

Drug addiction treatment works best when it is not treated as a single service, a single appointment, or a single conversation. Substance use disorders rarely develop in isolation, and they rarely improve through one narrow intervention. People often arrive in treatment carrying more than withdrawal symptoms or cravings. They may bring trauma, depression, anxiety, family strain, legal pressure, medical concerns, grief, shame, or years of disrupted routines. Effective care has to make room for that complexity.

Recreate Behavioral Health of Ohio, also referred to as Recreate Ohio, is located in Gahanna, just outside Columbus. The facility describes its programming as a full continuum of care that may include detox, residential or inpatient rehab, and outpatient treatment. That matters because recovery often unfolds in stages. A person may need medical and emotional support during early stabilization, a structured residential setting while they begin deeper therapeutic work, and continued outpatient care as they practice recovery in daily life.

Ohio also places substance use disorder treatment within a broader community-based continuum of care. State expectations recognize that opioid and co-occurring drug addiction may require 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 framework reflects what clinicians and families often see firsthand: recovery is not one-size-fits-all, and the right level of care may change as a person's needs change.

Therapy sits at the center of that process. Medication can reduce withdrawal symptoms and cravings. Detox can help a person move through the acute physical effects of stopping drugs or alcohol. Residential structure can remove immediate access to substances and provide safety. But therapy is where people begin to understand patterns, build coping skills, repair relationships, process pain, and learn what recovery will require once the most urgent crisis has passed.

Why therapy is more than “talking about the problem”

A common misunderstanding about drug addiction treatment is that therapy simply means talking through why someone used substances. That can be part of the work, but real clinical therapy is more disciplined than that. It identifies the links between thoughts, emotions, body responses, relationships, environments, and behavior. It helps people recognize the sequence that leads from discomfort to craving to use. It gives them language for what once felt automatic.

For example, a person may describe relapse as something that “just happened.” In therapy, that event can be slowed down. Maybe the relapse began three days earlier with poor sleep, followed by an argument with a partner, followed by skipping a support meeting, followed by driving past a neighborhood associated with drug use. Therapy helps turn a blur into a map. Once the map is visible, the person and clinical team can identify where to interrupt the pattern next time.

This is particularly important for people with co-occurring mental health symptoms. Recreate Ohio states that its facility offers primary mental health services in a residential treatment setting. That is significant because depression, anxiety, trauma symptoms, and emotional dysregulation can intensify cravings or make early recovery feel unbearable. When mental health needs are treated alongside substance use concerns, the care plan can become more realistic. A person is not asked to “just stop using” while the emotional pain that drove or sustained the use goes unaddressed.

Therapy also provides accountability without humiliation. Many people entering treatment already feel defeated. They may have lost trust with family members, missed work, damaged finances, or experienced legal

consequences. A good therapeutic environment does not excuse harmful behavior, but it does separate accountability from shame. Shame tends to isolate people. Accountability, when handled well, keeps them connected to change.

Matching the level of care to the moment

The phrase “continuum of care” can sound administrative, but in practice it describes one of the most important decisions in treatment: what level of support does this person need right now?

Recreate Ohio identifies detox, residential or inpatient rehab, and outpatient treatment among its services. Each level has a different purpose. Detox focuses on stabilization during withdrawal and early abstinence. Residential treatment provides a structured environment where therapy, support, and daily routines can take priority. Outpatient treatment allows people to continue receiving care while living outside the facility, often as they return to work, school, family responsibilities, or other parts of regular life.

The right setting depends on clinical need, safety, substance use history, medical risk, mental health symptoms, and available support. Someone using substances heavily every day, with severe withdrawal risk or an unstable home environment, may need more structure at the start. Someone further along in recovery may benefit from outpatient therapy that helps them strengthen coping skills while facing real-world triggers. These decisions should be made through clinical assessment rather than preference alone.

Ohio’s broader care model supports this kind of staged thinking. The state’s continuum includes detoxification, outpatient services of varying intensity, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery. That structure acknowledges a reality families sometimes find frustrating but necessary: treatment may involve movement. A person may step up to a more intensive setting if symptoms worsen, or step down as stability improves.

A strong treatment experience does not treat transitions as afterthoughts. The move from residential care to outpatient treatment, for instance, can be emotionally risky. In residential treatment, meals, schedules, therapy, and peer contact may be built into the day. Outside that setting, the person has to make more choices independently. Therapy helps prepare for that shift by addressing high-risk times, social pressure, stress, loneliness, medication adherence when applicable, and the practical routines that support sobriety.

Cognitive behavioral therapy and the work of changing patterns

Recreate says treatment at its Ohio facility may include cognitive behavioral therapy, often called CBT. CBT is widely used in addiction treatment because it focuses on the relationship between thoughts, feelings, and behaviors. In drug addiction, this connection is not abstract. A thought such as “I already ruined everything” can fuel despair. Despair can fuel cravings. Cravings can lead to contact with old using friends or environments. CBT helps patients challenge the thought before it drives the next action.

In practice, CBT can be direct and practical. A therapist may help a patient identify common cognitive distortions, such as all-or-nothing thinking, catastrophizing, or minimizing risk. The patient learns to test those thoughts against evidence. “I had a craving, so I’m failing” becomes “I had a craving, and I used a coping skill instead of using drugs.” That distinction matters. Early recovery is full of uncomfortable internal experiences. If every craving is interpreted as failure, the person may give up. If cravings are interpreted as signals that require a plan, recovery becomes more workable.

CBT can also help with refusal skills, planning for triggers, and managing the small decisions that precede relapse. Many relapses are not caused by one dramatic event. They build through a series of permissions. I can skip

therapy this week. I can stop answering my sponsor or peer support contact. I can keep this one number in my phone. I can go to this gathering even though I know drugs may be there. CBT teaches people to notice these permissions early.

One useful feature of CBT is that it tends to produce skills people can practice outside the therapy room. A patient can write down a trigger, the thought connected to it, the emotion it produced, the urge that followed, and the alternative action they chose. Over time, that practice builds self-awareness. It also gives the clinical team specific material to work with, rather than relying only on general statements like “I had a bad week.”

CBT is not the only therapy a person may need, and it is not a cure by itself. Some patients understand their thoughts clearly but still struggle with overwhelming emotional states, trauma responses, or relationship conflict. That is where a broader therapy menu becomes important.

DBT skills for emotional intensity and relapse risk

Recreate Ohio also says treatment may include dialectical behavior therapy, or DBT. DBT is often associated with emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness. Those skills can be highly relevant in drug addiction treatment, especially for people who use substances to manage unbearable emotion.

Many patients can stay committed to recovery when life is calm. The challenge arrives when the nervous system is flooded. A panic surge, a memory of trauma, a breakup, a custody dispute, or a sudden wave of shame can make drug use feel like the fastest available escape. DBT does not pretend those moments are easy. It teaches skills for surviving them without making the situation worse.

Distress tolerance is one of the most practical areas. The goal is not to make pain disappear instantly. The goal is to get through the next ten minutes, the next hour, the next night, without returning to substance use. For someone in early recovery, that can be the difference between staying engaged in treatment and losing momentum.

DBT also helps with the interpersonal side of recovery. Addiction often damages trust, and early recovery can bring difficult conversations. A patient may need to set boundaries with someone who still uses drugs. They may need to ask a family member for support without becoming defensive. They may need to tolerate hearing disappointment without collapsing into shame or anger. Interpersonal effectiveness skills can make those conversations less explosive.

The word “dialectical” points to a central balance in DBT: acceptance and change. In addiction treatment, both are necessary. A person may need to accept that cravings are part of early recovery, that some relationships are unsafe, or that trust will take time to rebuild. At the same time, they must change behaviors that keep the addiction active. Therapy helps hold those truths together.

EMDR and the role of trauma-informed care

Recreate states that its Ohio facility may include EMDR, which stands for eye movement desensitization and reprocessing. EMDR is commonly used as a trauma-focused therapy. In the context of drug addiction treatment, trauma work requires careful timing and clinical judgment. Not everyone is ready to process traumatic memories in early stabilization. Some people first need sleep, nutrition, withdrawal management, emotional grounding, and basic coping skills.

When trauma and substance use are connected, however, ignoring trauma can leave a major relapse driver untouched. Some people use drugs to numb intrusive memories, body sensations, nightmares, or chronic hypervigilance. Others use substances because trauma disrupted their ability to feel safe in relationships or in

their own bodies. If treatment focuses only on stopping the substance without addressing the traumatic stress beneath it, the person may feel exposed and overwhelmed.

EMDR is not simply retelling painful stories. It is a structured therapy that should be delivered by trained clinicians who understand stabilization, pacing, and patient readiness. In a residential setting that also provides mental health services, trauma-informed care may involve preparing the patient with grounding strategies before deeper processing begins. That can include learning how to return attention to the present moment, identify signs of overwhelm, and communicate when a session feels too intense.

The trade-off is important. Trauma therapy can be powerful, but moving too quickly can destabilize someone. Moving too slowly, or avoiding trauma entirely, can also limit progress. Good clinical care lives in that middle ground. It respects the patient's nervous system while still recognizing that unresolved trauma may be part of the addiction cycle.

Medication-assisted treatment as part of therapy-centered care

Recreate says its Ohio treatment may include medication-assisted treatment, often shortened to MAT. In drug addiction treatment, especially opioid use disorder treatment, MAT can be an important component of care. It is not a substitute for therapy, and therapy is not a substitute for medication when medication is clinically indicated. The two often serve different but complementary purposes.

Medication can help reduce cravings, support stabilization, and lower the physical intensity that makes early recovery difficult. Therapy helps address behavior, thinking patterns, emotional regulation, relationships, trauma, and long-term relapse prevention. When combined appropriately, patients may have a better chance of staying engaged long enough to do meaningful therapeutic work.

There can still be stigma around MAT. Some people mistakenly view it as "not real recovery." That view can be harmful. Recovery should be measured by improved health, safety, functioning, stability, and reduced harm, not by whether a person fits a narrow idea of what treatment should look like. Ohio's continuum of care explicitly includes medication-assisted treatment as part of the response to opioid and co-occurring drug addiction. That inclusion reflects the seriousness of the condition and the need for multiple evidence-informed pathways.

Safe prescribing also matters. Ohio's OARRS system is the statewide electronic database for controlled-substance dispensing information. It supports safer prescribing practices and can help connect people at risk of substance use disorder to resources. In treatment settings, attention to medication history and controlled substances is part of responsible care. Patients deserve treatment that addresses symptoms while also protecting recovery.

Individual therapy: where the personal work gets specific

Group therapy often receives attention in treatment because it is visible and communal, but individual therapy remains one of the most important places for precise work. Recreate says its Ohio facility may include individual therapy. In one-on-one sessions, patients can speak openly about issues they may not be ready to discuss in a group, such as trauma, sexual history, family violence, grief, shame, or relapse details.

Individual therapy also allows the clinician to tailor interventions. Two people may both have drug addiction, but their clinical needs may differ sharply. One may need trauma stabilization. Another may need help with impulsivity and anger. Another may struggle with depression after stopping stimulant use. Another may minimize the severity of opioid use because they have not yet experienced certain consequences. A therapist can adjust the pace, focus, and methods based on the patient's presentation.

This is where treatment planning becomes more than paperwork. A useful plan translates a broad goal such as “stay sober” into concrete therapeutic targets. The patient may need to identify triggers, develop a crisis plan, attend scheduled groups, explore family boundaries, consider MAT if appropriate, practice DBT skills, or prepare for outpatient care. The plan should evolve as the patient stabilizes.

There is also value in the therapeutic relationship [treating addiction counseling](#) itself. Many people with addiction histories have experienced judgment, rejection, or transactional relationships. A steady clinical relationship can model honesty without punishment. When a patient admits a craving, a slip, or a frightening thought, the therapist’s response matters. Panic or shaming can teach the patient to hide. Calm accountability can teach the patient to stay connected.

Group therapy and the corrective power of peers

Recreate says treatment may include group therapy. In addiction care, group therapy can be uncomfortable at first, especially for people who are private, guarded, or ashamed. Yet groups often become one of the most meaningful parts of treatment. Addiction thrives in secrecy. Group work reduces secrecy by showing patients that their thoughts and behaviors, while serious, are not unique beyond understanding.

A patient who believes “no one else has done what I’ve done” may hear a peer describe a similar experience. That recognition can reduce shame enough for honest work to begin. Another patient who tends to intellectualize may be challenged by peers in a way that feels different from therapist feedback. Group members often notice rationalizations quickly because they have used the same ones themselves.

Group therapy also offers practice. Patients learn to listen, speak honestly, tolerate feedback, apologize, set boundaries, and support others without trying to rescue them. These are recovery skills. Many relapse risks are relational. If a person cannot say no, cannot ask for help, cannot handle conflict, or cannot tolerate feeling misunderstood, they may return to old coping patterns. Group therapy gives those skills a place to develop.

The quality of group work depends on structure and facilitation. A useful group is not just a conversation circle. It has clinical purpose. The topic may involve relapse prevention, emotional regulation, trauma education, family dynamics, grief, or life skills. The facilitator keeps the group safe enough for honesty and focused enough to be therapeutic.

Family and couples therapy when addiction affects the whole system

Recreate says its Ohio facility may include family and couples therapy. This is important because drug addiction rarely affects only the person using substances. Partners, parents, siblings, children, and close friends often carry fear, resentment, confusion, and exhaustion. They may have spent years trying to help, monitor, rescue, confront, or detach. By the time treatment begins, everyone may be hurt.

Family therapy does not mean blaming relatives for addiction. It means examining the relationship system around the person in recovery. Some families need education about substance use disorders. Some need help setting boundaries. Some need to stop patterns of enabling while still offering appropriate support. Others need help responding to relapse risk without escalating into chaos.



Couples therapy can be especially delicate. Addiction may leave behind broken promises, financial harm, emotional distance, or betrayal. The partner in recovery may want immediate trust. The other partner may need time and consistent behavior. Therapy can slow down these conversations and make them more productive. It can help couples distinguish between support and control, privacy and secrecy, accountability and punishment.

Family involvement also has limits. Not every relationship is safe or clinically appropriate to include. If there is abuse, coercion, ongoing substance use in the household, or severe instability, the treatment team must use judgment. Sometimes the healthiest family work begins with boundaries rather than reconciliation. Recovery does not require returning to every relationship exactly as it was.

Holistic supports and why they should complement, not replace, clinical therapy

Recreate Ohio says its 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 play a helpful role when integrated thoughtfully into a broader treatment plan.

The body often carries the consequences of addiction. Sleep may be disrupted. Appetite may be irregular. Muscles may stay tense from months or years of stress. Some people have not exercised, stretched, eaten consistently, or sat quietly with their own thoughts in a long time. Holistic supports can help patients reconnect with their bodies in healthier ways.

Mindfulness, for example, can teach patients to observe cravings without immediately acting on them. Yoga may help with breathing, body awareness, and tolerating discomfort. Art therapy can give expression to experiences that are hard to verbalize. Fitness and nutrition education can support routine, energy, and mood. Equine or adventure-based therapies may help some patients practice trust, presence, frustration tolerance, or confidence in a setting that feels less formal than a therapy office.

At the same time, holistic care should not be oversold. A yoga class does not replace trauma therapy. Nutrition education does not replace medication-assisted treatment when medication is clinically appropriate. Acupuncture or Reiki should not be framed as cures for drug addiction. Their value is best understood as supportive. They can reduce stress, increase engagement, provide healthy routines, and help patients experience recovery as more than symptom management.

Patients often benefit when treatment offers more than one doorway into healing. Some people open up in individual therapy. Others first feel relief in a group. Others begin to trust the process after a mindfulness session

or a physically active therapeutic experience. A full continuum of care can make room for these differences while still keeping clinical treatment at the core.

What “multiple pathways to recovery” looks like in real care

Ohio’s care framework recognizes multiple pathways to recovery. That phrase matters because people sometimes enter treatment with rigid assumptions. One person may believe recovery must follow a specific peer-support model. Another may want medication but fear judgment. Another may be open to therapy but skeptical of groups. Another may have tried outpatient treatment before and now needs residential care.

Multiple pathways does not mean “anything goes.” It means care should be individualized while remaining clinically responsible. A person with severe opioid use disorder may need medication-assisted treatment, therapy, and structured follow-up. Someone with co-occurring trauma symptoms may need stabilization before trauma processing. Someone with strong family support may benefit from family therapy early. Someone whose home environment is unsafe may need a different discharge plan than someone returning to a stable household.

The practical question is not which single option is best for everyone. The better question is which combination of services gives this person the best chance of stabilization and sustained recovery at this point in time.

A balanced drug addiction treatment plan may include these elements when clinically appropriate:

- Detox or medical stabilization to address withdrawal and immediate safety
- Residential or inpatient treatment for structure, therapy, and support
- Medication-assisted treatment for opioid or other substance use disorders when indicated
- Individual, group, family, or couples therapy to address behavioral and relational patterns
- Outpatient treatment and continuing support as the person returns to daily life

That is one list, but the real work is not as tidy as a list. Patients move through care with setbacks, insights, resistance, grief, relief, and periods of uncertainty. Good treatment anticipates that. It does not treat ambivalence as failure. It treats ambivalence as material for therapy.

The role of certification and standards in Ohio treatment

Substance use disorder treatment is not just a matter of good intentions. In Ohio, providers that deliver substance use disorder treatment must be certified by the Ohio Department of Mental Health and Addiction Services under state law. Certification requirements exist because addiction treatment involves vulnerable patients, controlled substances in some contexts, medical and psychiatric risk, and significant ethical responsibilities.

For patients and families, this matters in practical ways. Treatment should involve appropriate clinical oversight, defined services, documentation, safety practices, and staff accountability. The presence of therapy options is important, but so is the environment in which those therapies are delivered. A program should not simply advertise treatment language. It should operate within the standards required for substance use disorder care in the state.

Families seeking help are often under stress. They may be calling facilities after an overdose, after a hospital visit, after a relapse, or after months of fear. It can be tempting to choose the first available option without asking careful questions. Yet the quality, appropriateness, and level of care matter. A person’s needs during acute withdrawal are different from their needs during outpatient relapse prevention. A provider’s ability to support co-occurring mental health issues may also affect outcomes.

How patients can think about therapy options before starting care

People entering treatment do not need to understand every clinical model before they arrive. Still, it helps to know that therapy options serve different purposes. CBT may help identify and change thought-behavior patterns. DBT may help manage intense emotion and relational conflict. EMDR may support trauma processing when clinically appropriate. Individual therapy creates privacy and personalization. Group therapy builds connection and accountability. Family and couples therapy address the relationships affected by addiction. Holistic supports may strengthen engagement, stress management, and whole-person recovery.

A patient does not have to “pick” one therapy and reject the rest. In many treatment settings, the clinical team recommends a mix based on assessment. What matters is honesty. The team can only treat what they know. If cravings are severe, say so. If trauma symptoms are active, say so. If medication history is complicated, say so. If family involvement feels unsafe, say so. If a therapy approach is not helping, discuss it rather than silently disengaging.

Before or during admission, patients and families may want to ask a few focused questions:

- Which levels of care are available, and how is the appropriate level determined?
- How are co-occurring mental health symptoms assessed and treated?
- When might medication-assisted treatment be considered?
- What types of therapy are offered, and how are they matched to patient needs?
- How does the program support transition from residential care to outpatient treatment?

These questions are not about challenging clinicians. They are about understanding the plan. The best treatment conversations are collaborative. Patients bring lived experience of their symptoms, history, and fears. Clinicians bring training, structure, and perspective. Recovery is stronger when those forms of knowledge meet honestly.

The quieter work that often makes recovery durable

Some of the most important therapy work in drug addiction treatment looks ordinary from the outside. A patient learns to sleep at regular hours. They practice calling someone before a craving becomes a crisis. They sit through a family session without leaving. They admit they are angry. They identify the difference between guilt and shame. They delete a contact. They learn that a feeling can rise, peak, and pass.

These moments are not dramatic, but they are the foundation of recovery. Drug addiction often narrows life until everything revolves around obtaining, using, hiding, recovering from, or regretting substances. Therapy helps widen life again. It gives patients ways to handle pain, boredom, joy, conflict, intimacy, and responsibility without returning to drugs.

At Recreate Ohio in Gahanna, the therapy options the organization describes sit within a broader range of care that may include detox, residential or inpatient rehab, outpatient treatment, medication-assisted treatment, mental health services, family involvement, and holistic supports. The value of that range is flexibility. A person in treatment may need stabilization first, then skills, then trauma work, then family repair, then outpatient support. Another may follow a different sequence.

Drug addiction treatment is strongest when it respects both urgency and patience. The urgency is real because addiction can be dangerous and destabilizing. The patience is equally real because recovery requires learning, repetition, support, and time. Therapy is where much of that learning happens. It is where people begin to understand not only how to stop using, but how to live differently enough that stopping can last.