

Dear Family Member,

Dealing with an addiction can truly take its toll on the entire family. Fortunately, your loved one has chosen to begin treatment at High Focus Centers, and will be working hard towards a life free from addiction. High Focus Centers has a strong belief that in addition to a commitment from the addicted individual, a successful recovery requires dependable support from those closest to him or her. For this reason, we would like to include you in the treatment process and open the lines of communication throughout.

Attached you will see a number of forms:

- **The Program Schedule** lists the hours that clients attend treatment, including our weekly Multi-Family Night. Your regular attendance will be crucial in helping you understand and discuss the dynamics of your loved one's addiction, and will illustrate your support for their recovery.
- **Weekend Planning** is often an essential component of our program. The risk of relapse is greatest when there is downtime, so specific rules are implemented. This includes the creation of a structured plan for each weekend in the form of a contract. Family members must be especially attentive to the client's whereabouts over the weekend, and we may ask that you review and sign this contract to confirm the plan was followed.
- **Relapse** during outpatient treatment is always a risk. Family should be ready to identify the signs and become familiar with strategies for how to respond in the event of a relapse.
- **External resources** are available for those who struggling with addiction as well as for family members. Utilizing these resources now and after completion of the High Focus Centers program can help clients and families stay focused on a lifetime of recovery.

Please review these attached documents. As your loved one progresses through our program, remember that our staff understands the effect that addiction can have on a family. We ask for your commitment and hard work because we know it will help create the best opportunity for a successful recovery. If you have any questions, please do not hesitate to contact our clinical staff. We look forward to collaborating with you during this difficult but promising time.

Thank you,

The Staff of High Focus Centers

## YOUNG ADULT TRACK

**MONDAY** : Multi Family Night

6:30-10:30 You and your family members are **REQUIRED** to be here. Their participation is a requirement of treatment.

**TUESDAY** : No Treatment

**WEDNESDAY**: 10:00 am 1:00 pm

**THURSDAY**: 10:00 am 1:00 pm

**FRIDAY**: 10:00 am 1:00 pm

Primary Clinician:

Phone:

Program Coordinator:

Phone:

Clinical Director:

Phone:

## Weekend Plans Overview

1. Weekend Plans should be filled out thoroughly and detailed. (i.e. first and last names, triggers, times and places that you will be, no vague terms such as "chillen," etc.) If you stay home, write what you will be doing.
2. Your weekend plan should reflect that of a person who is in recovery! (i.e. reasonable curfew, NO people, places, and things, NO parties, waking up/going to bed at a reasonable time, etc.)
3. Twelve Step meetings are a requirement of the program! You are expected to attend a meeting and return a signed slip on Mondays. If you don't bring a slip it DOES NOT count. Write time/day/place of meeting on your weekend plan.
4. Parents/guardians must know where you are at all times and must be able to contact you.
5. Your weekend begins on your last day of treatment at High Focus Centers. Your weekend plan must be given to parents after leaving High Focus. They are to review/approve of your weekend plan at the beginning and end of the weekend. If your parents do not approve of your weekend plan, they do not have to sign it. PARENTS return weekend plan to High Focus on family night.

# WEEKEND PLAN RULES

1. Start weekend plan on last day of treatment with "After leaving HFC . . ."
  2. Explain EXACTLY and SPECIFICALLY what you are going to do over weekend/or think you are going to do BEFORE YOU DO IT for EACH day.
  3. Do not use vague words such as "chilling, hanging out, driving around."
  4. If you are going to places like the mall, movie theater, etc. make sure you have a plan with specific times you will be there.
  5. If you are going to be home or are not permitted out etc. write what you will be doing at home- ex. Watching TV, diner etc.
  6. ALWAYS use first and last names of friends on the weekend plan
  7. NO sleepovers OR sleeping out!
  8. You are required to write POTENTIAL TRIGGERS for each day. Potential triggers are things/people/situations/places that make you want to use.
  9. HFC DOES NOT SET YOUR CURFEW! YOUR PARENTS DO! *However* HFC suggests no later than 12:00 midnight on weekends. Check with your parents!
  10. Go to bed at a reasonable time and wake up at a reasonable time ie-10:00am on weekends. Live a Recovery Lifestyle!
  11. Write WHO will be providing transportation.
  12. ALWAYS be able to provide a phone number at all times over weekend.
  13. ALWAYS be aware of your surroundings
  14. You are REQUIRED to attend at least one self help meeting over the weekend unless otherwise indicated -see purple folder with NA or AA meeting lists
  15. Write time, day and location of self help meeting on weekend plan.
  16. If things change over weekend, get permission first, then write it down on your weekend plan with parent's approval- (it's ok to cross out neatly!)
  17. Avoid people, places, and things.
  18. You should not be around using friends or people parents don't approve of- (no matter what they use- alcohol included!)
  19. You are not to bring mood altering chemicals into your home or bring "friends" who are actively using or who ENGAGE IN destructive behaviors in your home.
  20. You should not be at parties or other places where people are using!
  21. In the space that says "If people are using around me I will . . ." - do not write walk away!!!! Write specifically what you will do and who you can call- have a clear plan!
  22. If you come home after your curfew- YOU ARE LATE and one of the consequences apply! Give yourself time to get home on time in the WHEN RETURNING space on your weekend plan!
  23. In the consequences section- this is your time to put input into your consequences- they should be realistic, time specific, and effective. If you leave it blank, HFC and parents decide the consequence!
  24. Give the Weekend plan to your parents AS SOON AS YOU LEAVE HFC!
  25. Yes- even if you are not here on Friday you are REQUIRED to do a weekend plan.
  26. Have your parents review and sign that they read the weekend plan on Friday-make necessary changes following the above directions over the weekend # 14.
  27. If changes occur while you are out- leave detailed information and get permission *BEFORE* you change places.
  28. On Sunday, you and your parents will review the weekend plan and make sure things went according to plan.
  29. If so- parents confirm weekend plan
  30. Parents DO NOT HAVE TO SIGN weekend plan if they do not agree
  31. No weekend plan- no going out!
  32. Parents to bring in weekend plan on WEDNESDAY family night.
  33. The only thing you are required to bring on Mondays is your meeting slip, NOT YOUR PARENTS!
  34. Please have your parents call with any comments, questions, or concerns on Mondays!
- ANY FURTHER QUESTIONS ASK OR CALL!!

# WEEKEND PLANS CONTRACT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FRIDAY

Where going: \_\_\_\_\_  
\_\_\_\_\_

With whom: \_\_\_\_\_  
\_\_\_\_\_

Will anyone be using? \_\_\_\_\_  
\_\_\_\_\_

Who is providing transportation? \_\_\_\_\_

When returning? \_\_\_\_\_

If people are using around me, I will: \_\_\_\_\_  
\_\_\_\_\_

I can be contacted at #: \_\_\_\_\_

AA/NA meeting: YES or NO

AA/NA meeting time/location: \_\_\_\_\_

Potential Triggers: \_\_\_\_\_

## SATURDAY

Where going: \_\_\_\_\_  
\_\_\_\_\_

With whom: \_\_\_\_\_  
\_\_\_\_\_

Will anyone be using? \_\_\_\_\_  
\_\_\_\_\_

Who is providing transportation? \_\_\_\_\_

When returning? \_\_\_\_\_

If people are using around me, I will: \_\_\_\_\_  
\_\_\_\_\_

I can be contacted at #: \_\_\_\_\_

AA/NA meeting: YES or NO

AA/NA meeting time/location: \_\_\_\_\_

Potential Triggers: \_\_\_\_\_

## SUNDAY

Where going: \_\_\_\_\_  
\_\_\_\_\_

With whom: \_\_\_\_\_  
\_\_\_\_\_

Will anyone be using? \_\_\_\_\_  
\_\_\_\_\_

Who is providing transportation? \_\_\_\_\_

When returning? \_\_\_\_\_

If people are using around me, I will: \_\_\_\_\_  
\_\_\_\_\_

I can be contacted at #: \_\_\_\_\_

AA/NA meeting: YES or NO

AA/NA meeting time/location: \_\_\_\_\_

Potential Triggers: \_\_\_\_\_

## WEEKEND PLANS CONTRACT

**The following are the time limits I will set for myself as approved by my parents:**

1. I will be in the house at \_\_\_\_\_ weekdays (Sunday – Thursday).
2. I will be in the house at \_\_\_\_\_ weekends (Friday – Saturday).
3. I will be awake and out of bed at \_\_\_\_\_ on weekdays
4. I will be awake and out of bed at \_\_\_\_\_ on weekends.

**When I go out:**

1. I will inform my parents/guardians/step-parents where I am going and get permission
2. I will tell them who is providing transportation and who else I will be with.
3. I will tell them when I plan to return
4. I will call them if I change locations
5. If I go out before I have discussed this with my parents, I will leave a note stating the above.

**If I do not follow this contract, the following may be consequences as discussed with my parents:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I realize that increased privileges will depend on my behaviors and must be discussed with my parents and counselor.

**The following is one privilege that I can attain after \_\_\_\_\_ days/weeks of compliance.**

1. \_\_\_\_\_

- If I engage in behaviors that are against my recovery principles and values, I will not keep it a secret. I will share it with my sponsor/home group/High Focus Centers staff, and parent/guardian.
- I understand that it is not conducive to my recovery if I sleep out at friends' houses while in treatment.
- I will also talk about any behaviors at High Focus Centers/group.
- I will talk to my counselor about my negative behaviors.
- If I relapse or do not complete requirements of the program, I agree that it may be recommended that I attend an alternative level of care.
- I will not bring mood altering chemicals into my home, or bring "friends" who are actively using or who engage in destructive behaviors into my home.

**Reviewed Weekend Plan on Friday**

Patient Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Confirm that Weekend Plan was Followed:**

Parent Signature: \_\_\_\_\_

### Relapse Warning Signs

- 1) A relapse begins long before the person picks up the first drink or drug. It is usually preceded by one or more symptoms. It is helpful to review an inventory of relapse symptoms periodically with someone that you trust, like your sponsor, so you can catch the symptoms early and "get back on the beam." Getting back on the beam means to go back to using the tools of the 12-step program.
- 2) Here is an inventory of relapse warning signs:
  - a) Exhaustion — not eating and sleeping regularly, overly tired, poor health, overworked
  - b) Dishonesty — unnecessary lies and deceits, rationalizing, making excuses, hiding or stuffing feelings
  - c) Impatience — with self or others, wanting results immediately
  - d) Argumentativeness — arguing small and ridiculous points, looking for excuses to use
  - e) Isolating from others
  - f) Depression, shame, guilt, hopelessness
  - g) Frustration — at things not going exactly the way you want them to go
  - h) Self-pity — Why do things always happen to me? Why must I be an alcoholic? Nobody appreciates me, etc.
  - i) Cockiness — no longer has any fear of chemicals, goes into drinking/drugging situations
  - j) Complacency— a false sense of security, thinking that there is no chance that you will ever use again
  - k) Expecting too much from others — I've changed, why hasn't anybody else?
  - l) Losing your daily structure, letting up on disciplines — AA/NA meetings, talking to sponsor, meditation, reading literature, praying, daily inventory, etc. Cannot afford to get bored
  - m) Use of mood-altering chemicals — cross-addiction
  - n) I don't care attitude
  - o) Wanting too much — unrealistic attitudes
  - p) Forgetting gratitude
  - q) It can't happen to me
  - r) Not asking for help when you need it
  - s) Omnipotence — feeling like you are in control of everything, ignoring suggestions of others
  - t) Associating with people who drink abusively or do drugs
  - u) Compulsive behavior — sex, gambling, shopping, eating, exercising
  - v) Not using meetings effectively — not attending enough meetings, not sharing, going to all Open meetings
  - w) Not having a sponsor or not calling the one that you have
  - x) Feeling different from others — I am not as bad as he is
  - y) Needing to always be right, fearing mistakes
  - z) Not dealing with anger, resentments — easily angered
  - aa) Not enjoying being sober
  - bb) Not taking responsibility for self— blaming others
  - cc) Trying to impose sobriety on others

## **Relapse Instruction Form (Young Adult)**

Please utilize this instruction form as a guideline to appropriately respond to relapses by your family members. While this may not be the typical pattern of communication with your family, it is imperative that you implement limits and boundaries to ultimately help your loved one change. Your efforts in responding to a relapse could save your family member's life.

Do not wait for a relapse to occur to discuss your limit and boundary with your family member. This conversation should occur the first night of treatment. Your responses to relapse should be; time specific, realistic and obtainable.

### **If you learn that your family member has relapsed. . .**

- If your family member has relapsed on Opiates he or she may start to exhibit withdrawal symptoms. These can appear as flu like symptoms including chills, fever, nausea, vomiting, sleep disturbances and decrease in appetite. When your family member is experiencing these, he or she is at high risk to relapse, as using an opiate again will make these symptoms go away.
- Relapse on opiates can be fatal. If these withdrawal symptoms persist or worsen, take your family member to the emergency room where he or she can be medically treated.
- Contact the staff immediately. Not notifying staff of use or suspicion of use will hinder the treatment process.
- Have a clear response and enforce your healthy limit and boundary with your loved one. Utilize the consequence of the weekend plan as a starting point to discuss responses to relapse's or other issues that occurred over the weekend. The weekend plan is a significant tool for you to utilize.
- Encourage your family member to immediately contact his or her sponsor if they have one, and to attend a 12 step meeting.
- Do not have an emotional response that will result in a verbal altercation. Remember it was his or her decision to use and not a reflection of you.
- Attend a Naranon or Alanon meeting to have your own process which will ultimately help you help your child.
- The definition of insanity is repeating the same behaviors over and over and expecting a different result.
- Remember you are not alone in this process and your efforts to change will have the biggest impact on a successful treatment process. Not having a response to poor decision making, including relapse is ENABLING and you are ultimately hurting your loved one.
- Also, while honesty relating to a relapse may indicate some progress, being honest about continued use does not justify the use.



## OPIATE PROTOCOL : AT HOME URINE DRUG SCREEN POLICY

While a patient is attending High Focus Centers, it may be necessary for a urine drug screen to be conducted outside of the facility. If needed follow these recommendations:

1. You may request a standing order with your Primary Care Physician for labs. Contact your Primary Care Physician for more information.
2. High Focus Centers can provide an at home urine drug screen. We recommend that the urine drug screen is observed as follows:
  - a. High Focus Centers recommends that someone (of the same sex) fully supervise the urine screen. If full supervision is not an option then High Focus Centers recommends the following:
    - i. Keep door open
    - ii. Do not have any running water (sink, tub, shower, ..etc..) Until bag is sealed.
    - iii. Do not flush toilet until screen is completed
  - b. This individual should be the person identified by HFC as the support system for the patient while he/she is attending treatment
  - c. After obtaining the sample, please ensure that the cap is securely tightened
  - d. The information sheet provided should be filled out with first name of the observer, date and time obtained
  - e. Place cup in the smaller pouch of bag
  - f. Remove the adhesive strip and seal the bag
  - g. The person observing the urine screen should return the sealed sample to HFC on the next business day. The patient should not have access to this drug screen after being sealed.
3. If a urine drug screen has to be conducted outside of HFC, please contact patient's clinician as soon as possible.

# 12-Step Meeting Locators

Alcoholics Anonymous

<http://www.nnjaa.org/intergroup/meeting-finder.htm>

Narcotics Anonymous

<http://www.narcoticsanonymousnj.org/meetings/>

Cocaine Anonymous

<http://www.nj-ca.org/index.php/find-a-meeting>

Alanon (for the friends and family of the addict/alcoholic)

[http://www.nj-al-anon.org/meetings\\_by\\_zip.php](http://www.nj-al-anon.org/meetings_by_zip.php)

Nar-Anon (for the friends and family of the addict/alcoholic)

[http://naranonofnj.org/Meeting\\_List.htm](http://naranonofnj.org/Meeting_List.htm)

Families Anonymous

<http://www.familiesanonymous.org/image/data/WSOF-07%20US-Mtg-Dir%20140731.pdf>