



FAMILY **INFORMATION** BOOKLET

An introduction to the treatment process for family members

Part of ARC's Family Information Series



INTRODUCTION

This booklet is for you, the family member of a person dependent on alcohol or drugs. Whether your family member is dependent on alcohol, cocaine, heroin, marijuana, prescription medications, or other drugs, his or her dependence affects you and your family, too.

This booklet answers questions often asked by families of people entering treatment at ARC Addiction Recovery Centre. Remember that the ARC Treatment team are always available to answer any questions that you might have and assist you during this stressful time. Take advantage of this help, and talk with supportive friends or other family members about your feelings.

Millions of South Africans abuse or are dependent on alcohol or drugs. All of these people have families—so remember, you are not alone. The fact that your family member is in treatment is a good sign and a big step in the right direction.

People with alcohol or drug dependence problems can and do recover.

WHAT IS SUBSTANCE ABUSE?

Alcoholism and drug dependence and addiction, known as substance use disorders, are complex problems. People with these disorders once were thought to have a character defect or moral weakness; some people mistakenly still believe that. However, most scientists and medical researchers now consider dependence on alcohol or drugs to be a long-term chronic illness, like asthma, hypertension (high blood pressure), or diabetes. Most people who drink alcohol drink very little, and many people can stop taking drugs without a struggle. However, some people develop a substance use disorder—use of alcohol or drugs that is compulsive or dangerous (or both).

WHY DO SOME PEOPLE DEVELOP A PROBLEM BUT OTHERS DON'T?

Substance use disorder is an illness that can affect anyone: rich or poor, male or female, employed or unemployed, young or old, and any race or ethnicity. Nobody knows for sure exactly what causes it, but the chance of developing a substance use disorder depends partly on genetics—biological traits passed down through families. A person's environment, psychological traits, and stress level also play major roles by contributing to the use of alcohol or drugs. Researchers have found that using drugs for a long time changes the brain in important, long-lasting ways. It is as if a switch in the brain turned on at some point. This point is different for every person, but when this switch turns on, the person crosses an invisible line and becomes dependent on the substance. People who start using drugs or alcohol early in life run a greater risk of crossing this line and becoming dependent. These changes in the brain remain long after a person stops using drugs or drinking alcohol.

Even though your family member has an illness, it does not excuse the bad behaviour that often accompanies it. Your loved one is not at fault for having a disease, but he or she is responsible for getting treatment.

WHAT ARE THE SYMPTOMS OF SUBSTANCE USE DISORDERS?

One of the most important signs of substance addiction or dependence is continued use of drugs or alcohol despite experiencing the serious negative consequences of heavy drug or alcohol use. Often, a person will blame other people or circumstances for his or her problems instead of realizing that the difficulties result from use of drugs or alcohol. For example, your partner may believe he was fired from jobs because his bosses didn't know how to run a business. Or your daughter may believe she got a ticket for driving under the influence of alcohol because the police were targeting her.

Q: My husband says that he is an addict. How can this be possible when he still has a good job?

A: Understanding how a person can be dependent on alcohol or drugs and still keep a good job is difficult. The media often portray people with substance use disorders as unemployed, unproductive, criminal, and homeless. However, many people who are dependent on alcohol or drugs do not fit this stereotype; they have jobs and live with their families. The disease does tend to worsen over time. Eventually, your husband's drug use may increase, and, with no help, he may begin to experience more serious problems. The earlier your husband can get treatment, the better chance he has of recovery.

Perhaps your loved one has even blamed you. People with this illness really may believe that they drink normally or that “everyone” takes drugs. These false beliefs are called denial, and denial is part of the illness.

Other important symptoms of substance use disorders include;

- **TOLERANCE**

A person will need increasingly larger amounts of alcohol or drugs to get high.

- **CRAVING**

A person will feel a strong need, desire, or urge to use alcohol or drugs, will use alcohol or a drug despite negative consequences, and will feel anxious and irritable if he or she can't use them. Craving is a primary symptom of addiction.

- **LOSS OF CONTROL**

A person often will drink more alcohol or take more drugs than he or she meant to, or may use alcohol or drugs at a time or place he or she had not planned. A person also may try to reduce or stop drinking or using drugs many times, but may fail.

- **PHYSICAL DEPENDENCE OR WITHDRAWAL SYMPTOMS**

In some cases when alcohol or drug use is stopped, a person may experience withdrawal symptoms from a physical need for the substance. Withdrawal symptoms differ depending on the drug, but they may include nausea, sweating, shakiness, and extreme anxiety. The person may try to relieve these symptoms by taking either more of the same or a similar substance.

WHAT IS SUBSTANCE ABUSE TREATMENT?

Who Provides Treatment?

Many different kinds of professionals provide treatment for substance use disorders. At ARC, the main caregivers are specially trained individuals that make up a treatment team. The ARC treatment team is made up of social workers, counsellors, case managers, nurses, consulting doctors, psychologists, psychiatrists, and other professionals.

What Will Happen First?

Everyone entering treatment receives a clinical assessment. A complete assessment of an individual is needed to help treatment professionals offer the type of treatment that best suits him or her. The assessment also helps program counsellor's work with the person to design an effective treatment plan. Although clinical assessment continues throughout a person's treatment, it starts at or just before a person's admission to a treatment program.

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The counsellor will begin by gathering information about the person, asking many questions such as those about;

- Kinds, amount, and length of time of substance or alcohol use
- Cultural issues around use of alcohol or drugs
- Effects of drug or alcohol use on the person's life
- Medical history
- Current medical problems or needs
- Current medications (including pain medication)
- Mental health issues or behavioral problems
- Family and social issues and needs
- Legal or financial problems
- Educational background and needs
- Current living situation and environment
- Employment history, stability, problems, and needs
- School performance, problems, and needs, if relevant
- Previous treatment experiences or attempts to quit drug or alcohol use

The counsellor will invite you, as a family member, to answer questions and express your own concerns as well. Be honest—this is not the time to cover up your loved one's behaviour. The counsellor needs to get a full picture of the problem to plan and help implement the most effective treatment. It is particularly important for the counsellor to know whether your family member has any serious medical problems or whether you suspect that he or she may have an emotional problem. You may feel embarrassed answering some of these questions or have difficulty completing the interview, but remember: the counsellor is there to help you and your loved one. The treatment team uses the information gathered to recommend the best type of treatment. No one type of treatment is right for everyone; to work, the treatment needs to meet your family member's individual needs.

After the assessment, a counsellor or case manager is assigned to your family member. The counsellor works with the person (and possibly his or her family) to develop a **treatment plan**. This plan lists problems, treatment goals, and ways to meet those goals.

MEDICALLY SUPERVISED WITHDRAWAL (often called detoxification or detox)

This means that medication will be used to help people safely withdraw from alcohol or drugs. People who have been taking large amounts of opioids (e.g., heroin, OxyContin, or codeine), barbiturates or sedatives (“downers”), pain medications, or alcohol— either alone or together—may need medically monitored or managed withdrawal services. Sometimes, alcohol withdrawal can be so severe that people hallucinate, have convulsions, or develop other dangerous conditions. Medication can help prevent or treat such conditions. Anyone who has once had hallucinations or seizures from alcohol withdrawal or who has another serious illness or (in some cases) a mental disorder that could complicate detoxification may need medical supervision to detoxify safely. Detoxification may take several days to a week or more. During that time, the person will receive medical care and may begin to receive education about his or her disease.

WHAT ACTUALLY HAPPENS IN TREATMENT PROGRAMS?

Assessment

As we discussed earlier, the ARC treatment programs begins with a clinical assessment of a person’s individual treatment needs. This assessment helps in the development of an effective treatment plan.

Medical Detox

A medically prescribed detox is prescribed by the ARC doctor. This will be supervised by the 24 hour nursing staff at the ARC facility.

A Treatment Plan

The treatment team, along with the person in treatment, develops a treatment plan based on the assessment. A treatment plan is a written guide to treatment that includes the person’s goals, treatment activities designed to help him or her meet those goals, ways to tell whether a goal has been met, and a timeframe for meeting goals. The treatment plan helps both the person in treatment and treatment program staff stay focused and on track. The treatment plan is adjusted over time to meet changing needs and ensure that it stays relevant.

GROUP AND INDIVIDUAL COUNSELLING

At first, individual counselling generally focuses on motivating the person to stop using drugs or alcohol. Treatment then shifts to helping the person stay drug and alcohol free. The counsellor attempts to help the person;

- See the problem and become motivated to change
- Change his or her behaviour
- Repair damaged relationships with family and friends
- Build new friendships with people who don’t use alcohol or drugs
- Create a recovery lifestyle.

Group counselling offers peer support and offers a medium whereby peers try to help one another cope with life without using drugs or alcohol. They share their experiences, talk about their feelings and problems, and find out that others have similar problems. Groups also may explore spirituality and its role in recovery.

INDIVIDUAL ASSIGNMENTS

People in treatment at ARC be asked to read certain things (or listen to audiotapes), to complete written assignments, or to try new behaviours.

EDUCATION ABOUT SUBSTANCE USE DISORDERS

People learn about the symptoms and the effects of alcohol and drug use on their brains and bodies. Education groups use videotapes or audiotapes, lectures, or activities to help people learn about their illness and how to manage it.

LIFE SKILLS TRAINING

This training can include learning and practicing employment skills, leisure activities, social skills, communication skills, anger management, stress management, goal setting, and money and time management.

TESTING FOR ALCOHOL OR DRUG USE

Program staff members regularly take urine samples from people for drug testing. ARC also makes use of a Breathalyzer to test people for alcohol use.

RELAPSE PREVENTION TRAINING

Relapse prevention training teaches people how to identify their relapse triggers, how to cope with cravings, how to develop plans for handling stressful situations, and what to do if they relapse. A trigger is anything that makes a person crave a drug. Triggers often are connected to the person's past use, such as a particular situation or emotion.

ORIENTATION TO SELF-HELP GROUPS

Participants in self-help groups support and encourage one another to become or stay drug and alcohol free. Twelve-Step programs are perhaps the best known of the self-help groups. These programs include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous, and Marijuana Anonymous.

Members themselves, not treatment facilities, run self-help groups. In many places, self-help groups offer meetings for people with particular needs. You may find special meetings for young people; women; lesbian, gay, and bisexual people; newcomers; and those who need meetings in languages other than English.

Internet chat groups and online meetings are also available for some groups.

The ARC treatment programme require attendance at self-help groups. By attending, many people make new friends who help them stay in recovery. ARC also encourages people to find a "sponsor," that is, someone who has been in the group for a while and can offer personal support and advice.

Self-help groups are very important in most people's recovery. It is important to understand, however, that these groups are not the same as treatment.

There are self-help groups for family members, too, such as Al-Anon and Alateen.

TREATMENT FOR MENTAL DISORDERS

Many people with a substance use disorder also have emotional problems such as depression, anxiety, or posttraumatic stress disorder. Treating both the substance use and mental disorders increases the chances that the person will recover.

At ARC, we recommend that people should be alcohol and drug free for at least 3 to 4 weeks before a treatment professional can identify emotional illness correctly, although we may require that a person be stabilised on medication under the supervision of a Psychiatrist at a specialist Psychiatric unit or hospital.

FAMILY EDUCATION AND COUNSELLING SERVICES

This education can help you understand the disease and its causes, effects, and treatment. The ARC Family Education Group provides this education in the following ways: lectures, discussions, and group meetings. The ARC Treatment Programme also provides counselling for families or couples on request. Family members are requested to participate as fully as possible in the family counselling the program offers.

FOLLOW UP CARE

(Also Called Continuing or Extended Care)

Even when a person has successfully completed a treatment program, the danger of returning to alcohol or drug use (called a "slip" or relapse) remains. The longer a person stays in treatment, including follow up, the more likely he or she is to stay in recovery. Once a person has completed basic treatment, a program will offer a follow up care program at the treatment facility.

Statistics have shown that the longer one spends engaged in the treatment process, the better the chances are that the treatment will be successful. One study done by Hazelden in the U.S.A showed that the chances of successful treatment outcomes doubled with every 28 days spent in primary care. This is why we specifically run our program on a 12 week cycle. It is important to strongly consider our 12 week inpatient programme should finances and/or employment restraints allow.

We also understand that a Client may have financial or work restraints, which is why it is important that, should a Client only be admitted only for the 4 week program, that they strongly consider attending our 12 week aftercare program along with our halfway house programme. This program is designed to supplement the work done during the primary care phase and the results yielded by those who have attended aftercare far surpass the success of those that have only completed the inpatient program. Our aftercare program runs from 6pm to 7pm from Mondays to Fridays.

Clients attending will be asked to ensure prompt time keeping, to complete “Homework Assignments”, and will be randomly and regularly tested for Alcohol and other substances.

FOLLOW UP CARE IS VERY IMPORTANT TO SUCCESSFUL TREATMENT.

Once a person is back in his or her community, back in school, or back at work, he or she will experience many temptations and cravings for alcohol or drugs. In follow up care, your family member will meet periodically with a counsellor or a group to determine how he or she is coping and to help him or her deal with the challenges of recovery.

SUPPORTIVE LIVING OR HALFWAY HOUSE

provides small group living arrangements for those who need a structured, disciplined, sober and drug-free living environment. The residents support one another, and involvement in outpatient counselling and self-help groups is expected. People usually stay from 3 months to 1 year, and counselling is provided at the site or at our outpatient facility.

Q: My mother says there is no cure for this disease, so she doesn't need treatment. Is that true?

A: Perhaps your mother does not understand the purpose of treatment. She is correct to some degree; a substance use disorder is often chronic— but it is treatable. This is also true of many other long-term illnesses, such as diabetes and hypertension. Treatment for substance use disorders is designed to help people stop alcohol or drug use and remain sober and drug free. Recovery is a lifelong process. Staying in recovery is a difficult task, so your mother will need to learn new ways of thinking, feeling, and acting. Treatment can help your mother accept, manage, and live with her illness.

Q: What are these “sober life skills” my partner talks about?

A: Sober life skills are the new behaviours and ways of living that your partner will need to work on. Before treatment, your partner spent a great deal of time obtaining a substance, using drugs or drinking alcohol, and getting over the substance's effects. Most of his or her activities centered on drugs or alcohol. Most of his or her fun activities included drinking alcohol or using drugs, and many of your partner's friends used or abused substances, too. For these reasons, people recovering from substance use disorders need to learn a whole new way to live and to make new friends.

Q: My father is the one who drinks too much alcohol. Why do the counsellors want to talk to me?

A: Treatment professionals know that substance use disorders affect the whole family. It makes sense, then, to offer help to the whole family. Some programs offer family education, and others involve the family or couples in counselling sessions. It's hard to grow up with a parent who uses alcohol or drugs. It can be helpful if you learn more about the disease and the effect it has had on your family and on you. Talking to someone who understands substance use disorders can make a big difference for you.

JUST FOR YOU

Now that your family member is in treatment, things are starting to change. Some of the tension and turmoil that probably were part of your life may be starting to ease. But the first weeks of treatment are stressful. Each family member is adjusting to changes, starting to deal with past conflicts, and establishing new routines. Amid all these changes, it is important that you take good care of yourself—get enough sleep, eat right, rest, exercise, and talk to supportive friends and relatives. Your church, mosque, synagogue, temple, or other spiritual organization also may be a good source of support.

Recovery is not just an adjustment for the person in treatment—it also is an adjustment for you. For the past few years, you may have assumed roles or taken care of tasks that were your loved one’s responsibilities. Now, as time passes, you and he or she may need to learn new ways of relating to each other and learn different ways of sharing activities and chores. You may need to adjust your life and family relationships to allow for the extra time this involvement will take.

You may have many questions about how your family member will behave in these early stages of recovery. Everyone acts differently. Some people are very happy to be getting treatment at last; others suffer a great deal while they adjust to a new life and attempt to live it without alcohol and drugs. They may be sad, angry, or confused. It is important for you to realize that these are normal reactions and to get support for yourself.

Al-Anon is the best-known and most available resource for family members and friends of alcoholics. Al-Anon was founded 50 years ago to provide support for those living with someone with alcoholism. Alateen, for older children and adolescents, was founded somewhat later on. Today, many family members of people who use drugs also participate in Al-Anon or Alateen. These meetings are free and available in most communities.

Your community also may have Nar-Anon meetings. This group was founded for families and friends of those using drugs. Other groups also may be helpful, such as Co-Dependents Anonymous and Adult Children of Alcoholics. The treatment program should be able to give you schedules of local meetings of all these groups, or you can find contact information in the “Resources” section of this booklet.

Many treatment professionals consider substance use disorders family diseases. To help the whole family recover and cope with the many changes going on, you may be asked to take part in treatment. This approach may involve going to a family education program or to counselling for families or couples.

It is important to remember the following points as you and your family member recover:

- You are participating in treatment for yourself, not just for the sake of the person who used substances.
- Your loved one’s recovery, sobriety, or abstinence does not depend on you.
- Your family’s recovery does not depend on the recovery of the person who used substances.
- You did not cause your family member’s substance use disorder. It is not your fault.

You still may have hurt feelings and anger from the past that need to be resolved. You need support to understand and deal with these feelings, and you need to support your loved one’s efforts to get well.

REMEMBER: HELP IS ALWAYS THERE FOR YOU, TOO.

Ask the case manager or counsellor allocated to your loved one for some suggestions.

I'M AFRAID IT WON'T WORK

Treatment is just the first step to recovery. During this process family members sometimes have mixed feelings. You may feel exhausted, angry, relieved, worried, and afraid that, if this doesn't work, nothing will. You may feel as if you are walking on eggshells and that, if you do something wrong, you may cause your loved one to relapse. It is important for you to remember that you cannot cause a relapse—only the person who takes a drug or picks up a drink is responsible for that.

No one can predict whether your family member will recover, or for how long, but many people who receive treatment do get better. The longer people stay in treatment the more likely they will remain drug and alcohol free. About half the people who complete treatment for the first time continue to recover. Of course, this means that about half will return to drinking alcohol and using drugs (called relapse) before they finally give them up for good. Adolescents are even more likely to use drugs or alcohol or both again. It is not uncommon for a person to need to go through treatment more than one time. Often the person needs to return to treatment quickly to prevent a slip or relapse from leading to a chronic problem.

IT IS IMPORTANT FOR YOU TO UNDERSTAND THAT RELAPSE IS OFTEN A PART OF THE RECOVERY PROCESS.

Do not be discouraged if your family member uses alcohol or drugs again. Many times relapses are short and the person continues to recover.

A treatment program may involve you in relapse prevention planning and may help you learn what to do if your family member relapses. Your family member will benefit if you do not drink or use drugs around him or her, especially in the first months after his or her treatment begins. When you choose not to use drugs or alcohol, you help your loved one avoid triggers. As you both begin to understand and accept the illness, the risk of relapse decreases. The changes in attitudes, behaviours, and values that you both are learning and practicing will become part of your new recovering lifestyle.

ESPECIALLY FOR YOUNG PEOPLE

You may be having difficulty handling some of your concerns about living with a person who abuses alcohol or drugs. Whether this person is your mom, dad, grandparent, brother, or sister, it is important that you talk about our problems, fears, and concerns with people who are understanding and sympathetic. You may feel that you caused your family member's substance use disorder or that it is somehow your fault. You may think that if you had behaved better, done better in school, or been different in some way your mom or dad or the person you care about would not drink so much alcohol

or take drugs. You did not in any way cause their disease. No one ever causes another person's substance use disorder. It is nobody's fault that someone you care about has become ill.

Your family member may have embarrassed you in front of friends, teachers, or another person. You may have stopped bringing friends home or stopped telling your parents about school activities. Now that your relative is in treatment, his or her behaviour should improve. You may have lived with fighting and stress, and you may have been abused or witnessed other kinds of violence. You may feel very angry and sad because of these experiences. Now you can talk about this and other feelings with your family or the staff at the treatment program. It will be important for you to share your thoughts and feelings about what has happened. You may want to go to self-help groups such as Al-Anon or Alateen. Some young people find these meetings to be helpful. These groups talk about the three C's: You didn't Cause it, you can't Control it, and you can't Cure it. Remembering the three C's can help.

It is important to know that substance use disorders run in families. People who have a blood relative with a substance use disorder are about four times more likely to develop the same disorder than those who do not. This means that you may have inherited a tendency to develop a problem yourself, and you should be careful about drinking alcohol or taking drugs. This information is meant to educate you, not to scare you.

The situation at home will probably improve because your relative is in treatment. Like treatment for people with other illnesses, treatment for substance use disorders is helpful, but not everyone knows or believes it is. A great deal of stigma and shame are still associated with substance use disorders. What and how much you tell your friends or teachers is your decision and your family's. You may just want to say something like, "My mom is ill, but she will get better and come home soon. Thank you for asking."

You may choose to help educate some of your close friends about your relative's illness and his or her progress in treatment. Or, you may decide not to share this information with them. It's your choice.

Remember, you didn't create this problem, but you can play an important role in helping everyone heal. Hang in there.

WHAT ELSE DO I NEED TO KNOW?

Additional Information Required by the treatment team

Please note that it is of the utmost importance that the following information is either given to, or emailed to your allocated Counsellor within the first 24 Hours of your loved one having been admitted to ARC;

- Copies of any prescriptions for medication;
- Details of any previous Drug and Alcohol Rehabilitation or Psychiatric treatment;
- Names and contact details for any health care professionals that may have treated your loved one within the past 2 years prior to their admission to ARC;
- Details of any specific concerns that you might have for your loved one;

Visitation

No visitors or phone calls are allowed for the first 10 days. After which visitation may take place on weekends and public holidays from 1:30 until 5pm. Please ensure that you read and adhere to all of our visitors rules when visiting your family member at ARC. All of the rules are listed on the visitors rules form that you will need to sign before entering the premises. These rules are for your safety as well as the safety of the Clients. Please provide your allocated case manager or counsellor with an emailed list of approved visitors and please note that each Client is allowed a maximum of 4 visitors at a time. You may have a brief visit with your loved one between 5pm and 5:30 pm just before the family meeting starts on a Tuesday. Please note that you will be asked to promptly end your Tuesday visit at 5:30 when the family meeting starts.

Tuck shop and laundry

Tuck shop items such as, chocolates, chips, cool drinks, cigarettes, phone cards and toiletries, will be sold if money is available in the clients account. Credit and refunds will not be allowed.

Laundry can be picked up for washing by the family but can only return it on weekends during the visitation times so please plan with your family member accordingly. Alternatively, there is a laundromat service that charges R22 per kg which can be deducted from the tuck shop account.

Family letter

During the course of the clients stay at ARC each member of the family is asked to draw up a letter indicating the hurt, shame, guilt, anger, and resentment that has been caused. Please include specific examples of Aggressive, or abusive behaviour, intolerance or disregard towards responsibilities, self-destructive behaviour and any other behaviour that may be cause for concern or alarm. The letter will need to be addressed to your loved one. This will assist in dismantling denial and to instil the reality of the person's behaviour and the impact thereof. It is important that you end the family letter off with a message of encouragement and hope. Please have these letters emailed to your recovery coach within the first 3 days of your loved ones admission to ARC.

Refusal of Hospital Treatment

An RHT is what refers to a Refusal of Hospital Treatment. This is also what is referred to as the process that is followed when a person pre-maturely decides to end their treatment at ARC. It is important to note that we cannot retain anyone that may not be willing to complete the process. We will, however, make every attempt to contain the Client in the event that they decide to RHT. The process includes defining the Risks and Benefits associated with not completing treatment as well as the Risks and Benefits of having completed the program at ARC.

The family dynamic plays an important role in this kind of situation and it is important for family members to define consequences well in advance in the event that your loved one may not decide to complete their treatment.

It is important to note that if you define boundaries and consequences, adhere to them. The wrong message will be sent if you do not. This type of behaviour is called enabling and you will learn more about it during your family education sessions on a Tuesday.

Family Education

Educational meetings are held for family members every Tuesday at 17:30–18:30. A visitation is allowed with the client 30 minutes before the educational meeting.

GLOSSARY**Denial**

The thought process in which a person does not believe he or she has a problem, despite strong evidence to the contrary. It is a way of protecting oneself from painful thoughts or feelings.

Detoxification (or “detox”)

A process that helps the body rid itself of substances while the symptoms of withdrawal are treated. It is often a first step in a substance abuse treatment program.

Followup care

Also called continuing care. Treatment that is prescribed after completion of inpatient or outpatient treatment. It can be participation in individual or group counseling, regular contact with a counselor, or other activities designed to help people stay in recovery.

Halfway house

A place to live for people recovering from substance use disorders. Usually several people in recovery live together with limited or no supervision by a counselor.

Inpatient treatment

Treatment in a setting that is connected to a hospital or a hospital-type setting where a person stays for a few days or weeks.

Outpatient treatment

Treatment provided at a facility. The services vary but do not include overnight accommodation. Sometimes it is prescribed after inpatient treatment.

Relapse

A recurrence of symptoms of a disease after a period of improvement; that is, a person in recovery drinks or uses drugs again after a period of abstinence.

Relapse prevention

Any strategy or activity that helps keep a person in recovery from drinking alcohol or using drugs again. It may include developing new coping responses; changing beliefs and expectations; and changing personal habits, lifestyles, and schedules.

Residential treatment

Treatment in a setting in which both staff and peers can help with treatment. It provides more structure and more intensive services than outpatient treatment. Participants live in the treatment facility. Residential treatment is long term, typically lasting from 1 month to more than 1 year.

Self-help/12-Step groups

Support groups consisting of people in recovery that offer a safe place where recovering people share their experiences, strengths, and hopes. AA's 12 Steps help the members recover from addiction, addictive behavior, and emotional suffering. These groups are free and are not supported by any particular treatment program.

Supportive living

Also called transitional apartments. A setting in which the skills and attitudes needed for independent living can be learned, practiced, and supported. It provides a bridge between supervised care and independent living.

Therapeutic community

Long-term residential treatment that focuses on behavioral change and personal responsibility in all areas of a person's life, not just substance use.

Treatment plan

A plan that provides a blueprint for treatment. It describes the problems being addressed, the treatment's goals, and the specific steps that both the treatment professionals and the person in treatment will take.

Treatment team

A team of professionals (e.g., clinical supervisor, counselor, therapist, and physician) responsible for treating a person and helping his or her family.

Trigger

Any event, place, thing, smell, idea, emotion, or person that sets off a craving to drink alcohol or use drugs.

MY LIFE. MY HOPE. MY REHAB.