FREE FROM TREATMENT

What to Do When Someone You Love Needs Treatment

A plain-English guide for families facing addiction or a mental health crisis: how to know it's time, how to find a program you can trust, what insurance really covers, and how to take care of yourself along the way.

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START HERE

You're not crazy, and you're not alone

If you're reading this, someone you love is probably struggling with drugs, alcohol or their mental health, and you don't know what to do next. Maybe you've been worried for months. Maybe something happened last night.

I've been on every side of this. I was a patient in Delray Beach when the treatment industry there was buying and selling people like inventory. I've been a house manager at 2am, an admissions director on the phone with families, and the person trying to find someone a bed. When I got hurt and needed help myself, my family didn't know where to turn either.

This guide is what I wish they'd had. It's short on purpose. Read the part you need right now and come back for the rest.

If someone is in danger right now

Call **911** if someone is unresponsive, not breathing well, having a seizure, or may have overdosed. If you have naloxone (Narcan) and suspect an opioid overdose, give it and call 911.

Call or text **988** (Suicide & Crisis Lifeline) if someone is talking about suicide or is in a mental health crisis. You can call 988 for yourself, too.

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PART 1

Is it time?

There's no perfect test, and nobody has to hit "rock bottom" before getting help. Earlier is almost always better. Most families wait too long, not too short. If you're asking the question, it's worth getting a professional assessment. That's a conversation, not a commitment.

Signs a substance problem needs more than willpower

- They've tried to cut back or quit and couldn't stay stopped.
- They get sick, shaky, anxious or sweaty when they go without (that's physical dependence).
- They need more to get the same effect, or they use first thing in the morning.
- Work, school, money, driving or relationships are taking real damage, and they keep using anyway.
- They're hiding use, lying about it, using alone, or getting pills from more than one doctor.
- Someone has overdosed, been to the ER, been arrested, or had a close call.

> **Don't let them quit cold turkey at home if they use these daily**
>
> Withdrawal from **alcohol** and **benzodiazepines** (Xanax, Klonopin, Ativan, Valium) can cause seizures and can be fatal. Withdrawal from **fentanyl** and other opioids is brutal and dramatically raises overdose risk afterward, because tolerance drops fast. Talk to a doctor or a treatment program first.

Signs a mental health condition needs more than weekly therapy

Plenty of people do well with a therapist once a week. These are signs someone may need a higher level of care, such as a mental health residential program or day treatment:

- **Weekly therapy and medication changes haven't been enough.** They've been trying for months and are getting worse, not better.
- **Daily life is breaking down.** They can't get out of bed, work, go to school, shower, eat regularly or take care of their kids or home.
- **Depression** that's lasted weeks: hopelessness, pulling away from everyone, sleeping all day or barely at all.
- **Anxiety or panic** that's taken over: avoiding leaving the house, constant panic attacks, unable to function.
- **Trauma symptoms**: flashbacks, nightmares, always on guard, numbness, or anger that's out of character.
- **Big swings in mood or energy**: days without sleep, racing thoughts, reckless spending or risk-taking, then a crash.

- **Losing touch with reality**: hearing or seeing things others don't, or beliefs that don't make sense to anyone else.
- **A recent psychiatric hospital stay**, and they need more support than outpatient while they stabilize.
- **Using alcohol, pills or weed to cope** with any of the above.

When it's a crisis, not a decision

Some situations can't wait for a treatment search. Get help right away if someone:

- Talks about wanting to die, being a burden, or not being around much longer.
- Has a plan, is looking up ways to hurt themselves, or is getting hold of pills or a weapon.
- Is giving away belongings, saying goodbyes, or is suddenly calm after a very dark stretch.
- Is seeing or hearing things, very confused, or a danger to themselves or someone else.
- Hasn't slept, eaten or had anything to drink for days.

> **What to do**
>
> Call or text **988** (Suicide & Crisis Lifeline), any time, for them or for you. If someone is in immediate danger, call **911** or go to the nearest emergency room. Stay with them, and remove pills, weapons and car keys if you can do it safely.
>
> Asking someone directly whether they're thinking about suicide does **not** put the idea in their head. It often brings relief.

Substance use and mental health often travel together

A lot of people drink or use to manage anxiety, depression, trauma or sleep. And heavy use can cause or worsen depression, anxiety and paranoia. When both are happening, treating only one rarely sticks. Look for programs that treat both at once. That's called **dual diagnosis** or co-occurring treatment.

What a good assessment looks like

Whether you call a treatment program, a psychiatrist or your insurance's behavioral health line, a good first call should cover:

- What's been going on, for how long, and what's already been tried.
- Any substance use: what, how much, how often and the last time.
- Safety: thoughts of suicide or self-harm, and anything that's happened recently.
- Medical history and current medications.
- A recommendation for a level of care, and why.

If no one asks about safety, or the recommendation is the same no matter what you say, keep looking.

PART 2

The levels of care, in plain English

Treatment isn't one thing, for addiction or for mental health. It's a ladder. People move up when they need more support and down as they get stronger. The question isn't "where should they end up?" It's "what do they need next?"

Level	What it is	Usually right when...
Psychiatric hospital	Short, locked inpatient stay focused on safety and stabilization. Usually days.	Someone is a danger to themselves or others, or can't care for themselves.
Medical detox	24/7 medical care while the body comes off a substance safely. Often several days.	They're physically dependent on alcohol, benzos, opioids or fentanyl.
Residential (addiction)	Living on-site in a structured program with daily therapy. Often 30 to 90 days.	They need distance from home, triggers and old routines to get traction.
Residential (mental health)	Living on-site with daily therapy and psychiatric care for depression, anxiety, trauma, mood disorders and more. Usually several weeks.	Weekly therapy isn't enough, daily life is breaking down, or after a hospital stay.
PHP (day treatment)	Treatment most of the day, around 5 days a week. Sleeps at home or in sober living.	They're stable but still need a lot of structure, often after residential.
IOP (intensive outpatient)	Several hours a day, a few days a week, often with evening options.	They're working or in school and rebuilding daily life.
Outpatient	Regular therapy and medication management, once or twice a week.	They're further along, or their needs are milder to begin with.
Sober living	A substance-free home with house rules and peer support. Not clinical treatment.	They need a safe place to live while in PHP, IOP or early recovery.

Medication is treatment, too. Medications like buprenorphine (Suboxone), methadone and naltrexone save lives, especially for opioid use. Be wary of any program that treats people on medication as "not really sober."

PART 3

How insurance actually works for treatment

Insurance is the most confusing part of this, and it's where families get taken advantage of. Here's what matters.

In-network vs. out-of-network

In-network means the program has a contract with your insurance company. **Out-of-network** means it doesn't. Out-of-network doesn't automatically mean "not covered." It means your plan's out-of-network rules apply.

Your plan type is everything

- **PPO:** usually has out-of-network benefits that can be used for treatment.
- **POS:** sometimes does, sometimes doesn't.
- **HMO and EPO:** usually in-network only, except emergencies.
- **Medi-Cal / Medicaid and Medicare:** work differently. Most private programs don't take them, but good county and state-funded options exist. Call your county's behavioral health access line.

The four numbers that decide what you pay

1. Your **deductible** (and the out-of-network deductible, which is often separate).
2. How much of it is **already met** this year. Late in the year, this can change everything.
3. Your **coinsurance**: the percentage you pay after the deductible.
4. Your **out-of-pocket maximum**. Some plans have none for out-of-network care. Ask.

Before anyone admits, ask the program:

- Did you verify the benefits with the insurance company directly? What did they say?
- What will we owe, in dollars, for the first week? For the full stay?
- Will we get a bill for anything insurance doesn't pay? (Get it in writing.)
- What happens if insurance stops approving days before they're ready?

Prior authorization: for residential and day treatment, insurance usually approves care a few days at a time based on clinical criteria. A good program fights for the days someone actually needs.

PART 4

How to tell a good program from a bad one

Red flags: hang up or walk away

- They won't tell you the name and address of the actual facility. (You may be talking to a call center that sells your call.)
- They offer something free to get you there: a flight, free housing, cash, gift cards, waived copays.
- They say yes to admitting before asking real questions about use, health and history.
- They promise insurance will "cover everything" before checking.
- They pressure you to decide right now.
- They claim to do detox but can't tell you who the medical staff are.
- Everyone gets the same 30 days, and there's no plan for after.
- They shame medication-assisted treatment.
- They can't give you a state license number.

Green flags: what a good program sounds like

- They give their name, address and license without hesitating.
- They ask more questions than they answer on the first call.
- They explain costs in real numbers before you commit.
- They'll tell you if someone would be better served somewhere else, and help you get there.
- They talk about discharge planning from day one.

Check the license yourself. In California, licensed programs are listed with the Department of Health Care Services (DHCS). Accreditation from The Joint Commission or CARF is a good sign. FindTreatment.gov, run by the federal government, lists licensed programs nationwide.

PART 5

How to talk to someone who doesn't want to go

The window when someone says "okay, I'll go" can close in an hour. Get the path ready **before** the conversation.

Before you talk

- ☐ Get a photo of the front and back of their insurance card.
- ☐ Pick one or two programs at the right level of care and check that they're legit.
- ☐ Ask the program how fast they can admit and what to bring.
- ☐ Figure out the ride. Ideally, you drive them the same day.

During the conversation

- **Pick the moment.** Sober, or as close as it gets. Not mid-fight. Mornings are often better.
- **Talk about what you've seen, not what they are.** "I saw you pass out at dinner Sunday" lands. "You're an alcoholic" starts a war.
- **Say why it matters to you.** "I'm scared I'm going to get a phone call one night."
- **Make a specific ask.** "There's a bed open tomorrow morning. Will you go if I drive you?"
- **Expect a no, and don't treat it as final.** Many people say no the first time and yes the third.

Boundaries you'll actually keep

"If you don't go, I'm done" only works if you mean it. Boundaries you can hold work better: "I'm not giving you money anymore." "You can't drive the kids." "I won't call your boss for you."

Professional interventionists can help when a family has tried and failed or there's a lot of conflict. Ask how they're paid. A good one is paid by the family, not by the program they recommend.

PART 6

The first few days

What to pack

- ☐ Photo ID and insurance card (front and back).
- ☐ A list of current medications, doses and prescribers. Bring medications in original bottles.
- ☐ About a week of comfortable clothes, sneakers, a jacket, and something to sleep in.
- ☐ Basic toiletries (many programs don't allow products containing alcohol, like some mouthwash).
- ☐ Phone and charger, a notebook, and a few phone numbers written down on paper.
- ☐ Ask the program for its own list. Rules on phones, vapes, outside food and visitors vary.

What to expect

- **Intake** takes a few hours: paperwork, a medical and psychiatric assessment, and a search of belongings.
- **The first 72 hours** are often the hardest. Detox is uncomfortable, and many people want to leave. That's normal.
- **Phone time is often limited early on.** No news can feel scary. Ask the program how they'll keep you updated.
- **Privacy rules are strict.** Federal law (42 CFR Part 2) means staff can't even confirm someone is a client without their written consent. Ask your loved one to sign a release for you at intake.

> **If they call asking to leave**
>
> It's very common in the first few days. Stay calm, tell them you love them, and encourage them to talk to their therapist or the staff before deciding anything. Don't offer to come pick them up on the spot.

PART 7

While they're in treatment, and after they leave

While they're there

- Show up for family sessions and family education if the program offers them.
- Use the time to rest. You've probably been running on fumes.
- Start thinking about what home will look like: alcohol in the house, money, car keys, routines.

Planning for discharge

Discharge day is one of the most dangerous days in early recovery. A good plan is set **before** they leave:

- ☐ The next level of care is booked: PHP, IOP or outpatient, with a start date.
- ☐ Therapy and psychiatry appointments are scheduled.
- ☐ A safe place to live: home, with agreements in place, or sober living.
- ☐ Medications are filled, including any medication for addiction treatment.
- ☐ Support groups or a recovery community they'll actually go to.
- ☐ Naloxone (Narcan) is in the house if opioids were ever involved.

If they use again

Relapse is common, and it isn't the end of the story. It usually means the plan needs adjusting, often a step back up in care. After a period without opioids, tolerance is low and overdose risk is high. If opioids are involved, keep naloxone close and don't let shame keep anyone from calling for help.

PART 8

Taking care of yourself

Families burn out. You can't pour from an empty cup, and you can't control someone else's recovery. You can control whether you get support.

- **Al-Anon:** for families and friends of people who drink. al-anon.org
- **Nar-Anon:** for families affected by drug use. nar-anon.org
- **SMART Recovery Family & Friends:** a science-based, non-12-step option. smartrecovery.org
- **CRAFT** (Community Reinforcement and Family Training): an evidence-based approach that teaches families how to encourage a loved one into treatment. Ask therapists if they use it.
- **Your own therapist.** Watching someone you love struggle is trauma. Treat it that way.

> "We all have today. That's the only time that's ever been real."
>
> You don't have to fix everything this week. Do the next right thing.

PART 9

Resources and who to call

Emergency	911
Suicide & Crisis Lifeline	Call or text 988, 24/7
SAMHSA National Helpline	1-800-662-4357 (free, confidential, 24/7 treatment referral)
Find licensed treatment	FindTreatment.gov
Poison Control	1-800-222-1222
Family support	al-anon.org · nar-anon.org · smartrecovery.org

Want a second set of eyes on your situation?

I'll give you a straight answer about what level of care makes sense, whether a program is legit, or what your insurance might cover, even if the answer is "not here."

Call or text: 725-243-6792
Email: ryanpatyoung@gmail.com
Online: freefromtreatment.com/get-help

Full disclosure: I'm the Director of Business Development at Holy Addiction Healthcare Group, which runs Hillside Recovery Center, Tarzana Recovery Center and NoHo Recovery Center in Los Angeles. If one of those fits what you need, I'll tell you, and I'll tell you if somewhere else fits better.

This guide is general information, not medical or legal advice. Every person and every insurance plan is different. Talk to a medical professional about withdrawal and treatment decisions.