



# ***FAQ'S: For the Family***

*A Guide For When Your Loved One is  
in Treatment*

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## ***Introduction***

The Orchid, a division of Palm Healthcare, recognizes the importance of the family, particularly the role of the family in the recovery process. We are not only committed to getting your loved one back on track with their life, we are also committed to helping the family and significant others of our residents as well. To that end, we have established this booklet as a guide as to what to do and what to expect while your loved one is in treatment.

The intent of this booklet is to address many of the frequently asked questions by families and loved ones regarding the addiction and recovery process. All too often getting someone into treatment is a monumental task. If you have gotten your loved one into treatment, we commend you, a job well done. Now that your loved one is in treatment, chances are there are going to be a whole host of questions and concerns as to what happens next. Hopefully, this booklet will be of help. Although this booklet, by no means, is meant to be inclusive of all the questions that may come up for a person, it does lay the foundation for better understanding the role of the family and significant others in the recovery process.

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# FAQ'S: For the Family

## ***About Addiction***

### ***Why can't my love one just stop?***

Recent research, particular in the field of neurobiology and the neurosciences, has demonstrated quite conclusively the neurobiological underpinnings of chemical dependency and addiction. Researchers have been able to show quite clearly that addiction is not just a matter of “will power” but a neurobiological process that literally hijacks the brain of a person hence the position that this is a “brain disease.” Research has demonstrated that it is in the mesolimbic dopamine system or the “reward pathway” of the brain that includes the ventral tegmental area (VTA), nucleus accumbens, and certain parts of the neo-cortex (*thinking part of the brain*), that is being affected. In essence, the brain stops sending signals that too much of a good thing may actually not always be good for us. A person who is suffering from an addictive disorder is not too different than a ten-year-old child who has not eaten all day. Let's imagine, that at the end of the day, two things are going to be placed in front of that ten year old, a bowl of ice cream and a bowl of green beans. What is the ten year old going to choose? In most instances, the child is going to choose the ice cream. Why? Not because the child has necessarily thought through what is actually going to be best for him or her but rather the overwhelming need for immediate gratification of what is going to feel good. Similarly, in addictive disorders, like the ten year old, the brain does not take into account what is going to be the better selection. It just reacts impulsively for immediate gratification. However, unlike the ten year who may lack the foresight and knowledge of what is the better choice, the person who suffers from an addictive disorder is actually experiencing a malfunctioning of the brain. In other words, the brain is no longer able to remember or recognize the potential negative consequences of their choice due to the chemical dysregulation of the reward pathway. The person simply remembers the pleasure of the addictive behavior. As a result, the person compulsively becomes overwhelmed and preoccupied with the use of the substance.

### ***Is addiction genetic?***

Yes, but genetics alone is not the only factor that contributes to an addictive disorder. Although a person may be genetically predisposed to an addiction, a person's behavior and life style also has a significant influence. How? It is important to remember that drugs and alcohol are not necessarily the problem; drugs and alcohol

are often the perfect solution. Drugs and alcohol are a perfect solution to taking away the pain and discomfort that may be occurring in a person's life. Not that this pain or discomfort is necessarily dysfunctional or of a traumatic nature, it simply may be a natural response to everyday stressors of life. As a result, a person may experiment or be exposed to the use of substances as a way of taking the edge off of the stressors. It should be noted that the use of substances may not necessarily be a conscience intent on the part of the person to rid themselves of the discomfort they may be experiencing, it may simply be an awareness of the "feel good" response that drugs and alcohol produce. As a result, the person slowly, and in the case of a person who may be genetically predisposed, not so slowly, develop an overdependence on the substance to maintain a feeling of well being and balance. What happens next is that a person begins to depend more on the substance rather than on their own natural problem solving and coping skills. This dependency ultimately leads to a deterioration of coping and life skills which in turn creates more pain and discomfort for the person leading back to the use of a substance as a means to "feel normal." Ultimately this pattern of use leads to the dysregulation of a person's brain chemistry that can trigger the expression of the addiction gene. It is important to note that, although some people may have the propensity to develop an addictive disorder due to their genetic make-up, anybody can develop an addictive disorder given the continued use of a substance. In essence, some people walk to their addiction while others take the space shuttle.

## ***About Recovery***

A test question that can be posed to a person who is in recovery is whether they believe they have control over a future relapse. If the person answers yes, then they have potentially failed a crucial part of the of the recovery process. Why? The answer lies in the fact that addiction is a neurobiological illness. The person doesn't have any more control over a relapse (getting sick again) than a person does over getting the flu. However, does a person have control over strengthening their immune system in order to prevent oneself from getting the flu? Definitely! What can a person do? The list is virtually endless, flu shots, washing one's hands, vitamins, staying away from people who are sick, even chicken soup. Let's pose the same question with recovery. Can a person do something for their recovery in order to prevent a relapse? Absolutely! And, again the list is virtually endless, attending 12-step meetings, working the steps, stress management, therapy, exercise, obtaining a sponsor, staying away from other people who are "sick," engaging in health oriented activities.

Often when a person is asked the question of what they are going to do to avoid drinking or drugging or preventing a relapse, it is not uncommon to hear the words, "*I am not going to pick up*" or "*I'm never going to drink again.*" Although this is a good position to take, it is a little bit like a person saying "I am not going to get the flu again." Needless to say, this is not very realistic and more importantly it is not enough considering the neurochemistry of the mind and body. The key ingredient

here is for a person to begin to take action and begin to make behavioral changes in key areas of their life. Recovery is not just about getting a person to stop their addictive behavior, it is about getting a person back on track with their life and their life goals.

## ***About Detox***

### ***What is the purpose of a detoxification unit?***

The primary purpose of detoxification is to medically stabilize a person while they are being withdrawn from the substance that they are addicted to. In many instances, a person is in need of a detoxification process since they are physically addicted to their substance of choice. As a result, a person needs medical intervention and monitoring to prevent life threatening seizures or other medical complications while they go through the detoxification process.

### ***How does the detoxification process work?***

Detoxification is a relatively simple process. Once the person is evaluated by the medical staff, the treating physician will authorize a standard medically sanctioned medication protocol, also referred to as a “taper,” to withdraw the person off the substance they are addicted to. The medication protocol is intended to replace the addictive substance and to gradually taper the person off of all the addictive substances. Again, the primary purpose of detoxification is to medically stabilize a person before they go into treatment.

### ***Will my loved one receive other treatments while they are in the detox unit?***

Yes. There will be an array of other adjunctive and holistic therapeutic services that your loved one will have access to. However, these services will be primarily supportive in nature and geared toward preparing the person for longer term treatment.

### ***Is detoxification alone enough treatment for an individual?***

Research has clearly demonstrated that detoxification alone is not an effective form of treatment for someone suffering from an addictive disorder. Although detox is extremely effective in stabilizing the medical and physiological make up of the person, it does not address the many psychosocial needs required for long term sobriety. Addiction is a complicated mental illness that requires a multifaceted therapeutic approach that will address the many psychosocial needs of a person.

### ***How long will my loved one be in detox?***

On average a person stays on a detoxification unit (detox) for approximately six (6) days. However, a person may stay a little longer or even a little shorter depending

on how the person is responding medically to their detoxification protocol. or what is commonly referred to as a “taper.”

***How is it determined that a person is ready to leave detox?***

For the most part, medication protocols or “tapers” have clearly established medical guidelines that need to be followed for the respective addictive substance or substances. The main determining factor for discharge from detox is that the person is currently medically stable and has successfully completed their “taper” according to the medically established guidelines. In some instances, it is not uncommon for a person to feel like they are “still withdrawing” and need a longer time in detox. Although this may be the case, most of the time the uncomfortable feelings are secondary to the existing stress as a result of the addiction which is better served in an on-going therapeutic setting rather than in detox.

***Why is there a “black out” (no contact) period during detox?***

The “black out” period, or no family contact with the patient, is specifically implemented to reduce any excessive stimulation and/or agitation during the detoxification period. When a person begins a detox protocol, the person’s mind and body is going through a state of recalibration and adjustment often times leaving the person prone to mood swings, agitation, and depression. Family contact can often stimulate these mood swings not to mention overwhelming feelings of guilt, anger, shame, and fear. Although sometimes normal, these strong emotions and feelings can interfere with the medication protocols and the length of time a person spends in detox. Simply put, your loved one needs to rest. There will be clinical personnel that you will be able to contact on a regular basis to know the status of your loved one.

***As a family member or a concerned loved one, what should I be doing?***

Take a break. You can’t do anything more at this point. You have already done an outstanding job in getting your loved here. Now let us do our job. In the event your loved one does get in contact with you while in detox, just redirect them back to the staff. Don’t try to reason with your loved since this in all likelihood will only create excessive stimulation and agitation. We will handle all concerns. As for you, it would also be helpful to attend Al-Anon or participate in our Family Program.

## ***About Treatment***

***What type of treatment is my loved one going to get?***

There are a variety of treatment interventions available including both traditional therapies such as individual, group, and family therapy as well as alternative

therapies such as hypnotherapy, EMDR, yoga, tai chi, acupuncture, nutrition and chiropractic care. All of our therapies are holistic in nature and integrated throughout the course of treatment geared toward developing the mind, body, and spirit.

### ***What will the focus of treatment be?***

Of course we want a person to deal with their addiction, but equally as important, we want a person to get back on track with their life. As such we have established very precise treatment protocols that have proven very successful. The focus of treatment is on moving a person through three (3) distinct phases. **Phase I** concentrates on **stabilization** and developing a **recovery plan**. The recovery plan is a behaviorally oriented plan of action that a person is going to follow once they leave the program. Research has demonstrated that getting a person off of drugs and alcohol can be done in a relatively short period of time. However, changing a person's patterns of behavior, which ultimately leads to a person's relapse, takes a much longer time. The recovery plan, which is shared with family and loved ones prior to discharge, outlines the specific behaviors the person is going to do on a daily basis to protect themselves against a relapse (For more information on this, refer to the **About Addiction** section). **Phase II** focuses on the development of coping skills and life skills in order to get back on track with life goals. It is important to understand that drugs and alcohol are not the problem, in most instances they have been the solution. A person has developed an addiction as a result of challenges they are experiencing in core areas of their life. In this phase, the person focuses on seven (7) key areas of functioning, namely: intrapersonal, interpersonal, familial, social, professional/vocational, physical, and spiritual. It is safe to say that a person with an addiction issue is not where they want to be in these core areas of life. **Phase III** emphasizes the practice and implementation of these new behaviors and skill sets. It is not enough for a person to know something, it is even more important that a person is able to follow through with action. All too often, an addiction has either prevented the person from developing the necessary coping skills in making a successful transition to life or the coping skills have deteriorated due to the addictive behaviors. In either case, the person needs the opportunity to practice their new behaviors and skills before they are discharged. All too often a person coming out of rehab is prepared to not drink or drug, but they are not prepared to live life differently which unfortunately leads back to old patterns of behavior.

### ***How long does my loved one need to be in treatment?***

As long as possible or as long as it takes for a person to accomplish and move through all three (3) phases of treatment. However, having said that, we are also sensitive to the individual needs of the person and family regarding responsibilities at home, insurance restrictions, as well as financial limitations. As a result, we have established a 30, 60, and 90 day frame of reference for treatment. Regardless of the length of time a person wants to be in treatment, we encourage the decision to leave to be a joint decision between the person, therapist, and family or significant others.



Once a discharge date has been established, a detailed discharge plan outlining how far the person has gone in the phases, what the person has accomplished in treatment, what still needs to be addressed, and a plan of action regarding what the person specifically needs to do once they leave is provided to all concerned others. It should be noted that the longer a person stays in treatment, the greater the likelihood the person can master the necessary skills of recovery.

***How are co-occurring disorders (mental health and substance abuse or dependence) handled in treatment?***

Most individuals who have an addictive disorder also have some type of mental health issue that results in what is commonly referred to as a co-occurring condition or disorder. Since it is often difficult to determine which disorder came first or, for that matter, which disorder is affecting the other, both conditions are treated simultaneously by a team of multi-disciplinary professionals including physicians, psychiatrists, nurses, psychotherapists, and other health professionals. The emphasis is on determining the most effective treatment protocol for both conditions.

***Will my loved one be taking any medications?***

Probably. However, we do strive for the person to be on the least amount of medication possible so your loved will be monitored on a regular basis by the psychiatrist and the nurse practitioner regarding the most appropriate medication protocol. None of the medications prescribed are addictive or habit forming. The purpose of medication is simply to correct the neurochemistry of the brain in order to prevent any uncomfortable symptoms of psychosis, depression, anxiety, mood swings, or cravings, etc. Often times in the early part of recovery the neurochemistry of the brain is recalibrating making the person more prone to some of these symptoms. Other people may need medications because of a co-occurring mental disorder. Regardless, we remind everyone that the medication is there to simply help correct the neurochemistry of the brain and to help the person see things more clearly. ***Medication is not there to solve life problems.***

***What will my loved one's day be like in treatment?***

There are a whole host of therapeutic activities starting from 6:30am until 11:30pm in the evening all geared toward healing the mind, body, and spirit. The schedule consists of a variety of therapeutic activities that are both optional and mandatory. Refer to the Clinical Orientation Handbook for more detailed information. All of the therapeutic activities are geared toward one of the following: recovery planning and development; and/or addressing and refining level of functioning skills. There is flexibility in the schedule should a person feel that their individual needs are not being addressed in the daily schedule. The clinical team is always available to ensure that the treatment needs of the person are being met and modification of the daily schedule is always an option.

### ***Will I be involved in the treatment process?***

Yes. There will be a variety of services available to you from the start through the Family Program. The assigned therapist or the family therapist will be able to give you regular updates regarding the progress of your loved one. You will become more involved in therapy when the recovery plan and discharge plan is being finalized. For a more detailed explanation on what you can do as a family member or a significant other, refer to the ***About the Family*** section.

### ***What if my loved one wants to leave treatment?***

Leaving treatment or coming home is not an option unless a very detailed recovery plan and discharge plan has been established and reviewed by the clinical team. It is virtually a certainty that a person will slip back into old patterns of behavior unless these plans have been developed. Simply state that home or discharge is not an option at this time and refer your loved one back to the therapist, clinical team, or Clinical Director.

### ***What if my loved one just walks out of treatment?***

In these situations, the person is usually counting on you to “bail them out” with money, a hotel room, or a plane ticket home. In essence, they are using emotional blackmail to elicit feelings of fear and guilt. The usual case scenario is that they are “on the streets” and have “no place to go.” Nothing can be further from the truth. Palm Partners is always willing to take the person back into the program or make specific arrangements for the person to ensure safety. Remember the power of the family comes with setting very clear and firm limits.

## ***About You***

### ***What can I do to help?***

Get involved. Not with your loved one’s recovery, but with your own. Remember this illness has not only impacted your loved one, it has impacted your life as well. Life goals, dreams, and one’s own personal development have often been placed on hold in order to try and “help” their loved one. Unfortunately, this has been to no avail. And, in many instances, it has done more harm than good. Now that your loved one is in treatment, it is time to take care of yourself. Involvement in family therapy and/or Al-Anon or similar type of 12-step support groups for families and significant others are strongly recommended. These particular supports are there to

support, guide and direct families in making difficult decisions about loved ones as well as their own lives.

***How often should I be in contact with my loved one while they are in treatment?***

Although there are no set formal rules regarding family contact, it is recommended that contact should only be maintained once or twice a week by phone and for no more than 15 minutes. Why? The reasons for this are twofold. First, your loved one has up to this point depended on two primary support systems in their life, the source of their alcohol and/or drug connection and you. By limiting your contact, we begin to “force” your loved one to explore and expand their own problem solving skills and other existing support system. The second reason is that we would like to reduce as much external stimulation as possible. In the early part of recovery, a person is highly susceptible to mood swings and erratic behaviors. Limiting family contacts reduces the potential for any excessive emotional reactivity that can interfere with their progress. The therapist will guide you as to the recommended amount of contact.

***What should I say or talk about?***

We recommend that the conversations be light and supportive. We bombard them throughout the course of the day about issues and recovery planning so we recommend that you stay away from these areas. Simply let your loved one know that you care about them and that you want them to get better. In the event that your loved one bombards you with complaints and dissatisfactions about treatment, just simply redirect them back to the therapist or clinical director. We suggest that phone calls be limited to once or twice a week and for no more than 15 minutes.

***What should I be prepared for?***

Mood swings, emotional reactivity and anger, at least in the beginning. Since your loved ones ability to tolerate any type of stimulation in the early part of recovery is very low, it is not uncommon for the person to experience a whole gamut of emotions, feelings, and mood swings. It is important to remain patient and realize that a lot of these emotions and feelings will quickly subside. Trying to reason or rationalize with the person can often lead to increased agitation and anger.

***How do I know if I am enabling my loved one or helping my loved one?***

This is a very good question and a difficult one to answer. Simply because one day you can be doing one thing that can be extremely helpful for the person while the next day you can be doing the same exact thing and you can be doing something very destructive. Here is a tip you can use by asking your self two important questions.

**Question #1:** Are you solving a problem for your loved one? If you are solving a problem for your loved one, you are putting another nail in the coffin. Remember the disease of addiction shuts down the thinking part of the brain. If you are solving

problems for your loved one, you are only reinforcing the disease of addiction. If you are doing something that is going to help the person build up level of functioning areas (see *About Treatment*) or help them problem solve on their own then you are in all likelihood helping the person. A good example is when your loved one asks for money. Is the money going to be used to solve a dilemma or is it going to be used to help develop problem-solving and coping skills. Giving money to pay an overdue bill is not going to necessarily help the person. Giving money for a person to attend vocational school in order to get a better job may. There is a difference. **Question #2:** Who did your loved one go to before they came to you for help? As has already been mentioned, the two primary support systems in your loved one's life up to this point have been the source of their alcohol or drug use and you. In order for a successful recovery to occur a person has to have an expanded network of social supports. And it is important to realize that this expanded support is readily available. Using the metropolitan south Florida area as an example, there are 3500 12-step meetings a day. In most instances, a person can go into one of these meetings, share their problem, and they are going to get help. Now factor in a person's recovery plan that typically includes a sponsor, therapist, and other helping professionals, a person has an intact support system. It is not that you shouldn't be there to support your loved one in time of need, it is more important that you are supporting your loved one in using their support system. Remember, the support system for your loved one is there.

## ***About Insurance***

### ***How long is my loved one covered by their insurance?***

We do not really know for sure since each policy and plan is different, however, your loved one has usually already been pre-certified for treatment by our Admissions Department. Our Utilization Review team works closely with your insurance plan to maximize the number of days of treatment. So you don't have to do anything. You may receive statements from the insurance company stating that coverage has only been authorized for a certain amount of days. Again, you do not need to worry about this. Typically insurance companies only certify for a block of days at a time and it is our Utilization Review Team that will work with the insurance plan in getting more time.

### ***What happens if my insurance runs out or they don't what to certify treatment any longer?***

In most instances, the Utilization Review Team, along with the therapist, will have an approximate discharge date. Although this is not always exact we will work closely with your loved one as well as all those concerned to ensure a solid discharge plan. Barring any unforeseen issues, the therapist and the clinical team will have a 1 to 2 week period to solidify both the recovery plan and the discharge plans. The important point to emphasize, here, is that no one will get discharged without a plan

of action or without the family and concerned love ones knowing what those recommendations are.

## ***About Post Treatment and Aftercare***

### ***What happens after my loved one completes treatment?***

Your loved one will be automatically enrolled in our Alumni Program and our Aftercare Program. Both these programs meet on a weekly basis and are free of charge. The purpose of both these programs is to continue to provide the necessary support and guidance in developing a strong external support system as well as maintaining and refining the established recovery plan that your loved one developed while in treatment. It is an excellent way to maintain a sober social network

### ***How do I know if my loved one is telling me the truth about their recovery?***

You really don't. But remember, you are not there to be a "police officer" to ensure that they are doing the right thing. You are there to simply be the best wife, husband, brother, sister, son, daughter, boyfriend, girlfriend, family member, or friend you can be. That's all. You are not a therapist, a sponsor, a probation officer, or even the warden. You are simply somebody that lovingly cares. This is why we want loved one's to follow through with Al-Anon and CODA (codependency) meetings. These are meetings that help concerned others stay on track with making the right decisions regarding your loved one. As has already been discussed, it is not always easy to know what one should do. Boundaries are constantly being tested

### ***Are there any other services available after treatment?***

Absolutely. There are two additional programs that we recommend highly, the **Life Coaching Program** and the **Recovery Enhancement Program**.

The **Life Coaching Program** is geared toward assisting a person in reaching life goals via the development and maintenance of strategic planning activities. The program is not about solving problems for a person as much as it is about developing and maintaining a plan of action in accomplishing a person's individualized life goals. A person works with a life coach on a regular basis to ensure that a person stays on track with their strategic plan.

The **Recovery Enhancement Program** is an intensive case management program that specializes in post treatment compliance and monitoring. The program is tailored to the needs of those who need assistance in maintaining sobriety and other life goals. Monitoring has proven to be one of the most effective ways of maintaining long-term sobriety.

Please consult with the Admissions Department for a more detailed brochure and the cost of these programs. Also, you may already be entitled to these services already.

***Is that all?***

No, not exactly. Remember, one of the most powerful tools that we give your loved one at the time of discharge is the ***recovery plan*** (see ***About Treatment***). The recovery plan is a detailed plan of action and daily routine of what your loved one is going to be doing for their recovery on a daily basis. In other words, there will be a very specific behavioral plan of activities geared toward developing the mind, body and spirit of recovery. This plan of action pretty much outlines a person's daily routine from morning until night. One of the best ways a loved one can help is by pointing out to a person when they may be drifting away from their daily routine or plan of recovery. Everybody can use a gentle reminder from someone when we begin to drift away from things that we are supposed to do. Actually, one of the things that we encourage loved one's to do is not to listen to anything that is said for the next year, simply observe whether they are following through on their recovery plan and daily routine. Chances are if they are following through with accessing their identified support system and maintaining their daily routine, they are staying on the path of recovery.