

Drug addiction treatment works best when it is not treated as a single appointment, a single level of care, or a single technique. People arrive with different histories, different substances involved, different withdrawal risks, different family pressures, and different mental health needs. A person who needs medical support during withdrawal is in a very different position from someone who has already stopped using but cannot yet manage cravings, depression, or daily structure. A good treatment setting recognizes those differences and builds care around them.

Recreate Ohio, also known as Recreate Behavioral Health of Ohio, is located in Gahanna, just outside Columbus. The facility is part of Recreate Behavioral Health Network and offers drug addiction treatment through several levels of care, including detox, residential or inpatient rehab, and outpatient treatment. Recreate describes its Ohio program as offering a full continuum of care, with services that may include evidence-based therapies, medication-assisted treatment, mental health treatment in a residential setting, family involvement, and holistic supports.

That range matters. In practical terms, a continuum of care allows treatment to meet a person where they are rather than forcing everyone into the same model. Someone entering treatment in active physical dependence may need detox first. Another person may be medically stable but unable to stay sober without the structure of residential care. Someone else may be ready for outpatient treatment but still need therapy, medication support, peer connection, and relapse-prevention planning. Recreate Ohio's stated offerings speak to that stepped approach.

A treatment setting near Columbus with multiple levels of care

Recreate Ohio's location in Gahanna places it near Columbus while still being distinct from the city itself. For many people and families in central Ohio, geography becomes part of the treatment decision. Being close enough for family participation can matter, especially when family therapy or couples therapy is part of the clinical picture. At the same time, being outside a person's usual [Addiction Treatment in Ohio](#) neighborhood can offer useful distance from routines, contacts, and stressors tied to drug use.

The program's central offering is not just one service. Recreate states that its Ohio facility provides detox, residential or inpatient rehab, and outpatient treatment. Those terms can sound familiar, but they represent very different clinical needs.

Detox focuses on helping a person get through withdrawal as safely and comfortably as possible. Residential or inpatient rehab provides a more structured treatment environment after, or sometimes alongside, the early stabilization period. Outpatient treatment allows a person to receive care while living outside the facility, often after completing a higher level of care or when residential treatment is not clinically necessary.

A common mistake families make is assuming that detox and rehab mean the same thing. They do not. Detox can be a necessary first step, but withdrawal management alone rarely addresses the thinking patterns, trauma, relationships, stress responses, and cravings that keep addiction active. Residential treatment and outpatient care are where much of the deeper therapeutic work usually happens. Recreate Ohio's stated continuum is important because it includes more than the front door of treatment.

Ohio law also recognizes the importance of a community-based continuum of care for opioid and co-occurring drug addiction. That continuum includes services such as ambulatory and sub-acute detoxification, outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple

pathways to recovery. Recreate Ohio's offerings fit within that broader state-level emphasis on coordinated care rather than one-size-fits-all intervention.

Detox as the first point of stabilization

For some people entering drug addiction treatment, the first clinical question is simple but serious: can this person stop safely without medical support? Withdrawal can be physically and psychologically difficult. The risk profile depends on the substance used, the amount, the duration of use, other medications, medical history, and co-occurring mental health conditions.

Recreate Ohio states that it offers detox. Detox is often the level of care people think of when they imagine "getting clean," but its purpose is narrower and more immediate. It helps stabilize the body during the early period after stopping or reducing substance use. In a real treatment sequence, detox is usually the beginning of the work, not the end.

The value of detox is not only comfort, though comfort matters. People who feel unbearable withdrawal symptoms are more likely to leave treatment or return to use quickly. A supervised detox setting can give clinicians the opportunity to monitor symptoms, assess risk, begin treatment planning, and introduce the next level of care before the person is back in the same environment where use was occurring.

For opioid addiction, the importance of a thoughtful detox and stabilization process is especially clear. Opioid withdrawal may not always be medically dangerous in the same way as withdrawal from certain other substances, but it can be intensely distressing and is associated with a high risk of return to use. In the current drug supply, a return to use after a period of reduced tolerance can be particularly dangerous. That is one reason medication-assisted treatment has become such a significant part of modern addiction care.

Residential and inpatient rehab for structure and clinical depth

Recreate Ohio states that it offers residential or inpatient rehab. This level of care can be appropriate when someone needs a stable, structured environment with regular therapeutic support. Residential treatment can also help when a person's home environment is not supportive of early recovery or when outpatient care does not provide enough containment.

The structure of residential care often helps people who have been living in crisis. Addiction can shrink life down to acquisition, use, withdrawal, conflict, and repair. Bills pile up. Sleep becomes erratic. Meals become inconsistent. Relationships turn reactive. A residential setting can interrupt that cycle long enough for the nervous system, daily habits, and decision-making to begin to settle.

Recreate also states that its Ohio facility offers primary mental health services in a residential treatment setting. That point is worth paying attention to because drug addiction often travels with anxiety, depression, trauma symptoms, mood instability, grief, or chronic stress. Sometimes the mental health symptoms came first. Sometimes they worsened during active substance use. Sometimes they only become fully visible after the substances are removed.

In practice, separating addiction treatment from mental health care can create gaps. A person may stop using drugs but still feel overwhelmed by panic, shame, intrusive memories, or hopelessness. If those conditions are not addressed, relapse risk can rise. A residential setting that includes mental health services can give clinicians room to observe symptoms over time, adjust the treatment plan, and work on both substance use and emotional stability.

Residential care is not the right fit for every person. Some people can engage well in outpatient treatment, especially if they have stable housing, reliable transportation, supportive relationships, and lower immediate risk. Others need the greater structure of residential care before outpatient treatment can work. The clinical question is not which level sounds more serious. It is which level matches the person's current safety, stability, and treatment needs.

Outpatient treatment and the move back into daily life

Recreate Ohio states that it offers outpatient treatment. Outpatient care can serve several purposes. It may be a step-down after detox and residential treatment. It may be the starting point for someone who does not need inpatient care. It may also provide ongoing support as a person returns to work, school, parenting, or other responsibilities.

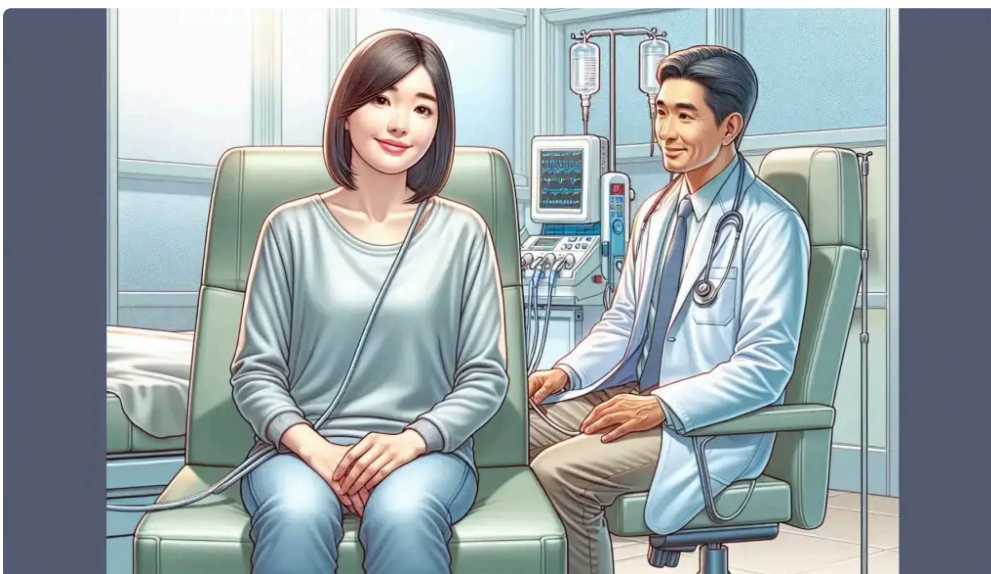
The strength of outpatient treatment is that recovery skills are practiced in real conditions. People attend therapy, receive support, and then go back into the world where stress, cravings, old contacts, and unresolved problems still exist. That can be challenging, but it is also where recovery has to become durable.

Outpatient care can also help reduce the all-or-nothing thinking that surrounds treatment. Some people believe they have failed if they need continued help after residential rehab. In reality, ongoing care is often a sign of good planning. Drug addiction is not usually resolved by a brief pause from daily life. Continuing treatment can help a person build recovery into ordinary routines rather than relying only on the momentum of a protected environment.

The transition from residential care to outpatient treatment is one of the most important points in the recovery process. People may leave a structured setting feeling clear, hopeful, and physically better. Then they encounter the first argument at home, the first lonely night, the first paycheck, the first pain flare, or the first familiar person offering drugs. Outpatient care gives those moments somewhere to go. Instead of becoming private crises, they can become clinical material, discussed and worked through before they become relapse events.

Evidence-based therapies offered at Recreate Ohio

Recreate states that treatment at its Ohio facility may include cognitive behavioral therapy, dialectical behavior therapy, EMDR, individual therapy, group therapy, family therapy, and couples therapy. Each of these approaches serves a different purpose, and the value often comes from matching the method to the person rather than applying every modality to everyone.



Cognitive behavioral therapy, often called CBT, helps people identify the thoughts, beliefs, and behavior patterns that contribute to substance use. For example, a person may learn to recognize the chain that starts with stress, moves into a thought like “I already ruined everything,” and ends in drug use. CBT gives that chain more points of interruption.

Dialectical behavior therapy, or DBT, is often used when people struggle with intense emotions, impulsive behavior, relationship conflict, or self-destructive coping. DBT skills can help with distress tolerance, emotional regulation, mindfulness, and interpersonal effectiveness. For someone whose drug use has been tied to emotional overwhelm, these skills can become practical tools rather than abstract therapy language.

EMDR, which stands for eye movement desensitization and reprocessing, is commonly associated with trauma treatment. Recreate states that EMDR may be part of care at its Ohio facility. Trauma and addiction frequently overlap, though not every person with addiction has trauma and not every trauma survivor develops addiction. When trauma is part of the picture, addressing it carefully can be important. Timing matters. Some people need stabilization before trauma processing is appropriate.

Individual therapy gives space for private, focused work. Group therapy offers something different: feedback, accountability, identification, and the realization that one’s story is painful but not unique. Family and couples therapy can address the relational damage that often surrounds addiction, including mistrust, enabling patterns, anger, fear, secrecy, and communication breakdowns.

A treatment plan may draw from several of these therapies, but more is not automatically better. Good care requires sequencing. Early treatment may emphasize stabilization, safety, withdrawal support, and basic coping. Later phases may go deeper into trauma, family repair, relapse prevention, and identity change. The best therapy is not simply the most advanced-sounding method. It is the right intervention at the right time for the right person.

Medication-assisted treatment and safer recovery planning

Recreate states that medication-assisted treatment may be included at its Ohio facility. Medication-assisted treatment, often shortened to MAT, is an important option in drug addiction treatment, especially for opioid use disorder. It combines medication with counseling and behavioral therapies. The medication component can reduce cravings, support stabilization, and lower the risk of return to use for appropriate patients.

MAT can be misunderstood. Some people still view it as replacing one substance with another, but that view does not reflect how evidence-based addiction medicine is practiced. For many people with opioid addiction, medication can create enough physiological stability for therapy, employment, parenting, and daily decision-making to become possible again. It is not a shortcut around recovery work. It can be the platform that makes recovery work sustainable.

That said, MAT is not a single pathway for everyone. The right approach depends on medical evaluation, substance use history, prior treatment experience, patient preference, safety considerations, and ongoing monitoring. Some people do well with medication support over a longer period. Others may have different clinical needs. The key is that medication decisions should be made with qualified professionals, not based on stigma or family pressure.

Ohio’s broader system also reflects the importance of safe prescribing and monitoring. The state’s OARRS system is an electronic database for controlled-substance dispensing information. It supports safer prescribing and can help connect people at risk of substance use disorder to resources. For treatment providers and prescribers, systems like this are part of a larger effort to reduce harm while ensuring that people with legitimate medical and addiction-treatment needs receive appropriate care.

Care for co-occurring mental health needs

Recreate Ohio states that it offers primary mental health services in a residential treatment setting. That is significant because co-occurring mental health conditions can change the course of addiction treatment. Depression can drain motivation. Anxiety can make group participation feel threatening. Trauma symptoms can disrupt sleep and trust. Mood instability can complicate decision-making. Untreated psychiatric symptoms can make sobriety feel unbearable, even when a person is deeply committed to change.

The phrase “co-occurring” is sometimes used clinically, but families often describe it more simply: “He uses when he gets depressed,” “She panics if she has to sit still,” “He cannot sleep without something,” or “She has never been **chronic alcoholism treatment** the same since that happened.” These observations are not diagnoses, but they are clues. Effective treatment listens to those clues.

Mental health care in addiction treatment must be careful and realistic. Early sobriety can temporarily intensify emotions. Sleep may be disrupted. Shame may surface. Family conflict may become more visible. Clinicians need time to distinguish withdrawal-related symptoms from longer-standing mental health conditions. A residential setting can provide an opportunity for that observation while supporting the person through the early turbulence.

A person does not have to have a formal psychiatric diagnosis before seeking help. Many people enter treatment knowing only that they cannot stop using and cannot keep living the same way. Assessment can clarify what else needs attention. When mental health and substance use are treated together, the plan is more likely to match the whole person rather than only the drug use.

Family and couples therapy as part of the treatment picture

Recreate states that family and couples therapy may be included in treatment at the Ohio facility. This matters because drug addiction rarely affects only the person using drugs. Families often arrive exhausted, frightened, angry, and unsure whether to trust anything. Partners may have endured broken promises, financial instability, emotional distance, or repeated crises. Parents may be torn between compassion and boundaries. Adult children may carry resentment that has built over years.

Family involvement is not about blaming relatives for addiction. It is about changing the system around recovery. If the person in treatment returns to the same communication patterns, secrecy, rescuing, conflict, or unmanaged expectations, progress can become fragile. Family and couples therapy can help relatives understand addiction, clarify boundaries, improve communication, and prepare for the realities of early recovery.

Those conversations are often uncomfortable. A person in treatment may want forgiveness before trust has had time to rebuild. A spouse may want certainty that relapse will never happen. A parent may want to control every decision after discharge. Therapy can slow those reactions down and make room for more workable agreements.

Family work also helps with practical planning. Who is safe to contact? What happens if cravings return? How should medication be stored? What boundaries apply around money, transportation, housing, or phone use? Which conversations need to wait until the person is more stable? These details can determine whether discharge becomes a thoughtful transition or a rushed return to old pressure.

Holistic supports that may complement clinical care

Recreate states that 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 should be understood as complements to clinical addiction treatment, not replacements for detox, therapy, medication support, or mental health care when those are needed.

The value of holistic work often lies in helping people reconnect with their bodies, emotions, and routines. Addiction can create a harsh relationship with the body. People may ignore hunger, pain, exhaustion, or illness for long periods. They may also feel uncomfortable sitting quietly with themselves. Practices such as mindfulness, movement, creative expression, and wellness education can help rebuild basic self-awareness.

Fitness and nutrition education can be especially practical. Early recovery often involves sleep changes, appetite shifts, low energy, and mood swings. A person does not need a perfect wellness routine, but regular meals, hydration, movement, and rest can support emotional regulation. Small physical routines can also create structure during a time when unstructured hours may feel risky.

Art therapy and experiential therapies may help people express what they cannot yet explain directly. Adventure or equine-based activities, when appropriate, can reveal patterns around trust, frustration, leadership, fear, and patience. Mindfulness practices can help people notice cravings before acting on them. The clinical value depends on how these supports are integrated into the overall treatment plan.

Not every person connects with every holistic service. Some people find yoga grounding. Others feel exposed or uncomfortable at first. Some respond well to creative work. Others prefer direct conversation. Good treatment does not force a single recovery personality onto everyone. It offers different points of entry and watches what helps the person engage.

What “full continuum of care” means in practice

Recreate describes its Ohio facility as providing a full continuum of care. In addiction treatment, that phrase has practical meaning only if people can move between levels of support as their needs change. Recovery is rarely linear. A person may begin in detox, continue into residential treatment, then step down to outpatient care. Another person may begin outpatient treatment and later need a higher level of support if symptoms worsen or relapse risk increases.

A continuum also helps reduce the drop-off that can happen when one service ends and another has not yet begun. The days immediately after discharge from a structured setting can be vulnerable. If outpatient care is delayed, if medications are not coordinated, if family expectations are unclear, or if housing is unstable, the person may lose momentum. A connected treatment model is designed to make those handoffs less abrupt.

The state of Ohio’s own framework for addiction services emphasizes a community-based continuum for opioid and co-occurring drug addiction. That includes detoxification, outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple recovery pathways. Not every provider offers every possible service directly, and the right plan varies by person. Still, the principle is clear: treatment should not be a disconnected episode. It should be part of an ongoing recovery process.

For families evaluating Recreate Ohio, the relevant question is not simply “Do they offer rehab?” A better question is, “What level of care does this person need now, and how will care change as they stabilize?” Detox, residential treatment, outpatient treatment, therapy, medication-assisted treatment, mental health care, and family involvement each answer a different part of the problem.

Questions worth asking before admission

Choosing a drug addiction treatment provider is a serious decision, and families should feel comfortable asking direct questions. 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 replace personal due diligence, but it is part of the regulatory structure in which Ohio providers operate.

Before admission, it helps to ask questions that clarify fit, expectations, and continuity. The most useful questions are concrete rather than general.

1. Which level of care is being recommended, detox, residential treatment, outpatient treatment, or a sequence of services?
2. How are co-occurring mental health symptoms assessed and treated during the program?
3. When is medication-assisted treatment considered, and how are medication decisions monitored?
4. How are family or couples therapy incorporated when appropriate?
5. What does step-down planning look like after residential or inpatient care?

These questions do not require a family to become clinical experts. They simply help reveal whether the program is thinking beyond admission. A strong treatment conversation should include safety, stabilization, therapy, medication when appropriate, mental health needs, family dynamics, and what happens after the first phase of care.

It is also reasonable to ask what services are available at the Ohio facility specifically. Treatment networks sometimes offer different services at different locations. Since Recreate identifies the Gahanna facility as offering detox, residential or inpatient rehab, outpatient treatment, primary mental health services in a residential setting, and a range of therapies and holistic supports, families can use those stated offerings as a starting point for a more detailed admissions conversation.

Matching treatment to the person, not the other way around

Drug addiction treatment is most effective when it respects complexity. Substance use may be the most visible problem, but it is rarely the only one. A person may need withdrawal support, psychiatric care, trauma-informed therapy, medication-assisted treatment, family repair, daily structure, wellness routines, and a realistic outpatient plan. The order matters. The intensity matters. The person's readiness and risk level matter.

Recreate Ohio's stated offerings cover several key parts of that care process: detox for early stabilization, residential or inpatient rehab for structure, outpatient treatment for ongoing support, medication-assisted treatment when clinically appropriate, therapy modalities such as CBT, DBT, and EMDR, family and couples therapy, and holistic supports that may help with wellness and engagement. Its location in Gahanna, near Columbus, may also make it accessible for people and families in central Ohio seeking care.

No treatment program can promise an easy road. Recovery from drug addiction often involves setbacks, difficult conversations, physical discomfort, emotional exposure, and changes that reach into every part of life. But the right level of care can make the road safer and more navigable. A full continuum gives people more than one chance to connect, stabilize, learn, and continue forward.

For someone considering Recreate Ohio, the practical next step is to clarify clinical fit. Does the person need detox? Is residential care appropriate? Are there mental health symptoms that require attention? Would medication-assisted treatment be considered? Is family therapy needed? What outpatient support will follow? Those answers shape the difference between a generic rehab stay and a treatment plan that responds to the person's actual life.

Drug addiction treatment should not be reduced to a bed, a schedule, or a slogan. At its best, it is a coordinated process that helps a person move from immediate risk toward stability, from isolation toward support, and from

short-term abstinence toward a more sustainable recovery. Recreate Ohio presents itself as a facility built around that broader continuum, with multiple services available to support people at different stages of the recovery process.