

**Philosophy**

Substance use disorders are primary illnesses, rather than derivative or secondary problems. Such an illness may be diagnosed, treated, and arrested. The person who has a substance use disorder has a disease and should be responded to as a worthy human being in need of treatment. The chief defining characteristic of substance use disorders is the tendency to lose control over the consumption of alcoholic beverages and/or drugs once ingestion has begun. A treatment orientation which underplays the importance of the symptom of drinking and drug use does not adequately treat the individual for a substance use disorder. Those with substance use disorders often experience impaired emotional, interpersonal, psychological, and economic adjustments and by some degree of physical damage. A treatment orientation which ignores these accompaniments of the substance use disorder does not adequately treat the whole person or their illness.

**Medical Withdrawal Management**

Medically supervised care (usually 2-5 days) of the patient during withdrawal from the acute effects of alcohol or any intoxicant. Withdrawal management is available at our Kirkland inpatient campus.

**Medication Assisted Treatment (MAT)**

Medication may be used to improve treatment effectiveness and help prevent serious relapse. Decisions regarding the use medications are always patient-centered.

**Intensive Inpatient**

Provides a concentrated, medically monitored residential program combining total abstinence, good nutrition, re-education, individual and group sessions, and related therapeutic activities to detoxified individuals. Continuing care will be coordinated with either a Lakeside-Milam outpatient office or an agency near the patient's home.

The treatment protocol is rooted in the program of care that Lakeside-Milam has refined over our 39 years and is enhanced with health and wellness activities, life skills, and individualized discharge planning to help build the foundation of meaningful recovery.

**Mental Health Evaluations**

Those attending our Kirkland Inpatient will receive a consultation with one of our licensed mental health counselors. This helps to determine barriers or extra support needed in treatment. Once discharged to outpatient, individuals can continue with one of our therapists, if appropriate.

**Long Term Care**

Long term care is available. While living at The Lodge, a quiet six-bedroom home on 5 acres, men participate in the structured Foundation program. Designed for individuals who have had prior treatment, men participate for 60-90 days in intensive outpatient treatment as they slowly acclimate into a clean and sober lifestyle with the support and supervision of staff in this transitional living environment.

**Evaluations**

Diagnostic evaluations are provided at no charge and are used to determine diagnosis – or lack thereof – and make a recommendation to one of the above programs, if indicated. These can be performed over the telephone.

**Family Education**

At Lakeside-Milam, we believe family support is crucial in recovery. We offer focused lectures and group discussions about the nature of substance use disorders and its effect upon the family.

**Alaska**

Since we first opened our doors in 1983, LMRC has recognized the needs of our Alaskan neighbors. In the 1980s we, along with other organizations, lobbied in the Alaskan Legislature to enact reasonable standards for insurers to provide benefits for addiction treatment. We have also developed relationships with Native Alaskan communities where treatment is most needed and least available. We take pride in our prompt response to Alaskans' inpatient treatment needs. We also partner with many Alaskan treatment agencies to provide continuing care when our patients return home.

**Quick facts about our Alaska Program:**

- Over 10,000 Alaskans treated in the past 35+ years.
- Nygren approved for legal clients.
- Covered by most insurance.
- 24-hour services to assess the problem and get the person into treatment.
- Special arrangements can be made for airport pick up and home community continuing care.
- A highly developed and trained network of Alaska agencies and therapists who we partner with to provide individual family and continuing care services.

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**Contact Lakeside-Milam Recovery Centers for a FREE phone evaluation.**

**Toll free: (800) 231-4303**

**Confidential E-mail: [alaskainfo@lakesidemilam.com](mailto:alaskainfo@lakesidemilam.com)**

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### Who needs inpatient treatment?

In simplest terms the individual with a substance abuse disorder who cannot achieve and maintain abstinence from psychoactive drugs on an outpatient basis needs inpatient treatment. When the cues and triggers to use alcohol and other drugs are so pervasive that the individual cannot function despite their best efforts at home, the environment must be changed. Inpatient treatment offers a safe haven where the only focus is on getting well and in learning the skills necessary to function soberly.

Only an assessment by a skilled clinician can determine if inpatient treatment is needed. During the assessment, all areas of the patient's life are examined to determine how much damage has been caused by the disease and how well the patient currently functions in daily life. The final recommendation is not subjective but is based on clearly defined quantifiable criteria as to the severity of the patient's disease. The patient may accept or disregard the recommendation. The assessment is free of charge and usually takes 60 to 90 minutes.

### What happens in residential inpatient treatment?

**Admission:** We know that entering a treatment program can be an unfamiliar and anxiety provoking experience. We pride ourselves on making the admission process simple, straightforward, and above all, caring. If the individual does not need detoxification, we immediately assign a "treatment buddy", that is another resident who has been in treatment for some time, to orient the patient to the facility and the schedule. The individual receives a welcome packet and reading materials and is introduced to their fellow group members. In a matter of a few hours the new resident becomes part of the community that is the Lakeside-Milam inpatient center.

**Medical withdrawal management protocol:** Many residents come to inpatient treatment in moderate to severe withdrawal from alcohol and other drugs that require withdrawal management, a medically supervised process that safely over time (usually one to three days, but sometimes longer) allows the body to return to equilibrium. Depending on the drug ingested, medication may be prescribed by the Medical Director or Nurse Practitioner to ease withdrawal discomfort. The nursing staff monitors the patient's vital signs during this period. To the extent that their mobility allows, detoxifying residents will take part in all daily activities. Isolation is always avoided since it amplifies the anxiety that the addict may already feel.

**Medical Evaluation:** Within the first few days the patient receives a medical evaluation by a Nurse Practitioner trained in addiction medicine. The evaluation will assess what physical damage, if any, may have been caused by the addiction. Blood tests are taken and analyzed. Results are then shared with patients and with their Primary Care Physicians, if desired.

**The Treatment Schedule:** Since substance abuse disorders are a brain disease which destructively changes how the victim acts, thinks, and feels, treatment is the effort to bring those same functions back into balance. The Lakeside-Milam inpatient program is designed to address each area of functioning and offer tools and information that a patient can use to start recovery. Treatment is a labor-intensive process both for resident and staff.

The resident meets with their assigned case manager who will guide him or her throughout the course of treatment, as well as facilitate the daily group sessions. While one part of treatment is helping residents to stop seeing themselves as "different" and to identify the commonalties of their disease, another focus must be placed on determining those individual problems may block the resident's recovery, if left unaddressed. The resident meets weekly with the Case Manager to review progress, as well as to identify any new problem areas detected.

Twelve-Step Meetings are held every evening in the facility.

**Communications & Visitation:** Upon entering treatment there is a 72-hour communication “blackout” for all residents. This time must be used to begin the focus on self that begins the rehabilitation process. After this period, phones are available at specific times during the day.

Family Liaison staff are available to answer any questions that concerned family members may have.

Visiting by family members is available by appointment. Each resident advises the staff on those people who can be invited to visit. There must be a release signed by the resident for any family member or friend who decides to visit the resident while in treatment.

We also ask all visitors to honor the confidentiality of all residents in a LMRC program.

**Our Staff:** Like all well regarded health care providers, we choose our staff- from the Medical Director to our Maintenance Personnel- for their skill and experience in their jobs. However, we have one other requirement for which we carefully screen – an abiding belief in and commitment to our mission and philosophy of care. We believe that every resident who entrusts their treatment to us deserves our constant respect, compassion, and intelligence. We believe, from our long experience, any individual who follows the path to recovery laid out in the program can and will recover.

**At Discharge:** We emphasize that inpatient treatment is only the beginning of the path to recovery. Upon discharge, every resident has a detailed continuing care and recovery plan. The resident also has an appointment to begin weekly continuing care, whenever possible on the day of discharge. Our studies have found that these individuals who actively attend continuing care and involve themselves in 12-step programs are less likely to relapse. It is important that family and friends support the resident’s active involvement in both.

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## What to Expect

You may be uneasy or anxious about entering Lakeside's inpatient programs. These are normal feelings when coming to an unfamiliar place with many strangers. We have designed the program to help you feel at ease so that you can move into the work of recovery.

The LMRC Patient Guidelines booklet outlines your rights and responsibilities as well as the rules of our community and a schedule of daily activities. Your "treatment buddy" will help you learn your way around the campus and get acquainted with your fellow residents.

Our program is designed to help you focus on the disease of addiction substance use disorder, come to terms with its toll on your life, and, most importantly, learn new skills to enable you to begin stable recovery. We think it is important that you understand how the program works.

The lectures and films you will attend have been created to give you our best information and insight into the nature of the disease, its effects on you and your loved ones, the attitude you need to face the disease, and tools you will need to begin to get and stay in recovery. We find most residents, regardless of whether they have had prior treatment or not, are sadly misinformed and uneducated about substance use disorders. We ask that you listen carefully and ask all the questions that come to you in the course of treatment.

Information is useless unless it is applied to your life. Your color group sessions are a time of processing what you learn and how you can make use of the knowledge in your life. In group, you will be asked to face the tough issues that are shared by all members of the group; and deal with the often unpleasant feelings that arise out of facing the damages of the disease. Your group will be facilitated by an experienced counselor who will move the discussion along; and offer insight when necessary. You and your group members will be sharing tough and sensitive information with each other. The group needs to stay a safe environment. We ask that anything shared in the group remain in the group. Members act as mirrors to give feedback, support, and encouragement in their spiritual journey to recovery.

You will be asked to undertake reading and writing assignments to further the process of self-discovery and learning, culminating in the writing and recitation of a "first step", a recounting of the effects of the disease on each aspect on your life.

Your counselor will meet with you to create your individualized treatment plan; a specific set of tasks to deal with the unique problems that the disease has caused. Given a copy of the plan, you will need to follow the path it outlines in order to resolve the issues that may block your sobriety. Some problems may be resolved easily; others will need to be addressed after you leave inpatient treatment. Your counselor will also help you create a recovery plan that outlines specific traps that you must avoid or address if you are to be successful returning to your daily life.

At the beginning of your stay your health will be evaluated by a medical provider. If you require medication for withdrawal symptoms it will be prescribed and administered by our nursing staff. Early recovery brings with it some aches and pains that you previously self-medicated.

The other staff you will have contact with on a daily basis are our Recovery Technicians (RTs). The RT's job is to see that the community runs smoothly; insuring that residents attend all events, monitoring the campus and observing residents' compliance with the rules of our center. They run the counseling center, admit new residents, and generally oversee your welfare. Technicians can answer your questions about the operation of the center and generally help you with day-to-day problems. If, however, a resident is found breaking the community rules, the Technician will intervene and report noncompliance to the Counselor and Treatment Director, who will decide the consequences of the violation.

Substance use disorder is defined as a progressive chronic disease of the brain that affects how we think, feel, and act. It will take time for you to understand how deeply the disease became ingrained in your way of living. It takes time to learn the new ways of thinking, feeling, and acting. We ask that you use your time wisely and take charge of your recovery using the tools of the program. Thousands before you have traveled the same path and are living happy, sober lives. You can too.

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## A History of Treatment Success

From our very beginning, two revolutionary ideas have been at the core of the success of Lakeside-Milam Recovery Centers. The first idea is medical model of substance abuse disorders. The medical model maintains that substance abuse disorders are a primary, progressive, and entirely treatable physical illness. The second idea is the comprehensive application of this clinical model in a broad-based continuum of care for individuals, their families, and communities.

First advanced in the late 1960s by Dr. James R. Milam, the research director for a large pharmaceutical company, the disease model of addiction counters and discredits the tragic, fundamental error in our worldwide cultural conception of addiction as a moral “weakness” or psychological “defect.” Through the 1970s and early 1980s, Dr. Milam tested and developed his original nationwide clinical treatment program, headquartered at the present-day site of LMRC. His landmark book, *Under the Influence*, was published in 1981. It endures as the definitive publication for lay readers and clinicians alike. Having sold over one million copies, it is classified by Bantam Books as “a classic.”

Early in the same period, Charles H. Kester, head of Alcoholism and Substance Abuse Services for Seattle-King County, Washington from December 1969 to April 1983, became acquainted with Milam’s successful model. Mr. Kester recognized its potential for revolutionizing substance use disorder treatment. He expanded its application by introducing it in publicly administered, community-centered treatment programs for Washington State residents. He was an early proponent of the network concept and first to build a network of outpatient clinics in King County. Later, the Carter administration studied the new network as a successful model of effective, community-based treatment.

A key component of success, in Mr. Kester’s view, is the involvement and education of family, friends, and communities in every individual’s recovery. The next step was to broaden the application of the new treatment strategy and longer treatment period. This would be accomplished via a network of fully-functioning community clinics for complete outpatient treatment programs and for residential follow-up care. These satellite clinics would surround a central facility providing intensive inpatient programs for individuals in need of residential treatment.

Delivering care that utilizes the same philosophy and medical model in all clinics and treating individuals to the extent possible on an outpatient basis in their own communities proved both clinically successful and cost-effective. Results for individuals were remarkable. In 1983, these pioneering men together established the Milam Recovery Centers. Later, Mr. Kester assumed full stewardship and the successful 40-year evolution of treatment continues forward today with Lakeside-Milam Recovery Centers.

The foundation of the success of Lakeside-Milam Recovery Centers is the coming together of two revolutionary ideas. The first idea was an entirely new medical model, that substance use disorders are primary, progressive, and entirely treatable physical illnesses. The second is the comprehensive application of this clinical model in a broad-based continuum of care for patients and their families.

First advanced in the late 1960s by Dr. James R. Milam, the research director for a large pharmaceutical company, the disease model of substance use disorders counters and discredits the tragic, fundamental error in our worldwide cultural conception of substance use disorders as a moral “weakness” or a psychological “defect.” Through the 1970s and early 1980s, Dr. Milam tested and developed his original nationwide clinical treatment program, headquartered at the present-day site of LMRC. His landmark book, Under the Influence, was published in 1981. It endures as the definitive publication for lay readers and clinicians alike. Having sold over one million copies, it is classified by Bantam Books as “a classic.”

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The foundation of Lakeside-Milam’s growth and success is our nationally recognized clinical program, which cooperates completely with such 12-step programs as Alcoholics Anonymous and Narcotics Anonymous. Our understanding of the disease of substance use disorders is unsurpassed in the field and is unique in emerging directly from its source. In 2020, Lakeside-Milam Recovery Centers was recognized by Newsweek Magazine as the #1 Addiction Treatment Center in Washington state. Lakeside-Milam was one of only 200 treatment centers nationwide to make the list. In partnership with Statista, Newsweek utilized data provided by SAMHSA and



surveyed thousands of addiction professionals including medical doctors, therapists, and counselors to select the best treatment providers.

Lakeside-Milam Recovery Centers has enjoyed continuous accreditation by The Commission on Accreditation of Rehabilitation Facilities (CARF) by receiving the highest level of approval since the early 1990s. In 2019, Lakeside-Milam Recovery Centers became one of the first centers in the nation to receive an American Society of Addiction Medicine (ASAM) certification. This certification indicates the dedication of the center to providing consistent and evidence-based care.

Lakeside-Milam Recovery Centers is currently recognized by insurance companies for the highest quality of behavioral health treatment. This recognition includes being a Center of Excellence with Regence, Premera, and Blue Cross/Blue Shield. Cigna, Aetna, and Optum have also recognized Lakeside-Milam with similar programs.

Lakeside-Milam's message and treatment model is highly regarded and relied upon by public and private organizations as a key adjunct to their own services. LMRC works with major Washington hospitals to assist with substance use disorder emergencies and the triage of patients. We deliver training for doctors, nurses, and other professionals in the field. We provide drug-free workplace services including policy development, program coordination with unions, and supervisory training programs. We work with justice systems and their representatives in court-monitored treatment programs.

Most important to the people we serve, though, and a fundamental strength that sets our program apart, is our history of abiding commitment to providing effective treatment based on the disease paradigm of substance use disorders. Again and again, our patients prove that bodies, spirits, mental health, and lives are healed when rid of the cultural accusations of guilt and shame and when supported by good nutrition, reeducation, medical care, and dedicated multidisciplinary teams, including masters level mental health professionals, of LMRC treatment professionals, many of whom are themselves in recovery.

Since treating its first patients in 1983, Lakeside-Milam has helped hundreds of thousands of individuals and families suffering from substance use disorders. We serve patients from the Puget Sound region and throughout the country. Beginning as two revolutionary, synergistic ideas, the Lakeside-Milam treatment model has evolved to become one of the largest private providers of substance use disorder treatment in the western United States.

We believe we offer the finest, most effective treatment anywhere. Our history attests to it, and to the belief that anyone still suffering from substance use disorders will find hope and help at Lakeside-Milam Recovery Centers.

## Lakeside-Milam Recovery Centers

### WHAT TO BRING TO TREATMENT

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1. Enough clothing for approximately one week. We provide laundry facilities, laundry soap, iron, and ironing board. Bring pants/jeans/slacks, comfortable clothing that you would wear around the home or in public, jacket/coat, robe, slippers, nightgown/pajamas, sweatshirts, clothing suitable for recreation. Please bring a face covering if you have one; if not, we will provide one.
  2. Toiletries: hair dryer, curling iron, razor, etc., shampoo, conditioner, toothbrush, toothpaste. We provide liquid soap.
  3. Watch and/or non-radio alarm clock.
  4. Letter writing materials and stamps.
  5. Any prescription medications you are currently taking. They will be assessed by our physician and yours. Any individual medications that are prescribed beyond detox will be the financial responsibility of the individual. The cost of these medications will be taken out of the patient account.
  6. Cash for soda machines, cigarettes, and personal medications. Patients are allowed to have \$10 on their person. Any extra funds are kept in a secure patient cash account until withdrawn.
  7. ID and insurance card with prescription benefit information.
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### OPTIONAL

1. Your own pillow, bedspread/comforter.
  2. Desk pictures.
  3. Cigarettes and matches or lighter if you smoke. Zyn nicotine pouches and nicotine patches are also allowed.
  4. Yoga mat if you would like to participate in optional yoga sessions.
  5. Creativity supplies for journaling through art projects.
  6. The below-listed over-the-counter medications only have been approved for use while in treatment, and patients may bring sealed containers of them if they wish. Simple formulations only, i.e. no added caffeine, etc. and nothing containing dextromethorphan or diphenhydramine. No Emergen-C or Airborne.
    - a. Mucinex (600 ER)
    - b. Ibuprofen (200 mg)
    - c. Tylenol (325 mg)
    - d. Sudogest (Sudafed PE)
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### DO NOT BRING

1. iPods, mp3 players, or other electronic devices except as specified above.
2. Musical instruments.
3. E-cigarettes or “vapes,” cigars, cigarillos, little cigars, and similar smoking products.
4. Chewing tobacco.
5. Food, candy, gum or over the counter medications except as specified above.
6. Bar or alcohol related t-shirts, heavy metal/rock t-shirts, tank tops, lewd or sexually inappropriate clothing, and shorts that are shorter than mid-thigh length.
7. Expensive or excessive jewelry or clothing. LMRC will not be responsible for the loss of expensive jewelry or clothing such as leather jackets.
8. Bar soap.
9. Personal reading material, books, or magazines.



**LAKESIDE-MILAM RECOVERY CENTERS  
PATIENT TREATMENT SCHEDULE - KIRKLAND FACILITY**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:10 a.m.	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation
7:45 a.m.	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:45 a.m.	24-Hour Reading	24-Hour Reading	24-Hour Reading	24-Hour Reading	24-Hour Reading	24-Hour Reading	24-Hour Reading
9:00 a.m.	Steps 1,2,3	Lecture	Lecture	Lecture	Lecture	Lecture	Color Group
10:00 a.m.			Store Run	Patient Bank	Store Run	Meal Tickets	
10:30 a.m.	Color Group	Color Group	Color Group	Color Group	Color Group	Color Group	Steps 1,2,3
11:45 a.m.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 p.m.	12:00 - 3:00 p.m. Free Time	Lecture	Lecture	Lecture	Lecture	Lecture	12:00 - 3:00 p.m. Free Time
2:00 p.m.		Color Group	Color Group	Color Group	Color Group	Color Group	
3:00 p.m.		Recreation	Recreation	Recreation	Recreation	Recreation	
3:15 p.m.		Color Group					
4:45 p.m.	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00 p.m.	Film	Film/Lecture	Lecture	Lecture	Film/Lecture	Film	Film
7:30 p.m.	AA In-house Lecture Hall & CA In-house Cafeteria	AA in Community AA In-house Cafeteria	AA in Community NA Panel Lecture Hall	AA in Community AA In-house Cafeteria	AA In-house Lecture Hall & NA In-house Cafeteria	AA In-house Lecture Hall & CA In-house Cafeteria	Men's AA Stag Lecture Hall & Women's Stag Cafeteria
10:00 p.m.	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation
10:45 p.m.	Bed Check	Bed Check	Bed Check	Bed Check	Bed Check		
11:00 p.m.	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Bed Check	Bed Check

NOTE: Individual counseling scheduled throughout the week.



**Lakeside-Milam Recovery Centers**  
**Kirkland Inpatient Facility**  
10322 NE 132<sup>nd</sup> St.  
Kirkland, WA 98034  
(425) 823-3116

**Southbound I-405**

Going south on I-405, take Exit 22 (NE 160<sup>th</sup> Street Exit). Turn right onto Juanita-Woodinville Road. Follow to 100<sup>th</sup> Street. Turn left onto 100<sup>th</sup> Street.

At NE 132<sup>nd</sup> Street (the next stoplight), turn left onto NE 132<sup>nd</sup> Street. Follow 132<sup>nd</sup> a few blocks. We are on the left, immediately past Fairfax Hospital.

**Northbound I-405**

Going north on I-405, take exit 20B (NE 124<sup>th</sup> Street exit). Turn left onto NE 124<sup>th</sup> Street. Turn right onto 116<sup>th</sup> Avenue NE. Turn left onto NE 132<sup>nd</sup> Street. Stay on NE 132<sup>nd</sup> Street for about  $\frac{3}{4}$  of a mile. We are on the right, just less than  $\frac{1}{2}$  a mile past Juanita High School.