



FACTS to know and QUESTIONS to ask

when applying for residential rehabilitation or inpatient treatment



Frequently Asked Questions

Note: Throughout this booklet we use the word 'rehab' – the process is the same for inpatient detoxification and other inpatient treatment.

1) How do I apply for residential rehabilitation/detoxification?

STEP 1: Discuss your options with your substance misuse worker, counsellor, or other supporting professional. This is an opportunity to begin thinking about:

- the different types of rehabs available
- your support needs
- living in a communal setting, and
- the time commitment that rehab requires.

STEP 2: When you and your support worker agree that you are ready to apply, a referral will be made on your behalf to social services for funding and a placement will be found.

STEP 3: An assessment will be carried out by a social worker looking at all different aspects of your life and your reasons for wishing to attend rehab.

STEP 4: If your application is approved the rehab will wish to meet you, and discuss in more detail how your placement with their programme would work and to ensure you will feel happy working with them.

STEP 5: During your application your GP will be contacted by the rehab for your medical background and any relevant information that may be beneficial to your care. It can be helpful to let your GP know that you are applying for a placement, and to ask him/her to ensure this information is passed to the rehab as soon as possible.

2) Where will my assessment take place?

You have the right to choose where you have your assessment with social services, but it is often easier to carry this out in your home environment. Examples of other appropriate locations could be a supporting organisation's office, or a family member's home.

3) Can I have someone with me at my assessment?

It is always a good idea to have someone you feel comfortable with at your assessment; possibly a family member, close friend, or support worker to accompany you.

4) Can I choose which rehab I go to?

Some local authorities will have good connections with certain rehabs, however it is always your choice whether to accept the placement offered. Every rehab offers its own individual programme for recovery. During the assessment and application stages your support worker, social services and the proposed rehab will discuss with you your individual rehabilitation needs. This may include the behaviour rules and expectations of specific centres, the differences between faith and nonfaith based programmes, and the location of the centre for accessibility. There are rehabs in Wales that offer different approaches. If none of these suit your particular needs you are free to choose a rehab in England

5) Can I visit before I make a decision?

Most rehabs will allow you to visit before an application is made. All centres will encourage a visit once an application has been accepted. It may be advisable to visit with your support worker or other professional, and this will help with organising your stay and travel arrangements.

6) Will I have to pay for my rehab placement?

You may be asked to contribute towards your placement; this will depend on income or the type of benefit that you receive. This will be discussed with the social worker who arranges your placement.

7) If I need a detox, will I be able to have this in the same place as the rehab placement?

Most rehabs do not have detox facilities The need for inpatient detox or treatment will be decided jointly by you, your social worker and other professionals, including your GP. Wherever you detox, when it is complete your support worker will ensure you get to rehab.

8) How will my housing benefit be affected by attending a residential placement?

During your assessment with a social worker all aspects of your housing needs will be discussed. They will liaise with housing representatives and benefit providers to ensure that appropriate decisions are made and preparations are in place for when you plan to leave the rehab.

9) Will my support worker keep in touch while I am away in rehab?

During your time in detox/rehab both the social worker who has arranged the placement and your support worker will be in touch. This may be through telephone, written reports with the staff at the centre and personal visits. During these visits reviews of your care plan, and an agreed support package for when the time comes to leave, will be discussed.

Some important points to remember:

Once an application has been made for a detox/rehab placement this may take time to organise and select. There may be a waiting list, and it is important to continue to attend your support sessions. If you do not have a substance misuse worker a referral will be made for you.

- Residential programmes are often in rural areas and away from areas you may be familiar with. Family visits and time out of the centre may be restricted during the first few weeks of the programme.
- If you are the sole carer of a pet this is something that will need to be considered when applying for a placement. It may be helpful to involve a friend or family member in the planning of your placement, who would be willing to look after your pet while you are away.
- Every detox/rehab centre has their own rules and expectations for behaviour, engagement and access to personal equipment such as mobile phones. It is important to discuss these expectations with your support worker and the rehab before accepting your placement.
- Once a referral for rehab has been made you will need to be assessed by a member of the social work team. They are there to support you and find the best placement for your needs.
- Many residential centres are based on communal living. You may be expected to share dormitory space and household chores.
- Rehabilitation programmes often include group and 1:1 activities. You will be expected to participate in all these planned sessions during your time in the centre.
- If you have young children their support and care needs will be discussed during the assessment. In some cases young children may be able to attend the rehab with you although this is uncommon and not many rehabs cater for this so your choices will be restricted and you may have to wait longer.

Which type of rehabilitation programme is right for me?

Below we have listed the 3 main core principles used in rehab programmes. Each centre will have their own variations, and it is important that you look at the specifics of each centre before accepting your placement. Visits to the centre, leaflets, information brochures, and dvd's explaining the programme are often available. Ask your support worker to help you look at this information and prepare any questions you may have about the proposed placement.

www.rehab-online.org.uk is an online directory of rehabs across the UK and a good source of information about the different types of therapy offered at each centre.

12 – step

The 12-step approach is based on the original 'Minnesota Model' and is used by Narcotics/Alcoholics Anonymous (NA/AA). Dependence on substances is viewed as a 'disease' and there is an expectation to work through each 'step' in a structured and prepared way. The aim of 12-step is to achieve a spiritual awareness by accepting your own limitations. Working with a sponsor you will be guided through the 12 steps and supported to 'stay clean just for today.'

CBT

Cognitive behavioural therapy looks at how our thinking affects the way that we feel emotionally, and how these emotions ultimately affect our behaviour. During the programme you will be taught to break down situations into problem solving skills. Each situation is considered in 4 areas;

- 1) Your thoughts before, during and after the event.
- 2) The change in your emotions leading up to the event and after.
- 3) How you acted what occurred.
- 4) Any physical response e.g nausea or headaches.

Social Learning Theory originated from a psychologist called 'Bandura'. The theory states that we all learn our behaviour by watching others. We observe their actions, attitudes and outcomes which then teach us how to respond in a similar situation. Learning our behaviour in this way is called 'modelling'. There are 4 necessary requirements to successful modelling; Attention, Memory, Reproduction and Motivation. During the programme you will be taught how to change these 4 areas and therefore affect previous learnt behaviour, while modelling new coping skills and problem solving techniques.

What Happens Next?

To ensure you benefit fully from your time in detox/rehab it is important to clearly plan your activities and support network when leaving the centre. Projects may vary in detail between local areas, but there are general themes of support and opportunities across Gwent. Your support worker, allocated social worker and the centre representative will be able to advise and assist you in accessing these services when you return home.

Below is an example of available aftercare services within the community:

- Relapse prevention support from your local substance misuse agency. This
 may be in a group setting or on a 1:1 basis
- Structured day programmes
- Diversionary activities (accessed through your local substance misuse agency)
- Peer support groups (service based and 12-step groups)
- Service user engagement/involvement opportunities
- Education, training and employment opportunities
- Peer Mentoring Scheme
- Complementary therapies (including auricular acupuncture)

INPATIENT TREATMENT FOR INDIVIDUALS WHO ARE DRUG OR ALCOHOL DEPENDENT – GWENT ELIGIBILITY CRITERIA	TICK
Pregnancy (alcohol/drug user)	
Needs rapid detox and transfer to rehabilitation placement (drug user)	
Has tried the relevant intervention in the community with appropriate engagement and been unable to complete and it is felt inpatient treatment would increase chance of success (drug user)	
Service user requires withdrawal from more than one substance (drug user)	
Service user has comorbid alcohol misuse/dependence (drug user)	
Unable to start naltrexone in the community due to safety concerns (drug user) - please expand:	
Serious comorbid mental health problems (alcohol/drug user) - please expand:	
Serious comorbid physical health problems (alcohol/drug user) - please expand:	
Service users with inappropriate social circumstances that will impact on success in the community (alcohol/drug user)	
Past history of delirium tremens (alcohol user)	
Past history of seizures (whether withdrawal related or not) (alcohol user)	
History of previous uncompleted home detoxes where it is felt inpatient treatment will be more successful (alcohol user)	
Evidence of thiamine deficiency (eg. Peripheral neuropathy evident on examination) (alcohol user)	
Past history of actual or suspected Wernicke's Encephalopathy (alcohol user)	

RESIDENTIAL REHABILITATION FOR SERVICE USERS – GWENT ELIGIBILITY CRITERIA	TICK
Individuals accessing residential rehabilitation must have drug and alcohol problems and meet International Classification of Diseases diagnostic criteria (ICD-10)	
People who have a desire to abstain from the drug that is causing the problem.	
Individuals who fail to achieve and maintain abstinence in a community based treatment setting.	
Those who express a desire to maintain abstinence and express a preference for admission to a residential rehabilitation programmes and agrees to enter this type of programme.	
Those who are likely to have substantial problems maintaining abstinence due to the severity of their substance dependence.	
Those requiring a programme of support and rehabilitation that is most suitably delivered in a residential environment.	
Those who are living in an environment characterised by social deprivation, including housing problems or instability, which represents a threat to relapse.	
Those who lack social support.	
Those whose social environment contains people (e.g. partners, friends) who are substance misusers and who are likely to hinder resolve or ability to maintain abstinence	

Please note that the above inpatient treatment criteria are guidelines for referral only. The decision as to whether inpatient treatment is appropriate will be made by the assessing doctor in the inpatient unit.



