two weeks. Day Treatment Programs typically offer additional services for other mental health-related issues (e.g., depression, anxiety, bi-polar disorder, schizophrenia or other psychosis, or personality disorder).

**Intensive Out-Patient (“IOP”) Treatment:** Typically several weeks to several months or longer. Patients usually attend 2 groups/day at least two days/week (or more), and individual counseling once weekly or every two weeks.

**Outpatient Treatment (clinic, agency, or program):** Typically several weeks to several months or longer. Patients usually attend 1-2 groups/day, 1-2 days/week, and individual counseling once weekly or every two weeks.

**In-Patient Rehab:** Next highest level of care. Programs can be hospital-based or free-standing facility. Length of stay is typically 28 days, though may be shorter depending on insurance coverage. Patients check in to a facility where they stay 24/7 for the treatment period, and are expected to attend several groups a day as well individual counseling sessions throughout their stay. Rehab programs typically include Cognitive Behavior Therapy (CBT) to better understand alcohol use and to help prevent relapse; support groups; and frequently include Alcoholics Anonymous meetings and an introduction to the 12 Steps; as well as offer family therapy and education sessions.

**Out-Patient Detox:** Patients can now see a private physician in his or her office to obtain medication to manage withdrawal symptoms. Patients are typically required to make several visits for monitoring over the duration of taking the medication. (See in-patient detox for more information.)

**In-Patient Detox:** Highest level of care available, either in hospital setting, as part of in-patient rehab, or free-standing facility. This level of care is for people who have reached a state of alcohol dependence to the extent that stopping or cutting down too abruptly would result in significant or severe withdrawal symptoms. Patients are usually detoxed with a benzodiazepine, such as Diazepam (a.k.a. Valium) or Chlordiazepoxide (a.k.a. Librium), to prevent withdrawal symptoms, then tapered off the medication.