

Facilitator Notes – Lesson 8: Understanding Re-entry, Transitional Living, and After-care.

Overview: In Lesson 8 we learn more about recovery and theories on the most effective path to recovery. Of course, there is not one formula, but the curriculum to recovery is known. We do see similarities and this time of leaving a rehab center or after detox, and going back into “society,” is a critical time. Many in the addiction field feel this is the weakest link in recovery and the most vulnerable time for someone in early recovery. This is why it is important for parents to understand the reasons for transitional living and an aftercare plan. Those with loved ones who have never been to treatment may look at this and wonder what the applicability is to them. Considering the concept of “rate of change” is necessary. The factors that affect rate of change include the person being highly resistant to life without substances + the amount of time they have been involved in substance use + their fear of life without substances. We must remember when the pain of not changing becomes greater than the pain of changing, people will change. (Lesson 2) This is another reminder that if we believe that our loved ones can, and will seek help, then it is important to learn about what help is out there. Also, rumors abound about half-way houses and treatment programs. This is an opportunity for people to share their experiences and encourage one another to consider the value of transitional living and aftercare as it relates to long-term recovery. This lesson also brings reality to how difficult recovery can be and how long it may take. It provides parents with a more realistic understanding of what to expect. They will also know enough about the transitional living and planning aspects of recovery to “not be easily fooled,” or manipulated by their loved one who tries to convince them that they are “unique,” and they should just for example, let them come home or some other plan that is likely not being proposed by professionals.

Notes:

- Blanks, R = resistance, C = change, Wr = write, F = follow, H = Honesty, A = Accountability, R = Responsible, D = Discipline
- Most recovery centers should be talking to your loved one about transitional living and after-care plans. If you are involved with their recovery, rehab centers usually will have some sort of conference with family to discuss the aftercare plan. This is not necessarily to get your opinion or feedback unless it involves your loved one coming home or your financial assistance.
- This lesson builds on previous lessons, with connections to delayed emotional growth, how parents’ roles should change, understanding those suffering from addiction and their behaviors etc.
- Refer again to the studies listed in the facilitator resources for lesson one, for information on the best success in recovery, *the longer they are in*, the more likely they stay sober.
- Regarding the list of activities and a plan, the old AA saying goes, “If you don’t do the work, you don’t get better.”
- Another effective way to look at doing all those recommended activities for our “recovery” as parents / family as well as theirs is (when you do not *feel* like doing them) the adage is, “It is easier to act your way into feeling than to feel your way into acting.” Sometimes “faking it until you make it,” is what they or you must do until it sinks in, and old habits change. Ask why this can be helpful.

- Our loved ones sought better living through chemistry; using drugs to alter moods, so aftercare and transitional living provides a way to learn to cope without drugs.
- When discussing Halfway houses, think: *half the pressure, half the responsibilities*; a way to ease back into life. Three-quarter house is of course $\frac{3}{4}$ the responsibilities and there are sober living homes that may not have managers or a lot of rules. There are even full sober homes where sober people choose to live there as the last step before moving out on their own. It is ideal to go through all phases: Detox (1-5 days), In-Patient treatment (30 to 90 days), Partial Hospitalization “PHP,” (usually a few weeks, 5 days per week, 6-8 hours per day), Intensive Outpatient Program “IOP,” (usually 7-12 weeks 3-4 days per week for approx. 3 hours per session), Transitional living (usually 3 months to a year or more) before living independently.

Driving points home:

- An important note about this lesson, is asking the group, “Why do you need to know all this information about transitional living and aftercare planning?” This is an excellent opportunity to change the focus from them wanting to “get deeply involved” into the recovery process and remind them of the role they wanted to change to in Lesson 7, “cheerleader,” not the coach. Here is the follow-up question: “So, when your loved one completes an after care plan -is this your plan or their plan?” and “So, should you be following up on all of the items on their plan and making sure they are getting them all done?” (Best answer: Definitely not! It is not your business. This is the time to take on our new role on the sidelines and let them make their own choices and live the way they choose to live. Practice acceptance and be a cheerleader.)
- Again, to drive home the concept of parents learning and changing, you can ask the group, “What do we need to do as parents in order to be successful in the changes we are trying to make?” (Best answer: have a plan, go to meetings, get counseling, make friends with people who “get it,” attend bible study, etc. These are the same things for the person suffering from addiction.)
- An important aspect of this lesson is treating our loved one like an adult; this includes accepting the choices they make (within reason) for their aftercare. Using the “Platinum Rule,” “I will find out how you want to be treated and treat you that way, even though I want to be treated a different way.” Rather than the Golden rule. You can drive home the point again that acceptance is the key, remember this saying adapted from AA: *Acceptance is the answer to all my problems today. When I am disturbed, it is because I find some person, place, thing or situation -- some fact of my life -- unacceptable to me, and I can find no serenity until I accept that person, place, thing or situation as being exactly the way it is supposed to be at this moment. Nothing, absolutely nothing happens in God's world by mistake; unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in me and in my attitudes.* (paraphrased)
- Regarding the importance of initial re-entry, many parents feel that after a 30-day inpatient program or Intensive Outpatient (IOP), they assume their son or daughter is “cured,” especially if this is their first exposure to treatment. This is where the power of the group is critical and hopefully you have people with a variety of experiences and time dealing with the issue of addiction. You can ask many good questions for positive discussion, such as “How many of you tried letting your loved one come home immediately after treatment?” “What was that experience like?” “Would you do it that way again if you had the opportunity to go back?”

Why?” Encourage dialogue around this, as people have heard rumors and all kinds of issues with sober living or half-way houses. This is a good time to remind everyone that listening to experts at a time like this is highly suggested. For example, talking to an addiction counselor about whether it is a good idea for a loved one to come home or go to sober living, or the treatment center, or even to talk about it at PAL. This is a time to ask ourselves, “Am I doing this in their best interest, or is this what I want?” Again, baby steps time, if someone has never experienced bringing them home, they may need to have that experience to learn from it.

- One important point you can make about a loved one coming home rather than to transitional housing, is to point out that the idea of a half-way house or sober living is to have “half,” the stress. Follow this with, “Do you think it will be stressful for them and for you if they come home rather than if they go to transitional living?” “Why is it so stressful to come home?” (Best answer: you end up taking the role of “policeman.” In other words, you are watching their every move, you are seeing everything firsthand and are likely to resent them if they do not meet your expectations. All of this will add to their stress as they try to please you). If someone is going to have their loved one come home, this is a good time to talk about experiences with using *contracts* and the value of boundaries and consequences if they do come home and most important, having in a contract or plan consequences for not following the plan and a date for them to be independent and moved out even if they do not relapse.

*** Cross-reference material from Mike Speakman’s book, *The Four Seasons of Recovery***

- Page 144-146 (Planning for Re-Entry)
- Page 146-149 (Understanding Aftercare)
- Page 150-151 (Sample Aftercare Plan/Family Agreement)
- Page 152-153 (Transitional Living)
- Page 153-160 (Writing a Recovering Person’s Plan)