

Minnesota Model of Addiction Treatment

Founder(s)

Daniel J. Anderson, PhD

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Acknowledgments:

Bill Wilson

Dr. Bob Smith

~ 1935 ~

Alcoholics Anonymous

Pioneer House

Haselden Foundation

~1949~

Hastings State Hospital

Willmar State Hospital

Reference:

The origins of the Minnesota model of addiction treatment--a first person account.

Journal of Addictive Diseases, 18:1, 107-114

MINNESOTA MODEL

Minnesota Model for Alcohol Rehabilitation and Treatment

As mentioned before the Minnesota Model stresses lifelong abstinence, the importance of education, involvement with Alcoholics Anonymous or other 12 step programs and individual or group counseling sessions as well as family [therapy](#).

The state of Minnesota recognized Alcoholism as a [disease](#) just after the American Civil War and as early as the year 1873 started to impose taxes on saloons in order to provide funds for treatment centers specifically oriented towards alcoholism to be built in the city of Rochester.

Alcoholics Anonymous was founded in Minnesota in the 1930's.

The so called Minnesota Model for alcohol treatment began in three Minnesota hospitals; Willmar State Hospital in early 1943's; Pioneer House and Hazelden.

The basic idea behind the Minnesota Model is as follows:

1. Alcoholism is an Involuntary, Primary Disease that is describable and diagnosable.
2. Alcoholism is a chronic and progressive disease.
3. Alcoholism is not curable, but the disease may be arrested.
4. The nature of the Alcoholics initial motivation for treatment, its presence or absence, is not an predictor of treatment outcome.
5. The treatment of Alcoholism includes physical, psychological, social and spiritual dimensions.
6. The successful treatment of Alcoholism requires an environment in which the Alcoholic is treated with dignity and respect.
7. Alcoholics and addicts are vulnerable to the abuse of a wide spectrum of mood altering drugs. This whole cluster of mood altering drugs can be addressed through treatment that defines the problem as one of chemical dependency.
8. Chemical Dependency is best treated by a multi disciplinary team whose members develop close, less formal relationships with their clients and whose activities are integrated within an individualized treatment plan developed for each client.
9. The focal point for implementing the treatment plan is an assigned primary counselor, usually themselves a recovered Alcoholic, of the same sex and age group as the client, who promotes an atmosphere that enhances emotional self disclosure, mutual identification, and mutual support.
10. The most effective treatment for alcoholism includes an orientation to AA, an expectation of step work, groups that combine confrontation and support, lectures, one to one counseling, and creation of a dynamic learning environment.
11. The most viable, ongoing, sobriety based support structure for clients following treatment is Alcoholics Anonymous.

Many of the most respected Alcohol Rehabilitation Programs in the United States and elsewhere in the world adhere unanymously to the Minnesota Model. Being the unique model reimbursed by medical care insurances since 1974's, it is still considered consequently as the most efficient and successfull treatment for the disease of alcoholism.

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J Addict Dis. 1999;18(1):107-14.

The origins of the Minnesota model of addiction treatment--a first person account.

Anderson DJ, McGovern JP, DuPont RL.

Hazelden Foundation, Taylors Falls, MN 55084, USA.

Abstract

The Minnesota Model, also known as the abstinence model, of addiction treatment was created in a state mental hospital in the 1950s by two young men, one who was to become a psychologist, the other who was to become a psychiatrist, neither of whom had prior experience treating addicts or alcoholics. The model spread first to a small not-for-profit organization called the Hazelden Foundation and then throughout the country. The key element of this novel approach to addiction treatment was the blending of professional and trained nonprofessional (recovering) staff around the principles of Alcoholics Anonymous (AA). There was an individualized treatment plan with active family involvement in a 28-day inpatient setting and participation in Alcoholics Anonymous both during and after treatment. The education of patients and family about the disease of addiction made this a busy program from morning to night, seven days a week.

PMID: 10234566 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Personal Name as Subject

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