When someone you care about is struggling, “What kind of treatment do they need?” can feel like a question with a high-stakes answer. In practice, the next step is often a conversation—not a diagnosis or a commitment to one program. A professional assessment can help clarify what support may fit, and that recommendation may change as a person’s needs change.

This guide explains common levels of behavioral health and substance use care to ask Marietta Springs about, including partial hospitalization and intensive outpatient treatment. Program names, availability, admission requirements, and insurance arrangements can change, so confirm current details directly with Marietta Springs before making plans. One important note for families: treatment prices may not be listed publicly. That does not mean there is no way to understand the likely cost; it means you will need to ask for a specific benefits and payment review.

Start with an assessment, not a label

A level of care describes how much structure and clinical support a program provides. It does not, by itself, tell you what diagnosis a person has or what their whole recovery should look like. A qualified clinician typically considers safety, symptoms, daily functioning, health history, substance use, support at home, and the person’s preferences.

When you contact Marietta Springs, ask what the assessment involves and who conducts it. You can also ask whether the assessment is confidential, whether family members can provide information, and what happens if the program is not the right fit. A referral elsewhere is not a failure; it can be a useful part of finding appropriate care.

Common levels of care to ask about

Facilities use program names differently, so the descriptions below are general—not a confirmation that every service is currently offered at Marietta Springs. Ask the admissions team to explain the actual schedule, clinical services, and eligibility for each option.

Level of care What it generally involves Questions to ask Marietta Springs Assessment and outpatient care An evaluation and scheduled appointments, such as therapy or medication-related care, while the person continues living at home. What services are available, how often are appointments, and who coordinates care? Intensive outpatient treatment (IOP) More frequent structured treatment than standard outpatient care, usually while the person lives at home and attends sessions on a set schedule. How many days and hours per week? Are morning or evening groups available? Partial hospitalization (PHP) A highly structured day-treatment option, generally involving several hours of programming on multiple days each week, without an overnight stay in the program. What is the daily schedule? What support is available outside program hours? Residential or inpatient care Care in a live-in setting or hospital, when needs require a more contained environment or closer monitoring. Does Marietta Springs provide this level, or help arrange a referral? What circumstances call for a higher level of care?

Partial hospitalization: a structured day program

Partial hospitalization, often called PHP, is generally more intensive than routine outpatient appointments. A person attends treatment during the day and returns home or to another living arrangement afterward. The exact number of days, hours, and services varies by program and by the person’s plan.

A PHP may include group therapy, individual sessions, skills-based education, care coordination, and psychiatric services when appropriate. Ask Marietta Springs which services are included rather than relying on the program

label alone. Also clarify whether the person needs a stable place to stay, transportation, or a support plan for evenings and weekends.

PHP can be a step down from inpatient or residential care, or a step up from outpatient treatment when more structure is needed. It is not automatically the best choice for everyone. A clinician should explain why it is being recommended, what goals the person will work toward, and how progress will be reviewed.

Intensive outpatient treatment: more support around daily life

Intensive outpatient treatment, or IOP, typically offers multiple treatment sessions each week while the person continues living at home. Compared with PHP, it often involves fewer treatment hours, but the actual difference depends on the provider. Ask for a sample weekly schedule and find out whether groups are in person, virtual, or a mix.



IOP may suit someone who needs regular therapeutic support and can manage much of daily life outside program hours. It can also be part of a transition from a more intensive program. The fit depends on safety, symptoms, responsibilities, transportation, and available support—not simply on what is easiest to schedule.

Ask whether the program treats the concerns your family is facing, what happens if a participant misses a session, and how the team responds if someone's needs increase. A good program should be able to discuss how it reassesses care and coordinates a higher or lower level when appropriate.

Early warning signs: notice changes without diagnosing

Families often spot changes before they know what to call them. Noticing a pattern can help you open a conversation, but it does not mean you should diagnose the person or decide their level of care yourself. Pay attention to what has changed from their usual baseline and whether the change is affecting safety, health, relationships, work, school, or daily routines.



- Withdrawing from people or activities they usually value.
- Increasing difficulty keeping up with sleep, meals, hygiene, school, work, or responsibilities.
- More frequent conflict, distress, or difficulty calming down.
- Changes in alcohol or drug use, medication use, or the consequences of use.
- Growing trouble managing symptoms despite existing support.
- Comments that suggest hopelessness, feeling trapped, or not wanting to be here.

These signs can have many explanations. Instead of making a conclusion, describe what you have noticed and ask how the person sees it. If you are concerned about immediate danger, inability to stay safe, or a medical emergency, seek urgent professional help rather than waiting for a routine program inquiry.

Non-judgmental communication: timing and tone matter

The first conversation does not need to solve everything. A calm, private moment is usually better than bringing up treatment during an argument, in front of other people, or when someone is intoxicated or overwhelmed. If the person is not ready to talk, you can ask when would be a better time what is a biopsychosocial assessment and return to it without turning the delay into a threat.

Keep your tone curious and specific. “You’re ruining your life” is likely to invite defensiveness. “I’ve noticed you’ve missed work three times this month, and I’m worried. How are you feeling about it?” gives the person something concrete to respond to without assigning blame.

Try one of these short scripts:

- “I care about you, and I’ve noticed things seem harder lately. Would you be open to talking about support?”
- “You don’t have to decide anything right now. Would it help to learn what an assessment involves?”
- “I may not understand the whole picture. What has this been like for you?”
- “Would you like me to sit with you while we call, or would you rather make the call yourself?”

Listen without rescuing

Listening does not mean agreeing with everything or taking over. It means giving the person room to explain what they want, fear, or have already tried. Reflect back what you heard before suggesting a solution: “It sounds

like the group schedule worries you because of work. Did I get that right?"

Rescuing can look like making every call, answering every question for the person, or promising to fix problems you cannot control. Instead, offer a choice of manageable next steps. For example, you might help write down questions for an assessment while letting the person decide whether to call. If they decline, you can keep the door open and maintain reasonable boundaries.

A useful question for both of you is: **"What would make this step 10% easier?"** Perhaps that means asking about evening IOP hours, arranging a ride, having a trusted person on the call, or requesting written cost information. Small practical changes can make an overwhelming process more approachable.

The common mistake: assuming no listed prices means no cost information

One frustration families encounter is that treatment prices may not appear on a website. Do not assume that the price is zero, fixed, or impossible to find. The amount a person may owe can depend on the level of care, length of treatment, insurance benefits, network status, deductible, copay or coinsurance, and services included. The only responsible approach is to request a written estimate based on the person's specific circumstances.

When speaking with Marietta Springs, ask for the admissions or billing team and request a benefits verification. Verification is an estimate, not a guarantee that an insurer will pay a claim. Ask what happens if coverage is denied or runs out, whether payment plans or financial assistance are available, and whether separate services may generate separate bills.

- Is the program in network with the person's insurance plan?
- What is the estimated out-of-pocket cost for the recommended level of care?
- Does the estimate include assessment, groups, individual sessions, medication services, and testing, if applicable?
- Are there enrollment fees, deposits, or cancellation charges?
- Will the estimate be provided in writing, and who can explain changes to it?

A simple script: "I understand the final amount may depend on insurance. Could you give me a written estimate of likely costs and explain what could change it?" If the answer is unclear, ask for the billing contact or request time to review the details before agreeing to services.

How to prepare for a call with Marietta Springs

You do not need a perfect account of the situation. A few notes can help you get useful answers while protecting the person's privacy and dignity. If possible, include the person in the call and let them decide what they want to share. The program may have limits on what it can disclose to family members without permission.

1. Write down the main concern and a few examples of recent changes.
2. Ask what assessment is required and whether it can be scheduled promptly.
3. Request details about PHP, IOP, and any other current services that may be relevant.
4. Ask about schedule, transportation, eligibility, and what support is available between sessions.
5. Discuss insurance and request written cost information before making a financial commitment.
6. Clarify what to do if the person's safety or symptoms worsen before the assessment.

Use reliable information—and verify what is current

The NIH Bookshelf provides free, health-related books and clinical references. It can be useful for learning general concepts about treatment and behavioral health, but it is not a substitute for an individual assessment or a current list of Marietta Springs services. Facility programs, schedules, and payment policies can change. Confirm them directly with the provider and ask a clinician to explain how a recommendation applies to the person in front of you.

The next step can be small

Marietta Springs may be able to explain which levels of care it currently offers, including whether partial hospitalization or intensive outpatient treatment is available and appropriate. The best starting point is a clear assessment, practical questions, and a conversation that leaves room for the person's perspective. You do not have to force a decision in one sitting.

If you are supporting someone, aim for one next action: make a call together, request an assessment, or ask for a written cost estimate. Then pause and check in. What would make this step 10% easier?

References and next steps

- Marietta Springs — contact the provider to confirm current services, admission steps, schedules, and costs.
- NIH Bookshelf — health and clinical reference materials for general education.