

THE MINNESOTA MODEL

Imagine for a moment that it is 1949, and that someone you love is alcoholic. As you struggle with this fact, you quickly learn about three prospects for this person's future: One is commitment to a locked ward in a mental hospital, sharing facilities with people diagnosed as schizophrenic. Another is that alcoholism will lead to crime, which could mean years in prison. And third is a slow sinking into poverty and helplessness -- perhaps life on "skid row."

In all three cases, your loved one's condition will be denied, ignored, or denounced as evidence of moral weakness.

The year 1949 is significant because it marked Hazelden's beginning. What started then as a guest house for alcoholic men has flowered into the prevailing method of treating addiction: the Minnesota Model. More importantly, this historic innovation offered alcoholics a new alternative to jail, mental wards, or homelessness.

It's easy to forget that the Minnesota Model represents a social reform movement. The model played a major role in transforming treatment wards from snake pits into places where alcoholics and addicts could retain their dignity.

Hazelden began with the idea of creating a humane, therapeutic community for alcoholics and addicts. Once this idea was ridiculed; today it is seen as commonplace. The story of how this change has evolved is in large part the story of the Minnesota Model.

The model began humbly. During Hazelden's first year of operation in Center City, Minn., the average daily patient count was seven and the staff numbered three. The treatment program was equally bare-boned, resting on a few expectations of patients: Behave responsibly, attend lectures on the Twelve Steps of Alcoholics Anonymous, talk with the other patients, make your bed, and stay sober.

It would be easy to dismiss such a program. Yet behind these simple rules was a wealth of clinical wisdom. All five rules focused on overcoming a common trait of alcoholics--something the founders of AA described as "self-will run riot." People addicted to alcohol can be secretive, self-centered, and filled with resentment. In response, Hazelden's founders insisted that patients attend to the details of daily life, tell their stories, and listen to each other. The aim was to help alcoholics shift from a life of isolation to a life of dialogue.

This led to a heartening discovery, one that's become a cornerstone of the Minnesota Model: Alcoholics and addicts can help each other.

Throughout the 1950's, Hazelden built on this foundation by adopting some working principles developed at another Minnesota institution, Willmar State Hospital. Among them were these:

- **Alcoholism Exists:** This condition is not merely a symptom of some other underlying disorder. It deserves to be treated as a primary condition.
- **Alcoholism is a Disease:** Attempts to chide, shame, or scold an alcoholic into abstinence are essentially useless. Instead, we can view alcoholism as an involuntary disability--a disease--and treat it as such.
- **Alcoholism is a Multi-Phasic Illness:** This statement echoes an idea from AA--that alcoholics suffer from a disease affecting them physically, mentally, and spiritually. Therefore treatment for alcoholism will be more effective when it takes all three aspects into account.

These principles set the stage for a model that expanded greatly during the 1960s, one that has been emulated worldwide and has merged the talents of people in many disciplines: addiction counselors, physicians, psychologists, social workers, clergy, and other therapists. These people found themselves working on teams, often for the first time. And what united them was the notion of treating the whole person--body, mind and spirit.

Some people wonder about their use of alcohol or other drugs but are not convinced there is a problem. Others secretly worry but minimize the impact of their use by blaming other people or circumstances. Still others realize there is a problem, perhaps they've been told by family members or an employer that they may "need some help," but aren't sure how serious it might be or what help is available.

At Hazelden, we understand and do not assume a diagnosis of alcoholism or other addiction. Without expert assessment and diagnosis, the struggle for answers is often an exhausting search that offers no resolution.

Also known as screening or evaluation, the assessment process leads to an accurate diagnosis along with recommendations designed to help individuals make informed decisions about the next step. Recommendations may include substance abuse treatment, if warranted, or referrals to physical and mental health practitioners, family counselors, or other helping professionals. When appropriate and upon requests, efforts are made to identify service providers in the client's home community.

How is an assessment done?

Within the Hazelden system, an alcoholism or drug use assessment/evaluation may be a simple phone interview with a clinician or perhaps a face-to-face meeting with a counselor. The term "evaluation" is often used to describe a more comprehensive process where a patient may actually come and stay for a period of days and participate in a full battery of tests and assessments. Whatever the form, an assessment is the place to start, and Hazelden can help. All Hazelden locations offer some level of screening, assessment or evaluation.

To find out more about assessments, or to schedule an appointment, call the Hazelden Information Center at 1-800-257-7810.

Hazelden invented modern addiction treatment, and our success in alcoholism and drug rehab is based on years of research and studying what works in addiction recovery. We treat each person who comes to us with respect, while providing a safe place in which to heal. Our treatment philosophy is based on the recognition that addiction is a disease and that abstinence is the best way to manage the condition. We approach treatment in a holistic way, working with mind, body and spirit as components of a healthy life. Alcohol and drug addiction treatment is delivered by a team of professionals representing many disciplines including nurses, physicians, psychologists and psychiatrists, substance abuse/addiction counselors, fitness and recreation specialists and spiritual care professionals.