

Retreat
Behavioral Health™



SERVICES OFFERED:

Detoxification
Residential Services
PHP | IOP | GOP
Family Support Groups
Community Education
Trainings
Assessments
Individual Counseling
Psycho-Educational Groups

SERVICES OFFERED:

Residential Services
PHP | IOP | GOP
Psychiatry
Counseling Services
Medication Management
Individual Counseling
Community Support
Couples & Family Counseling
Anger Management

855.859.8810 | www.RetreatBehavioralHealth.com 

Why Is Medication Assisted Treatment Effective?



RETREAT PREMIER ADDICTION TREATMENT CENTERS, in both Florida and Pennsylvania, are dedicated to evidence-based, empathetic care for those with substance abuse and co-occurring mental health disorders. Addiction care requires up-to-date medical knowledge and highly trained professionals; Retreat's staff has worked tirelessly since 2011 to help put every patient on the path to sobriety. Retreat aims to provide compassionate care in a holistic setting and tailors a treatment plan to each individual's unique needs, particularly those struggling with anxiety, depression, or trauma—the effective Medication Assisted Treatment is just one approach. Our admissions team is available around the clock to guide patients and their families.

What are some of the benefits and concerns for Medication Assisted Treatment?

Medication Assisted Treatment (MAT) has been shown to ease opioid withdrawal and reduce opioid use. It lessens the risk of infectious diseases, such as HIV and Hepatitis C, and reduces criminal behavior associated with drug use. It increases retention in treatment, which is the single most valuable predictor of success. Retention in treatment, in turn, lowers the risk of overdose mortality, of HIV and Hep C transmission, and of involvement in the criminal justice system. It also leads to a greater likelihood of employment.

There are, however, downsides to MAT. For example, patients can time their buprenorphine in order to use opioids in between doses, thus rendering the treatment ineffective. In addition, buprenorphine doses that are too low will not quell cravings, while requests for high doses may signify a desire to "get high" or to divert the medication. Retreat's licensed professionals work closely with patients to see that they receive the proper dosage, ensuring the effectiveness of the medication.

What does MAT entail?

Medication Assisted Treatment usually refers to the treatment of Opioid Use Disorder. There are four FDA-approved drugs for this:

- (a) Methadone is available through federally licensed clinics.
- (b) Buprenorphine is available in different delivery mechanisms: sublingual, monthly injection, or surgical implant.
- (c) Naltrexone is available as a daily oral tablet or a monthly injection.
- (d) Lofexidine is a daily oral medication recently approved by the FDA; it is a two-week protocol that mitigates the withdrawal reaction after abrupt cessation of opioid use.

MAT can also be applied to the treatment of Alcohol Use Disorder, for which there are three FDA-approved agents:

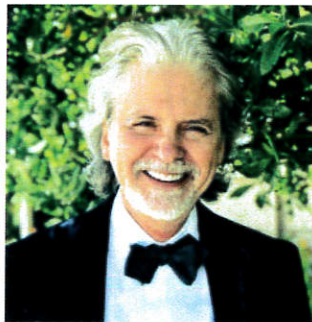
- (a) Disulfiram is a daily oral dose that, when combined with the use of alcohol, results in a severe reaction that requires emergency medical attention. It is a form of aversive conditioning. Fatalities

have occurred as the result of disulfiram-alcohol mixture.

(b) Acamprosate is an oral preparation that corrects the biochemical imbalance of GABA-ergic and glutamatergic transmission that results from chronic drinking.

(c) Naltrexone is a daily oral or monthly injectable agent that has been shown to reduce heavy drinking.

Note that *all* forms of MAT are intended to be employed as part of a comprehensive treatment plan that includes psychosocial support.



Aldo Morales, MD FASAM
Retreat at Palm Beach
Medical Director

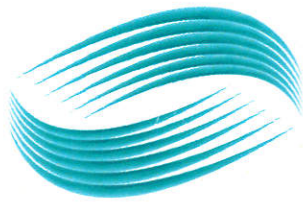
What are some of the obstacles patients face?

Patients present in all different levels of readiness to change. The clinician addresses each case as he or she arrives—there is no one-size-fits-all formula for treatment. Chronic opioid use results in a major alteration to the brain's opioid receptors. These do not return to "normal" until six months to two years of abstinence. During this period we may use MAT to bolster patients' coping mechanisms, teach them new strategies, help them repair damaged relationships, and so on, before gradually tapering medication.

Recovery takes time. You don't break a leg and then carry on as if nothing happened: You take reparative measures and engage in rehab to gradually regain strength. The brain has the capacity to heal, but much more slowly than a broken leg.

Have you had much success utilizing MAT?

Patients are successfully maintained on medication and off illicit opioid use while they build up their coping skills, participate in support organizations, and make gains in either individual or group therapies. After such a buildup, methadone or buprenorphine can be gradually tapered off (or in some cases, maintained indefinitely), and naltrexone can simply be discontinued as it does not cause any withdrawal. Consideration can be given to converting over to naltrexone after a successful period of treatment with either methadone or buprenorphine.



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Treatments That Work



RETREAT BEHAVIORAL HEALTH is a respected provider of substance abuse and mental health treatment services. With a number of locations along the East Coast and many inpatient and outpatient services, Retreat's goal is to help people easily access the best of care in a holistic and peaceful environment. We are in-network with most major insurers, and our admissions department operates 24/7. Our on-site clinical and medical staff are leaders in their fields, committed to working tirelessly on behalf of our patients.

Retreat has recently rebranded to Retreat Behavioral Health. Tell us more.

I've spent 30 years in the substance abuse treatment industry and originally opened Retreat at Lancaster County eight years ago. We discovered early on that effectively treating an individual's substance abuse disorder also means treating a host of mental health disorders that may be driving the substance use. We've assembled a remarkable team of clinical therapists and psychiatrists who have a deep breadth of experience treating those disorders, alongside substance abuse, to give our patients the best shot at a second chance to change. That's why this organizational shift to Retreat Behavioral Health is a natural extension of the work we've excelled at for nearly a decade now.

What services will you offer going forward?

Our new services will affect both our inpatient and outpatient operations. We'll continue to operate our inpatient residential hospitals where our patients undergo medical detoxification and an extensive clinical therapy program, with the focus on the dual diagnosis of substance abuse and mental health disorders. Recently, Retreat received our mental health licenses for various levels of care ranging from residential to outpatient services. Our Outpatient Center, which currently offers an extended care program for patients who have graduated from inpatient treatment for substance abuse, will now offer mental health services to the community—whether or not our patients have a substance abuse history or active diagnosis.

Describe what those outpatient mental health services will look like.

In addition to treating patients with substance abuse and dual diagnoses, we also have a program specializing in treating patients struggling with mental health challenges. Our clinical therapists are

trained to help our patients address a number of these challenges, from mental health disorders to everyday problems. At the outpatient level, we actively accept a diverse patient population, including those looking for an extension of the treatments they previously experienced at the inpatient level as well as those looking to sit down with a psychologist to talk through the issues that they're coping with. That's what makes our outpatient program unique: It is a full continuum of care that's comprehensive, flexible, and designed to put our patients first.



Peter Schorr,
CEO & Founder

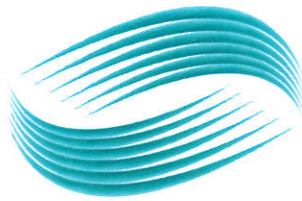
How are these new services going to benefit the community?

First of all, diversifying our offerings and making it easier for people to access mental health treatments and counseling are only going to be a net benefit for the communities we serve. On a macro level, as many as 8 million people in the U.S. are battling a co-occurring disorder (a mental health disorder coupled with active addiction), according to the National Survey on Drug Use and Health. Since that data was

recorded several years ago, it's likely that the numbers have only gone up. Our patients are battling life-altering disorders that affect them more profoundly than ever before, and it's up to us to begin the process of getting them well. We recognize the need for these services and would be remiss in not taking steps to meet that demand head-on.

Retreat Behavioral Health operates multiple facilities up and down the East Coast. Where are you now, and do you have any plans for growth?

At the moment, we operate an inpatient and outpatient center in Lancaster County, Pennsylvania, and another inpatient and outpatient facility in Palm Beach County, Florida. This year we'll open our newest site in southern Connecticut, and we also operate multiple assessment centers in metropolitan areas.



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Retreat at Palm Beach, Palm Springs, FL



Retreat at Lancaster County, Ephrata, PA



What Veterans Need

Caring for those who served

Psychology Today spoke with Joseph A. Troncale, M.D., corporate medical director at Retreat Premier Addiction Treatment Centers, and Chrissy Gariano, Retreat's Chief Clinical Officer. Together they have years of experience caring for veterans and know what this population needs. Troncale himself served in the U.S. Army Reserves. Here are some of their thoughts on PTSD, addiction treatment, co-occurring disorders, and more.

What services does Retreat offer veterans?

Retreat Premier Addiction Treatment Centers offer choices for veterans who, for one reason or another, do not access services through Veterans Affairs (VA). In Pennsylvania and Florida, the VA may pay for veterans to receive detoxification and residential treatment, as well as counseling and other services, depending on location. Veterans can also use private insurance to pay for services.

Are substance abuse problems especially common or stubborn among veterans?

Substance abuse is common among veterans. Many have suffered significant trauma, and we know that addiction is one consequence. Often veterans who experience addiction also suffer from post-traumatic stress disorder (PTSD), which can make treatment more difficult, as it may be hard for the veteran to fully engage.

What is unique about your services for veterans?

Retreat employs proven therapies to treat veterans. Acceptance and commitment therapy (ACT), exposure therapy, and dialectical behavioral therapy have all proven to be beneficial for veterans with PTSD. Our experienced staff is trained in these therapies and how best to use them to benefit veterans who suffer from both addiction and co-occurring disorders.

Do veterans have special needs that other populations do not?

Many veterans experience both physical and psychological injuries, which can complicate treatment. Veterans who have been injured can find themselves to be chronically in the medical system, while others require ongoing psychiatric treatment. While many people suffer injury, you must remember that the circumstances for veterans often are far more traumatic than they would be in a civilian situation. A leg injury caused by a roadside bomb involves a greater level of trauma than one caused by a game of football.

How is recovery different for this population?

Retreat views veterans as a special population and has tailored treatment just for them. Veterans often have a difficult time relating to those who have not experienced military service, and many have suffered from being separated from family and friends. We need to consider that there may be issues associated with isolation, which can challenge recovery. Recovery may take longer, as we often must consider co-occurring disorders in addition to addiction.

What are the consequences of not getting help?

The consequences can be devastating. We know that veterans have a higher rate of suicide than the general population. A *Washington Post*-Kaiser Health poll showed that one in two veterans of the Iraq and Afghanistan wars knows a fellow veteran who attempted or committed suicide. Substance abuse disorder also is higher than within the general population, and one out of every three veterans who seek help for addiction is diagnosed with PTSD. Veterans who don't get help for an addiction problem are more likely to become homeless and to exhibit other types of mental health issues, such as sex addiction, gambling, or an eating disorder.

Are there features of your program that especially resonate with veterans?

We don't just treat a veteran's addiction problem. We acknowledge their trauma and understand that trauma and addiction are linked. We've found that veterans do better when they work in groups, and we have tailored groups especially for veterans and first responders, who may also have PTSD. Members of these groups become comfortable and form strong relationships with one another, which enables them to more easily open up and acknowledge their feelings and concerns.

How does discharge for those in this group differ from that of others?

Retreat is adamant that veterans continue to seek treatment after leaving us. We can get veterans sober or off of drugs, but their issues with trauma do not magically go away. Ongoing therapy after treatment is necessary and, in many cases, may be a lifelong process. We give our veterans tools for dealing with trauma, but it's a very difficult and complicated condition. A person with PTSD can feel constantly on edge and stressed and may require medication for that. Ongoing treatment for veterans is a must.



Dr. Joseph A. Troncale,
Corporate Medical Director



Chrissy Gariano,
Chief Clinical Officer