

Recovery from drug addiction is not a single event, and it is rarely helped by a single tool. People often arrive at treatment carrying withdrawal symptoms, sleep disruption, anxiety, shame, grief, physical tension, relationship strain, and a nervous system that has been living in alarm mode for months or years. A strong drug addiction treatment program has to address the medical, psychological, behavioral, social, and practical realities of recovery. At Recreate Ohio, Reiki is one of the holistic supports that may be incorporated alongside evidence-based therapies and clinical care, not as a substitute for them.

That distinction matters. Reiki is not detox. It is not medication-assisted treatment. It is not psychotherapy. It does not replace clinical assessment, relapse-prevention planning, group therapy, individual counseling, or the medical management that many people need when they stop using substances. What Reiki can offer, when used appropriately, is a calm and structured therapeutic support that may help some clients settle their bodies, practice stillness, reduce perceived stress, and reconnect with a sense of safety during a difficult stage of healing.

Recreate Behavioral Health of Ohio, also known as Recreate Ohio, is located in Gahanna, just outside Columbus. The facility offers detox, residential or inpatient rehab, and outpatient treatment. Recreate describes its Ohio location as providing a full continuum of care, including primary mental health services in a residential treatment setting. Within that continuum, treatment may include approaches such as cognitive behavioral therapy, dialectical behavior therapy, EMDR, medication-assisted treatment, individual therapy, group therapy, family therapy, and couples therapy. Holistic supports may also be available, including yoga and mindfulness, art therapy, adventure therapy, equine therapy, Reiki, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education.

Reiki belongs in that second category: supportive, experiential, body-oriented care. For the right person at the right time, it can complement the deeper clinical work of drug addiction treatment.

Where Reiki fits in a real continuum of addiction care

Ohio law recognizes that opioid and co-occurring drug addiction require a community-based continuum of care. That continuum includes services such as ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery. This is a useful framework because it reflects what clinicians and families often learn the hard way: people need different levels of care at different points in recovery.

A person in early withdrawal may need medical monitoring and comfort measures before they can meaningfully participate in therapy. Someone stepping down from residential treatment may need outpatient structure, peer support, and relapse-prevention planning. Another person may need mental health treatment woven tightly into addiction care because depression, trauma, anxiety, or other concerns have been part of the substance-use cycle. Drug addiction treatment works best when it is flexible enough to meet these shifting needs.

Reiki fits best as an adjunctive support within that broader structure. It may be introduced during residential care, used as part of a wellness offering, or paired with other calming practices such as mindfulness. It should be framed honestly. Reiki is not the clinical backbone of treatment. It is not the reason a program <https://www.recreateohio.com/addiction/> is safe. It is not what makes detox medically appropriate. The backbone is the certified treatment program, the clinical team, the appropriate level of care, and the use of therapies and medications when indicated.

Still, supportive therapies can matter. In treatment settings, progress often depends on more than insight. A client may intellectually understand relapse triggers but still feel trapped in agitation or dread. They may know

that group therapy is important but struggle to tolerate sitting in a room with others. They may want to sleep but find their body will not cooperate. They may say, “I don’t know how to be in my skin sober.” That last phrase, or some version of it, is common in addiction treatment. Reiki may help some people practice being present in the body without having to explain, defend, perform, or analyze.

What Reiki is, and what it is not

Reiki is commonly described as a gentle energy-based practice that involves a practitioner using light touch or placing hands near the body while the recipient rests, usually fully clothed. Sessions are typically quiet. The person receiving Reiki may sit or lie down. The practitioner may move through a sequence of hand positions or respond to areas where the client reports tension or discomfort. In many clinical or wellness settings, the experience is less about doctrine and more about relaxation, grounding, and supportive presence.

People respond differently. Some feel warmth, heaviness, tingling, emotional release, or deep relaxation. Others feel very little and still appreciate the quiet. A few may find stillness uncomfortable, particularly if trauma, anxiety, or withdrawal symptoms are active. That is why Reiki should be offered with choice, consent, and clear boundaries. No one in drug addiction treatment should feel pressured to participate in a holistic service that does not fit their beliefs, comfort level, or clinical needs.

The responsible way to discuss Reiki is to avoid exaggerated claims. It should not be presented as a cure for drug addiction. It should not be promoted as a replacement for medication-assisted treatment, detox, therapy, or psychiatric care. It should not be described as a way to remove cravings or resolve trauma by itself. Addiction is a complex medical and behavioral health condition, and treatment decisions deserve careful clinical judgment.

Used appropriately, Reiki is better understood as a calming, nonverbal support. It can give clients a structured opportunity to rest, slow breathing, notice sensations, and experience care without needing to talk. That may sound modest, but in early recovery, modest supports can have real practical value. Many clients are relearning how to tolerate ordinary feelings. They are rebuilding routines. They are learning that discomfort does not always require escape. A quiet session that helps someone sit through restlessness for twenty or thirty minutes can support that larger learning process.

Why the body matters in drug addiction treatment

Drug addiction is often discussed through the language of behavior: choices, consequences, habits, triggers, accountability. Those topics matter, but they do not capture the full experience. Addiction also lives in the body. Sleep cycles shift. Appetite changes. Pain sensitivity may increase. Stress hormones and reward pathways have been affected by repeated substance use. The person may feel exhausted and wired at the same time.

During detox and early stabilization, the body can feel unpredictable. A client may sweat through sheets, wake in panic, feel muscle aches, struggle with nausea, or experience intense cravings that seem to arrive without warning. Even after acute withdrawal improves, the nervous system can remain reactive. Loud voices, family conflict, boredom, shame, or a memory can trigger a physical surge before the person has time to think.

This is one reason many treatment programs include body-based or experiential supports. Yoga and mindfulness can teach breath awareness and gentle movement. Fitness and wellness activities can help restore strength and routine. Nutrition education can support rebuilding basic health habits. Art therapy may give expression to feelings that are difficult to verbalize. Reiki sits within this same broad family of supportive services, with an emphasis on stillness, relaxation, and receiving care.

For someone who has spent years using substances to manage distress, the body may not feel like a safe place. They may be used to numbing it, stimulating it, overriding it, or ignoring it. Recovery asks something different. It asks the person to notice hunger, fatigue, pain, anger, grief, fear, and craving without automatically reaching for drugs. That is a major adjustment. Clinical therapy helps clients understand patterns and build skills. Holistic supports may help them practice those skills in the body.

Reiki alongside evidence-based therapies

At Recreate Ohio, treatment may include CBT, DBT, EMDR, medication-assisted treatment, and individual, group, family, and couples therapy. These are very different interventions, and each serves a different purpose.

CBT, or cognitive behavioral therapy, helps clients identify the connections among thoughts, emotions, behaviors, and consequences. In drug addiction treatment, CBT often focuses on triggers, cravings, distorted thinking, refusal skills, and relapse-prevention planning. DBT, or dialectical behavior therapy, can be especially helpful when clients struggle with emotional intensity, impulsivity, self-destructive patterns, or relationship conflict. DBT skills such as distress tolerance and emotion regulation are highly relevant in early recovery.

EMDR may be used for trauma-related symptoms when clinically appropriate. Many people in addiction treatment have lived through violence, loss, neglect, or other experiences that shaped their relationship with substances. Individual therapy gives clients space to work privately on history, goals, barriers, and accountability. Group therapy offers peer feedback and reduces isolation. Family and couples therapy may help address communication, boundaries, trust, and the relational impact of addiction.

Medication-assisted treatment has a distinct role, particularly for opioid use disorder and certain other substance-use conditions. It can reduce cravings, support stabilization, and lower risk when used as part of a comprehensive treatment plan. In Ohio, safe prescribing is supported by tools such as the statewide drug-monitoring system for controlled-substance dispensing information, which helps prescribers make informed decisions and connect people at risk of substance use disorder to resources.

Reiki does not compete with these services. It should not sit in the same category as a primary clinical intervention. Instead, it may help some clients become more available for the work those therapies require. A person who is chronically tense may engage more fully in group after a calming practice. Someone learning DBT distress-tolerance skills may find that a Reiki session reinforces the experience of pausing before reacting. A client working through trauma may benefit from additional grounding supports, as long as those supports are used with care and do not push the person beyond their window of tolerance.

The trade-off is that not every client will find Reiki useful. Some people prefer active coping skills, exercise, structured groups, or direct conversation. Some have spiritual or religious objections. Some dislike being still. Some may misinterpret holistic care as less serious than clinical treatment unless staff explain how it fits. Good treatment planning respects those differences.

Consent, boundaries, and trauma-informed practice

Any hands-on or near-body practice in an addiction treatment setting requires thoughtful boundaries. Many clients have histories that make physical proximity complicated. Others may be newly sober and emotionally raw. A relaxing service can become uncomfortable if consent is vague or if the client feels unable to speak up.

A trauma-informed approach to Reiki keeps choice at the center. The practitioner should explain what will happen before the session begins, including whether touch is involved, where hands may be placed, and how the

client can stop or adjust the session. A client should be able to choose no touch, ask for more distance, sit instead of lie down, keep eyes open, or end the session without having to justify the decision.

A brief pre-session conversation can prevent many problems. It may include questions such as:

- Are you comfortable with light touch, or would you prefer hands kept away from the body?
- Are there areas you do not want approached, such as the head, shoulders, abdomen, or feet?
- Would you rather sit in a chair or rest on a treatment table?
- If you become uncomfortable, how would you like to signal that you want to pause?
- Is there anything about quiet rooms, closed eyes, or physical proximity that staff should know?

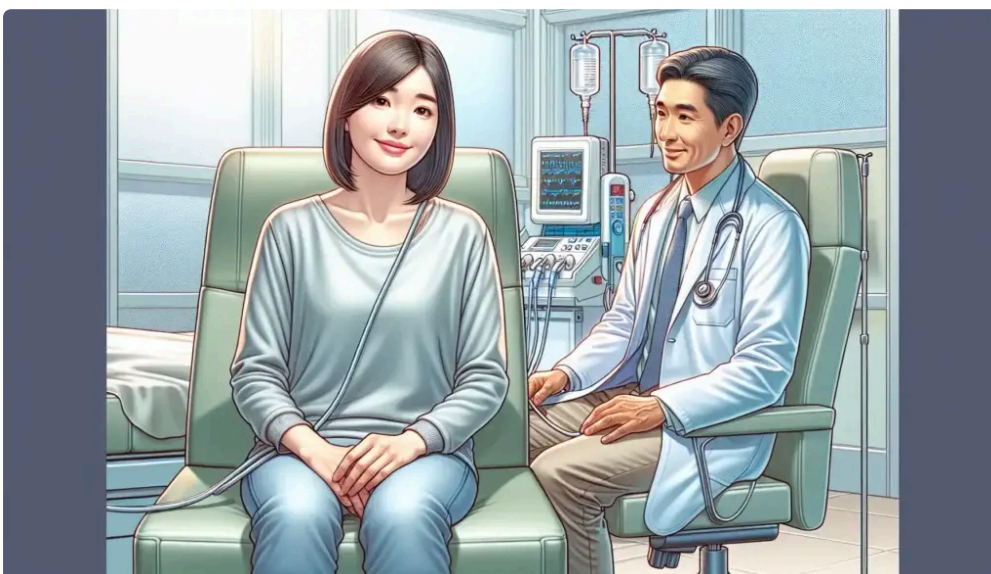
This type of clarity protects the client and the practitioner. It also models a recovery skill that is larger than Reiki: the ability to **Addiction Treatment in Ohio** name boundaries. Many people with drug addiction have spent years overriding their own limits or having their limits ignored. Practicing a clear “yes,” “no,” or “not today” in a safe setting can be part of rebuilding self-trust.

Early recovery, cravings, and the nervous system

Cravings are not merely thoughts. They can feel like a full-body command. A person may experience tightness in the chest, saliva changes, restlessness, stomach discomfort, racing thoughts, irritability, or a sudden sense that nothing matters except using. Good drug addiction treatment teaches clients to recognize cravings as temporary states, not instructions.

Reiki may support this lesson indirectly. A quiet session can help some clients notice that sensations rise, shift, and pass. The practitioner is not asking them to debate the craving, tell their whole story, or make promises about the future. The task is simpler: breathe, remain present, and allow the body to settle as much as it can in that moment.

This can pair well with clinical skills. For example, in DBT-informed treatment, a client might learn to ride out a wave of distress without acting on it. In CBT, they might learn to challenge the belief that a craving will last forever. In mindfulness practice, they might learn to observe sensations without judgment. Reiki can reinforce the felt experience of slowing down. It gives the nervous system a chance to practice something other than urgency.



That said, cravings require a plan. A client at high risk of relapse needs clinical support, safety planning, appropriate level of care, and sometimes medication. Reiki should never be treated as the primary response to

severe cravings, withdrawal complications, suicidality, psychosis, or medical instability. In those circumstances, the correct response is clinical escalation, not a wellness session.

The Ohio context and why certification matters

Substance use disorder treatment in Ohio is regulated. Providers that deliver substance use disorder treatment must be certified by the Ohio Department of Mental Health and Addiction Services under state law. Certification is not a marketing detail. It matters because addiction treatment involves real risk, including withdrawal complications, overdose vulnerability, medication decisions, co-occurring mental health symptoms, and the need for appropriate referrals.

Ohio's framework for addiction care also emphasizes a continuum rather than a one-size-fits-all model. This is particularly important in opioid and co-occurring drug addiction, where needs may change quickly. A person may begin in detox, continue into residential treatment, step down to outpatient care, and later rely on peer support, recovery housing, or community-based resources. Others may enter at an outpatient level if medically and clinically appropriate. Multiple pathways to recovery are part of the state's recognized approach.

Recreate Ohio's location in Gahanna places it near Columbus, where access to different levels of care can matter for individuals and families navigating treatment decisions. Recreate states that its Ohio facility offers detox, residential or inpatient rehab, and outpatient treatment, along with a full continuum of care and residential primary mental health services. Within a comprehensive setting like this, Reiki can be one supportive option among many.

The key is integration. Holistic care should be coordinated with the treatment plan, not floating separately from it. If a client has panic symptoms during Reiki, the clinical team should know. If the client finds it helpful for sleep or anxiety, that can inform coping-skills planning. If a client avoids therapy but attends only holistic services, the team may need to explore avoidance patterns. Integration turns Reiki from an isolated amenity into a thoughtful part of care.

What a client might experience

A Reiki session in a treatment setting is usually quiet and simple. The client may enter a calm room, discuss preferences and boundaries, and settle into a chair or onto a table fully clothed. The practitioner may use light touch or no touch, depending on consent and practice style. The session may last a short period or longer depending on the program structure, scheduling, and clinical appropriateness.

The most common immediate response people seek is relaxation. Some clients describe feeling grounded or less tense. Others may feel emotional, not necessarily in a negative way. Stillness can bring up sadness, relief, fatigue, or memories. A responsible practitioner does not turn that into amateur therapy. If clinical material emerges, the client can be encouraged to bring it to their therapist or treatment team.

One client might use Reiki as a way to decompress after a difficult family session. Another may schedule it during residential treatment when sleep has been poor. Someone else may try it once and decide it is not for them. All of these are acceptable outcomes. The goal is not to convert every client into a believer in Reiki. The goal is to offer a safe, respectful support that may help some people engage recovery with a little more steadiness.

A practical example may help. Picture a person in early residential treatment who has made it through detox but remains tense, guarded, and easily irritated. They attend groups but keep arms crossed and speak only when called on. Their therapist is working with them on emotional awareness and relapse triggers. A Reiki session will not solve the underlying addiction, repair relationships, or create a discharge plan. But if the person spends half

an hour practicing quiet, noticing their breath, and leaving with slightly less muscle tension, that experience can become a reference point. Later, in group, when discussing distress tolerance, they may be able to say, "I felt my body calm down without using." That sentence matters.

When Reiki may not be the right support

A professional treatment program should be willing to say no or not now. Holistic supports are not automatically appropriate for every person on every day. If someone is medically unstable, in severe withdrawal, acutely psychotic, highly dissociated, or unable to give meaningful consent, the priority is clinical and medical care. If a client has trauma triggers related to touch or closed rooms, Reiki may need modification or may not be appropriate. If a client views Reiki in conflict with personal beliefs, another support should be offered without pressure.

There is also a subtler issue: avoidance. Some clients gravitate toward calming services because they are more comfortable than therapy, family work, accountability, or relapse-prevention planning. Comfort is not bad. In recovery, rest and relief are necessary. But if Reiki becomes a way to avoid hard conversations, the treatment team should address that pattern clinically. The same could be true of exercise, art, reading, or even helping others. Almost any healthy activity can become avoidance if it consistently replaces the core work of treatment.

Good care balances compassion with structure. A client can be encouraged to use Reiki for grounding while still being expected to attend therapy, participate in groups, consider medication when appropriate, work on family boundaries, and prepare for continuing care after discharge.

Families often need a clear explanation

Family members sometimes react strongly to the word "Reiki." Some are curious. Some are skeptical. Some worry that holistic therapies mean the program is not serious. Others may overvalue holistic care and undervalue medication, therapy, or medical supervision. Both reactions need correction.

A clear explanation helps: Reiki is one optional supportive service within a broader drug addiction treatment program. It may help with relaxation, grounding, and stress management for some clients. It does not replace detox, medication-assisted treatment, psychotherapy, or discharge planning. It is part of a larger menu of care that may also include evidence-based therapies, family involvement, wellness practices, and different levels of treatment.

Families also benefit from understanding that recovery rarely feels linear. A loved one may sound hopeful after a calming session and discouraged the next day after a difficult group. That does not mean treatment is failing. It means the person is doing emotionally demanding work. Holistic supports can help create moments of regulation, but long-term recovery still requires skills, support, honesty, and ongoing care.

When families participate in therapy, they may learn how to support recovery without trying to control it. They may discuss boundaries, communication patterns, relapse warning signs, and the difference between help and rescue. Reiki does not replace any of that. It may simply be one way the person in treatment learns to calm their body while the family system learns healthier patterns.

Multiple pathways, one central purpose

Ohio's addiction-care framework recognizes multiple pathways to recovery, and that phrase deserves attention. Recovery can include medication-assisted treatment, residential treatment, outpatient therapy, peer support,

recovery housing, family work, spiritual practices, fitness, mindfulness, and other supports. Different people need different combinations. The pathway that works for one person may not fit another.

Reiki belongs in the category of supportive pathway elements. It may be meaningful for a client who values quiet, body-based care. It may be neutral for another. It may be inappropriate for someone else. The measure of its value is not whether it sounds impressive on a services list. The measure is whether it supports the client's recovery goals without distracting from necessary clinical care.

At Recreate Ohio, the availability of Reiki alongside therapies such as CBT, DBT, EMDR, medication-assisted treatment, individual and group therapy, and family or couples therapy reflects a broad approach to treatment. The same facility may also offer other holistic supports, including yoga and mindfulness, art therapy, adventure therapy, equine therapy, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education. This range can be helpful because clients often need more than talk therapy alone, yet still need talk therapy and clinical structure at the center.

A person recovering from drug addiction is rebuilding a life, not just stopping a behavior. They may need to learn how to sleep, eat, communicate, tolerate distress, manage pain, repair trust, take medication responsibly, build sober routines, and ask for help before a crisis. No single service can carry that load. A continuum of care can.

A grounded view of Reiki in recovery

The most honest case for Reiki in drug addiction treatment is also the most practical. Recovery is stressful. The body is involved. Many clients struggle to feel calm without substances. Some benefit from structured, consent-based, nonverbal practices that support relaxation and grounding. Reiki may be one such support when offered within a certified, clinically responsible treatment environment.

It should be presented with humility. Some people will find it helpful. Some will not. Its role is supportive, not curative. Its best use is alongside medical care, evidence-based therapy, peer connection, family work, relapse-prevention planning, and continuing support after treatment.

At Recreate Ohio in Gahanna, Reiki may be part of a broader holistic offering within a full continuum that includes detox, residential or inpatient rehab, outpatient treatment, and primary mental health services in a residential setting. For clients who are open to it, Reiki can provide a quiet place to practice receiving care, noticing the body, and settling the nervous system. In the larger arc of recovery, those small moments of steadiness can help support the deeper work of healing from drug addiction.