

Drug addiction treatment works best when it is not treated as a single event. A person may need medical support to stop using safely, a structured residential setting to stabilize, therapy to address thinking patterns and trauma, medication to reduce cravings, family work to repair trust, and outpatient care to keep recovery connected to ordinary life. Not everyone needs every service, and not everyone needs them in the same order. That is the point of a continuum of care.

Recreate Behavioral Health Network identifies its Ohio location, Recreate Behavioral Health of Ohio, also referred to as Recreate Ohio, as being in Gahanna, just outside Columbus. The organization says the Ohio facility offers detox, residential or inpatient rehab, and outpatient treatment. It also describes the facility as providing a full continuum of care, including primary mental health services in a residential treatment setting. For people and families trying to understand what drug addiction treatment may look like in Ohio, that combination matters because addiction rarely travels alone. Depression, anxiety, trauma symptoms, family strain, sleep disruption, grief, and medical risk often sit in the same room.



Ohio law itself recognizes the need for continuity. The state requires a community-based continuum of care for opioid and co-occurring drug addiction that includes ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery. That legal framework reflects a practical truth clinicians see every day: recovery often requires more than one level of support, and people benefit when those levels connect rather than operate as isolated stops.

## **What a continuum of care means in practice**

A continuum of care is often described in clinical language, but its purpose is straightforward. It gives treatment teams room to match care to the person's current risk, symptoms, motivation, home environment, and medical needs. Someone arriving after heavy opioid, alcohol, benzodiazepine, or polysubstance use may need monitoring and stabilization before meaningful therapy can begin. Someone else may be medically stable but unable to stay sober in an unstructured environment. A third person may have completed residential treatment and now needs outpatient therapy, medication support, and accountability while returning to work or family life.

The word "continuum" also implies movement. Treatment should not trap a person at one level of care longer than clinically necessary, but it should not rush them forward before they can manage the next step. Good placement decisions involve judgment. Too little structure can leave a person exposed to cravings, withdrawal

symptoms, untreated trauma, or the same relationships that supported substance use. Too much structure, for too long, can make the transition home feel abrupt. The best treatment planning pays attention to both safety and independence.

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Recreate Ohio states that its services include detox, residential or inpatient rehabilitation, and outpatient treatment. Those are three important points along the treatment path. Detox focuses on stabilization. Residential or inpatient rehab provides a structured therapeutic setting. Outpatient care gives people a way to keep working on recovery with less disruption to daily life. When these services are connected within the same broader program philosophy, the handoffs can be clearer for the client and family, even when each person's plan differs.

In real clinical settings, the handoff between levels of care is one of the most important moments. A person may feel strong on the final day of residential treatment, surrounded by staff, peers, scheduled groups, and predictable meals. Three days later, they may be back near old triggers, fielding stressful texts, trying to sleep in their own bed, and wondering whether the confidence they felt in treatment will hold. A continuum of care is designed to anticipate that gap. It treats the transition itself as part of treatment, not as an afterthought.

## **Detox as the first safe step for some clients**

Detoxification is not the same thing as addiction treatment, but it can be the doorway into it. For some substances, stopping abruptly can be physically dangerous. For others, withdrawal may not be medically life-threatening but can still be intense enough to push a person back to use. Detox gives the clinical team an opportunity to assess symptoms, monitor risk, and help the person begin treatment without expecting them to do deep emotional work while their body is still in crisis.

Recreate Ohio says detox is among the services offered at its Ohio facility. In the context of drug addiction treatment, detox may be especially relevant when a person has been using opioids, alcohol, sedatives, or multiple substances. The details of any detox process depend on the individual, including substance history, current health, mental health symptoms, medication needs, and previous withdrawal experiences. A person who has had seizures, severe panic, hallucinations, or repeated relapse during withdrawal needs a different level of caution than someone with mild symptoms and strong supports.

Ohio's required continuum of care includes ambulatory and sub-acute detoxification. The distinction is important because detox is not one uniform service. Some people can be supported in a less intensive setting if their symptoms and risks allow it. Others need closer monitoring. The right setting should be based on clinical assessment, not convenience or guesswork.

One common misconception is that detox "fixes" addiction because the drugs leave the body. Families sometimes feel enormous relief when their loved one completes detox, and that relief is understandable. But the brain, body, habits, relationships, and stress responses do not reset in a few days. Cravings can return. Sleep can remain poor. Shame often surfaces once the immediate fog lifts. Without a plan for continuing care, detox can become a revolving door. Its value is strongest when it leads directly into the next appropriate level of treatment.

## **Residential treatment and the value of structure**

Recreate Ohio says it offers residential or inpatient rehab. Residential treatment creates distance from the immediate environment where drug use has been occurring. That distance can be practical, emotional, and therapeutic. It gives a person time away from dealers, using peers, household conflict, and the exhausting routine

of obtaining, using, hiding, recovering, and repeating. In a structured setting, the day can be built around recovery rather than survival.

The phrase “residential treatment” can sound simple from the outside, but its value often comes from repetition. A person wakes up without negotiating whether to attend therapy. Meals, groups, individual sessions, medication routines, and wellness activities happen within a predictable frame. Over time, that frame helps expose patterns. The client who avoids vulnerability may notice they always joke during group. The client who says they are “fine” may begin connecting cravings to anger or fear. The client who has relapsed after every family argument may finally slow down enough to examine the family system rather than only the substance use.

Recreate says treatment at the Ohio facility may include cognitive behavioral therapy, dialectical behavior therapy, EMDR, medication-assisted treatment, and individual, group, family, and couples therapy. That range suggests an approach that can address drug addiction from more than one angle. Cognitive behavioral therapy can help people identify thoughts and behaviors that keep the addiction cycle moving. Dialectical behavior therapy can support emotional regulation and distress tolerance. EMDR is commonly associated with trauma-focused work. Individual therapy gives privacy and depth. Group therapy brings peer feedback and accountability. Family and couples therapy can help address the relational damage and communication patterns that often surround addiction.

The word “may” matters. Not every service is necessarily appropriate for every person at every stage. EMDR, for example, requires clinical judgment around stability and readiness. Family therapy can be powerful, but timing matters when trust is raw or safety concerns exist. Medication-assisted treatment can be an important part of care for some substance use disorders, particularly opioid use disorder, but it should be considered through individualized medical and clinical assessment. A continuum gives the team space to decide what fits, rather than forcing every client through the same menu.

## **Treating mental health alongside drug addiction**

Recreate Ohio says its facility offers primary mental health services in a residential treatment setting. This is significant because drug addiction and mental health symptoms often reinforce each other. A person may use stimulants to push through depression, alcohol to quiet anxiety, opioids to numb grief, or sedatives to sleep after trauma. Over time, the substance use creates new problems, and the original pain remains untreated or worsens.

Co-occurring conditions can complicate treatment. If depression is severe, motivation may look like defiance when it is actually hopelessness. If anxiety is untreated, a person may leave groups early or avoid phone calls that are important for discharge planning. If trauma symptoms are active, a routine conflict with a peer may trigger a disproportionate response. If mood instability is present, early recovery can feel chaotic. Treating drug addiction without attending to mental health can leave the person vulnerable, because the emotional drivers of use remain active.

Ohio’s continuum requirement specifically references opioid and co-occurring drug addiction. That language reflects the real complexity of addiction care. “Co-occurring” is not a niche issue. It is common enough that treatment providers need to plan for it from the beginning. Residential mental health support can be especially useful when someone needs time, observation, and repeated clinical contact to understand what is happening beneath the substance use.

Families often ask which came first, the drug addiction or the mental health problem. Sometimes the answer is clear. Often it is not. A teenager with anxiety may begin using cannabis daily and later develop heavier substance use. An adult may have no major psychiatric history until years of opioid addiction leave them depressed, isolated, and ashamed. A person with trauma may use alcohol for decades before the connection becomes

obvious. Clinically, the more useful question is not always “Which came first?” but “What needs treatment now so recovery has a fair chance?”

## **Medication-assisted treatment and the role of medical judgment**

Recreate says medication-assisted treatment may be part of care at the Ohio facility. Medication-assisted treatment, often shortened to MAT, is an important component in the larger addiction treatment field, particularly for opioid use disorder. It can reduce cravings, support stabilization, and lower the risk associated with return to use when properly prescribed and monitored. It is not a shortcut and it is not a lack of recovery. It is one evidence-informed tool among several.

The decision to use medication should be individualized. Some clients arrive strongly opposed because they believe recovery must be medication-free. Others arrive expecting medication to solve problems that still require therapy, behavioral change, and support. A sound treatment team takes both concerns seriously. Medication can help create enough stability for therapy to work, but it does not automatically rebuild a damaged marriage, teach coping skills, or change the social network that made drug use easy.

Ohio also operates OARRS, the statewide electronic database for controlled-substance dispensing information. The system supports safer prescribing and helps connect people at risk of substance use disorder to resources. In addiction treatment, prescription monitoring is part of a broader safety culture. It helps clinicians make more informed decisions, especially when controlled substances, overlapping prescriptions, or undisclosed medication histories may affect care.

Medication decisions can be emotionally loaded for families. A parent may fear that MAT is “replacing one drug with another.” A spouse may worry about diversion or secrecy. A client may feel judged no matter what they choose. These conversations require education and patience. The practical question is whether the full treatment plan reduces harm, supports stability, and improves the person’s ability to participate in recovery. Medication can be one part of that plan when clinically appropriate.

## **Therapy that reaches beyond the individual**

Drug addiction is deeply personal, but it rarely affects only one person. Families reorganize around it. Partners become investigators. Parents become crisis managers. Children learn to read the room. Friends pull away or become rescuers. Employers lose trust. Even when the person stops using, those patterns do not automatically disappear.

Recreate says its Ohio facility may include individual, group, family, and couples therapy. That range matters because each format does something different. Individual therapy gives the client space to speak honestly without performing for others. Group therapy reduces isolation and lets clients hear their own excuses in someone else’s voice. Family therapy can identify enabling, cutoff, resentment, fear, and miscommunication. Couples therapy can address betrayal, boundaries, intimacy, and the slow work of rebuilding reliability.

A person in early recovery may say, “My family just needs to trust me.” The family may answer, “We trusted you before, and we were lied to.” Both statements may contain truth. Therapy can help translate that standoff into workable agreements. Trust usually returns through consistent behavior over time, not promises. Families also need support in setting boundaries that protect them without turning every interaction into punishment.

There are edge cases. Family involvement is not always safe or useful. If there is violence, coercion, active abuse, or severe instability in the relationship, therapy must be handled carefully. Sometimes the healthiest treatment

plan includes distance from certain relationships, at least temporarily. A continuum of care should leave room for those judgments rather than assuming family participation is always beneficial.

## **Holistic supports as complements, not substitutes**

Recreate says its Ohio facility may provide holistic supports such as yoga and mindfulness, art therapy, adventure therapy, equine therapy, Reiki, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education. These services can be valuable when they are positioned appropriately. They should complement clinical treatment, not replace medical care, therapy, medication support, or structured addiction counseling.

In early recovery, the body often feels unfamiliar. Sleep may be irregular. Appetite may swing. Stress can feel physical before it becomes verbal. Movement, mindfulness, nutrition education, and creative therapies can help people begin noticing their bodies without immediately trying to escape them. For some clients, a yoga session is the first time they realize how tense they have been for years. For others, art therapy makes it easier to express grief or shame before they can say it directly in a group.

Holistic services also have limits. A person in acute withdrawal does not need a motivational lecture about wellness. A person with severe cravings may need medication assessment, clinical support, and a safety plan before they can benefit from mindfulness. Someone with trauma may find certain body-based practices uncomfortable or triggering unless facilitated with care. Good treatment uses these supports thoughtfully. It does not treat them as decorative extras or universal fixes.

The strongest use of holistic care is often practical. Nutrition education can help a client understand why energy crashes affect mood. Fitness activities can give structure to evenings that used to revolve around use. Mindfulness can create a few seconds of pause between craving and action. Art or adventure-based work can help a person experience competence again. These are not small things. Recovery is built partly through repeated experiences of doing something different and surviving the discomfort.

## **Outpatient treatment and the return to daily life**

Recreate Ohio says outpatient treatment is part of its services. Outpatient care is where many people test recovery in real conditions. They may be living at home, returning to work, attending school, caring for children, managing transportation, responding to legal or financial stress, and dealing with the ordinary frustrations that residential treatment temporarily held at a distance.

This stage can be humbling. A client may leave residential care with a strong relapse prevention plan, then discover that the hardest trigger is not a dramatic crisis but boredom at 9:30 p.m. Another may handle cravings well but become overwhelmed by family suspicion. Someone else may feel confident until payday, when old routines return with surprising force. Outpatient treatment gives these moments a place to be examined quickly, before they become a full relapse.

Ohio's required continuum includes non-intensive and intensive outpatient services. That distinction is useful because outpatient care exists at different levels of structure. Some people need frequent sessions and close accountability after residential treatment. Others may step down to a less intensive schedule as stability improves. The right level depends on risk, support, progress, and the consequences of relapse.

Outpatient care also protects against the false idea that treatment ends when someone leaves a facility. Recovery skills need practice in the settings where they will actually be used. Saying no to a dealer's text, telling a spouse the truth, sitting through anxiety without using, attending work after poor sleep, and calling for help before a

craving peaks are all outpatient recovery tasks. They may sound ordinary, but they are often the difference between sustained recovery and another cycle of crisis.

## **Peer support, recovery housing, and multiple pathways**

Ohio's continuum of care includes peer support, recovery housing, and multiple pathways to recovery. These elements recognize that clinical treatment is essential for many people, but recovery also needs community, identity, and a livable daily structure. A person can understand addiction intellectually and still struggle if they are lonely, unemployed, ashamed, or surrounded by people who use.

Peer support can carry a kind of credibility that professional care alone may not. Someone who has lived through addiction and recovery can often say, "I know that feeling," in a way that lowers defensiveness. That does not replace clinical training, but it can enhance engagement. Recovery housing can provide substance-free structure for people who are not ready to return to their previous environment or who do not have a stable home. Multiple pathways to recovery allow for differences in belief, culture, support preferences, and clinical needs.

The phrase "multiple pathways" is more than polite language. Some people connect with 12-step recovery. Others prefer different peer communities, faith-based support, medication-supported recovery, therapy-centered recovery, family-focused recovery, or a combination of approaches. A rigid model can alienate people who might otherwise engage. A flexible model still needs standards, accountability, and clinical judgment, but it recognizes that recovery is not identical for every person.

For a treatment provider, the challenge is to help clients choose supports that are realistic rather than merely appealing. A person may say they plan to rely on willpower and the gym, but if every relapse has followed isolation, that plan is thin. Another may agree to peer meetings to satisfy family but never participate honestly. The treatment team's role is to help the person build a support system that can hold weight when motivation drops.

## **How Ohio's regulatory environment shapes treatment expectations**

Ohio treatment providers that deliver substance use disorder treatment must be certified by the Ohio Department of Mental Health and Addiction Services under state law. Certification does not guarantee that every client will have the same experience or outcome, but it establishes a regulatory expectation for providers operating in this space. For families comparing programs, state certification is one of the baseline questions worth asking.

The regulatory environment also reinforces the idea that addiction treatment is healthcare, not moral correction. Detoxification, residential services, outpatient care, medication-assisted treatment, peer support, and recovery housing each serve different clinical or recovery-support functions. When they are treated as parts of a continuum, people are less likely to fall through gaps between services.

Ohio's use of OARRS adds another layer to responsible care involving controlled substances. Prescription monitoring is not about shaming people with addiction. Used properly, it helps prescribers see patterns that may affect safety and treatment planning. It can also help identify people who may need support before a situation worsens.

Families sometimes focus only on amenities when evaluating treatment. Comfort matters, especially when someone is frightened or physically unwell, but the more important questions are clinical. What levels of care are available? How are co-occurring mental health symptoms assessed? Is medication-assisted treatment considered when appropriate? How does the program approach family work? What happens after residential treatment?

How are transitions managed? These questions reveal more about the treatment experience than surface impressions.

## Questions families can ask before starting care

Families often make treatment decisions under pressure. A crisis has happened, a loved one has agreed to help, or a hospital discharge is approaching. In that moment, it is easy to either overanalyze every option or rush into the first available bed. A short set of practical questions can bring some order to the conversation.

1. What level of care is being recommended right now, and what clinical factors support that recommendation?
2. If detox is needed, how does the program determine whether the setting is appropriate for the person's withdrawal risk?
3. How are mental health symptoms assessed and treated alongside drug addiction?
4. When medication-assisted treatment is appropriate, how is it discussed, prescribed, and monitored?
5. What does the step-down plan look like after residential or inpatient treatment?

These questions are not adversarial. A strong provider should welcome them. Clear answers help families understand whether a program is thinking beyond the immediate admission. They also help the client hear that treatment is not a punishment, but a structured plan based on need.

## The human side of moving through care

### *Addiction Treatment in Ohio*

The clinical terms can make treatment sound orderly: detox, residential, outpatient, recovery support. Real recovery is usually messier. A person may resist detox and then become more open once they sleep. Someone may do well in residential treatment and panic before discharge. A family may feel hopeful one day and furious the next. A client may tell the truth in group but minimize symptoms during an individual session. These contradictions are normal enough that experienced clinicians plan for them.

A continuum of care is useful because motivation changes. Early on, a person may accept treatment mainly to stop consequences: a spouse threatening to leave, a job on the line, a court issue, a parent exhausted by fear. Over time, the motivation can deepen. The person may begin wanting health, dignity, repaired relationships, or freedom from the daily pressure of drug use. Treatment should be structured enough to protect the person while that motivation develops.

There is also a grief process in recovery that outsiders sometimes miss. Giving up substances can mean giving up a coping strategy, a social circle, an identity, or the one reliable way a person knew to shut off pain. Even when drug use has caused serious harm, the loss can feel real. Therapy, peer support, family work, wellness practices, and medication support can each help address different parts of that loss.

Relapse risk also changes over time. The first days may be dominated by withdrawal and physical cravings. Later, the risk may come from confidence, resentment, loneliness, untreated mental health symptoms, or returning to an unchanged environment. Outpatient care and recovery supports are especially important because they address the long middle stretch after the immediate crisis has passed.

## Why Recreate Ohio's stated range of services matters

Based on Recreate Behavioral Health Network's description, Recreate Ohio in Gahanna offers several key components people commonly look for in drug addiction treatment: detox, residential or inpatient rehab, outpatient treatment, therapy options, medication-assisted treatment, mental health services in a residential setting, and holistic supports. Within Ohio's broader expectation for a continuum of care, that stated range aligns with the reality that addiction treatment often needs to move across levels of intensity.

The significance is not that every person will use every service. The significance is that care can be organized around changing needs. A client may begin with detox, continue into residential treatment, address trauma and coping skills through therapy, involve family when appropriate, consider medication-assisted treatment when clinically indicated, and step down into outpatient care. Another client may not require detox but may need residential mental health and addiction support. Another may be best served through outpatient services with strong recovery supports.

Good treatment planning is rarely about finding the most intensive option and staying there. It is about finding the right intensity at the right time, then adjusting as the person stabilizes. That requires assessment, communication, and humility. Addiction is complex enough that no single service, therapy, medication, or wellness practice should be presented as the whole answer.

For people in central Ohio and families looking near Columbus, Recreate Ohio's location in Gahanna may also be relevant from a practical standpoint. Proximity can affect family involvement, outpatient follow-through, and continuity after a higher level of care. A program's location is not the only factor, but treatment that can connect to a person's real life often has advantages during the step-down process.

## **A grounded way to think about recovery**

Drug addiction can narrow a person's life until everything revolves around the next use, the next withdrawal, the next apology, or the next crisis. A continuum of care is designed to widen that life again, carefully and in stages. Detox can help stabilize the body. Residential care can provide structure and therapeutic depth. Mental health treatment can address symptoms that fuel substance use. Medication-assisted treatment can support recovery when appropriate. Family and couples therapy can begin repairing relational damage. Outpatient care can help recovery survive contact with ordinary stress. Peer support, recovery housing, and multiple pathways can extend support beyond the treatment setting.

Recreate Ohio's described model sits within that broader understanding of addiction care in Ohio. The facility's stated services reflect a layered approach rather than a single intervention. For clients and families, the practical task is to ask informed questions, understand the recommended level of care, and remain focused on continuity. The goal is not simply to get through treatment. The goal is to build enough stability, support, insight, and daily structure for recovery to continue after the most intensive phase ends.