

# **The Recovery Center of Baton Rouge Family Orientation Handbook**

1680 Lobdell Ave. Ste. E  
Baton Rouge, LA 70806

Office: (225) 927-7475  
Fax: (225) 927-7477

Dear Family Members:

Thank you for entrusting your loved one's treatment with our program. The Recovery Center of Baton Rouge clinical team believes that addiction is a disease which affects all family members and close friends of the chemically dependent person. Your involvement in the treatment is vital for both the patient and the family as a whole.

The family programming is designed to assist you in taking care of yourselves, while at the same time, supporting the addicted person in his or her recovery. We know that family participation will increase your loved one's chances for recovery. Additionally, participation on your part will help you to better understand the dynamics of addiction, the direct and indirect effects on you, and will initiate the process of healing with-in the family.

With this in mind, the following packet is designed to give you further information about The Recovery Center of Baton Rouge. If you have further questions, please do not hesitate to contact us.

Sincerely,

Marcia J. Bannister, LAC, CCS,  
Clinical & Executive Director

Rudy L. Troyer, LCSW  
CEO

# The Recovery Center of Baton Rouge Family Program

## **Location & Time of the Family Program**

The Family Program takes place every Wednesday from 5:30PM to 8:00pm. It is held at The Recovery Center of Baton Rouge main office: 1680 Lobdell Ave., Suite E. Baton Rouge, LA 70806.

## **Goals of the Family Program**

1. Provide factual information on addiction and families.
2. Decrease the family's response to the addictive behavior.
3. Encourage family members to identify their own issues & problematic behaviors.
4. Develop a plan for continuing recovery.

## **Components of the Family Program**

### 1. Orientation

New participants in the family program are oriented to the group process and introduced to staff and other group members during their first group session. The orientation is designed to help you further understand what you can expect from treatment and group therapy. Orientation time is scheduled with the patient's primary counselor. Please contact your loved one's primary therapist at (225) 927-7475 prior to bringing children under 15 years of age.

### 2. Education

Educational components are woven into each family group. These components may be in the form of lecture or videos on topics related to addiction. Some common topics are: Models of Addiction and Recovery, Relapse Prevention, Levels of care in Treatment, Co-Dependency, Family Roles in Recovery, setting healthy boundaries, and the importance of family recovery.

### 3. Multi-Family Group Therapy

The thought of participating in group therapy can be initially intimidating, however, most family members discover a vast resource of identification and support within the group. Family group therapy is a setting where issues specific to each family and patient are processed and explored.

### 4. Private Family Therapy

Families sometimes request or are recommended to engage in individual family therapy to further address problems and concerns identified in the group therapy. Additional fees or referral to a provider in the community will apply.

### 5. Weekly Updates

Family members can expect at least one phone conversation with the loved one's primary counselor's per week. These calls are intended to 1) Update the family on the patient's progress, 2) Continue gathering information that will assist in the patient's treatment, 3) To offer family members support, and 4) Make appropriate referrals. Written updates to employers, legal system, or schools can be provided with the patient's written request and consent.

### **Staff/Treatment Team**

Yushen Lee, MD  
Rudy L. Troyer, LCSW  
Marcia J. Bannister, LAC, CCS,  
Garrett Cheramie, CIT  
David Vogt, LCSW  
Gregg Tiritilli BA, RAC  
Jacob Goldberg BSW, CAC, CCS  
G.T. Owen

Medical Director  
CEO/Administrator  
Executive & Clinical Director  
Admissions Coordinator  
Family Therapist  
Addictions Counselor  
Addictions Counselor  
Business Development

### **Intensive Outpatient Program Description:**

The Recovery Center of Baton Rouge, LLC provides an Intensive Outpatient Program (IOP) for chemically dependent and/or dually diagnosed adults, ages eighteen (18) and older. The Recovery Center of Baton Rouge, LLC accepts most major insurance plans and private pay as fee for service.

The treatment modality offers an initial six (6) week IOP structure that provides each client nine (9) hours of group therapy per week and individual therapy on an as needed basis. The program schedule provides each client a minimum of 24 group sessions. Duration of clients' treatment may be extended based on clinical indication and medical necessity. Hours for group therapy are as follows:

Monday	4:00pm to 5:00pm (Recovery Oriented Bible Study, <b>optional</b> )
Monday	5:30pm to 7:30pm (Addiction Recovery Group)
Tuesday	5:30pm to 7:30pm (Dual Diagnosis/Group Psychotherapy)
Wednesday	5:30pm to 8:30pm (Multi-Family Group Therapy)
Thursday	5:30pm to 7:30pm (Addiction Recovery Group)

\*Weekly 50 minute Individual Sessions scheduled with primary counselor

Business Hours: Monday – Thursday 9:00am to 5:00pm, Friday 9:00am to 1:00pm

Included in the therapeutic structure is individual, group, didactic, psycho-educational, dual-diagnosis and family therapy, along with relapse prevention, spiritual growth, Christian-based recovery (optional), and attendance at twelve (12) step support groups. The program also requires that each client submit urine alcohol and drug screens on a random basis and at a minimum of one time per week. The treatment team will assess each client for a history of physical, verbal, or sexual trauma, as well as for traumatic

grief. Specific treatment and discharge planning will be developed with patients who endorse trauma-based symptoms. Psychiatric evaluation, medication management, psychological testing, individual psychotherapy, and ongoing private family therapy are ancillary services and are referred out to cooperating providers within the local community.

The IOP continuum is designed to provide each client education, counseling, spiritual development, support, and the recovery skills necessary to establish and maintain sobriety within his or her community. The Recovery Center of Baton Rouge, LLC IOP is designed as a treatment modality for clients who are able to maintain employment or status as a student while also addressing their clinical needs. The program is also open to clients needing structured support following completion of a higher level of care. All clients must be medically cleared by The Medical Director or an approved Licensed Physician to participate in IOP for the treatment of chemical dependency. Clients who are unable to maintain abstinence during the course of IOP treatment will be referred to an appropriate higher level of care (e.g., Inpatient, Residential, or Partial-Hospitalization).

An individualized treatment plan is formulated with the client to address his or her social, behavioral, emotional, gender, spiritual, educational, and occupational needs.

The client's therapy is provided by a team consisting of a Medical Director, Clinical Social Workers, Licensed Counselors, Substance Abuse Professionals, support staff, and other contracted professionals. The Recovery Center of Baton Rouge, LLC complies with all local and state requirements for substance dependence IOP treatment.

Our goal is to facilitate personal responsibility for growth and change in each individual's transition to chemically free living.

The treatment team strongly encourages on-going participation in self-help organizations such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Celebrate Recovery, and/or Alanon. It is also recommended that clients with dual diagnoses, unresolved grief and trauma issues, or clients with a history of relapse participate in additional/ancillary individual therapy and/or medication management with a cooperating provider in the community.

While respecting the autonomy, rights, and dignity of all clients, competent professionals assist the client in finding his or her way through the treatment process. A comprehensive treatment plan and structure is provided, along with a carefully coordinated discharge plan designed to contribute to the client's transition to a addiction free lifestyle.

#### AFTERCARE PROGRAM DESCRIPTION

Clients will be encouraged to participate in a weekly after-care therapy group for a minimum of one (1) year after completing the IOP. The group is designed to provide ongoing connection to other people in recovery, support, and accountability. Clients are encouraged to attend AA/NA as part of their aftercare plan. Aftercare may also include referral for individual, family, and or group psychotherapy.

## **12 Steps:**

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this Message to alcoholics, and to practice these principles in all our affairs.

### **A Working Definition of Addiction:**

The continued use of mood-altering chemicals (including alcohol) despite harmful consequences related to the use.

Advantages of this definition:

- 1) It is problem-based. It focuses on the effects the drug has on the life of the patient and other people in the patient's life.
- 2) It is a "greater leveler" in that it does not take into account the type of drug, amount of drug, or frequency of use. These factors are not a necessary part of this working definition of chemical dependency, but will become relevant in the person's treatment program.
- 3) Since our focus is problem-based, we are not as concerned about labels such as "alcoholic," "drug addict," "coke head," etc.
- 4) A problem-centered approach interferes with denial by making a direct connection between substance use and patient/family problems.

## The Disease Process

### What are the reasons for calling addiction a disease?

- 1) The World Health Organization defines a disease as a “pathological condition resulting in impairment in the mental or physical functioning of an individual.” Under this definition, addiction certainly qualifies.
- 2) The main reason for calling it a disease lies in four of the disorder’s characteristics: primary, chronic, progressive, and fatal.
- 3) A. **Primary** means it isn’t the symptom of some other disorder. CD is a disorder in itself.  
B. **Chronic** means that once you have it, you always have it.  
C. **Progressive** means that it tends to get worse over time.  
D. **Fatal** means CD can kill the person through accident, suicide, homicide, or biological deterioration.

### What are the clinical advantages for using the disease process?

- 1) The disease process- which is taught to patients and families in most treatment centers and is endorsed by Alcoholics Anonymous and the American Medical Association, reduces the shame and stigma associated with the disorder.
- 2) If the individual and family see addiction as a disease they are less likely to view it as weakness of character, personality flaw, irresponsibility, immaturity, or moral failing.
- 3) “Disease” implies that there is a treatment for it.
- 4) “Disease” implies that the disorder is serious and is beyond the will power of the user.
- 5) “Disease” gives the patient and family something to manage. Like the disease of diabetes or hypertension, chemical addictions can be successfully managed. The main form of management for chemical dependency is a program of abstinence and recovery.

### If it’s an individual disorder, why work with the family?

- 1) Because it’s also a family issue: everyone is affected and is forced into an unhealthy role.
- 2) Involving the family motivates the addicted family member to recover.
- 3) By the time a family reaches the treatment stage, all members have been emotionally

impacted by the ordeal. They need support to begin to recover.

- 4) The family's reaction to the addiction could be helping maintain it (enabling).
- 5) Treating the family could prevent problems in its children, especially younger ones.
- 6) All members need education about the disease, which could help the family view, and react to, the addiction in a different way.
- 7) When sobriety begins, the family needs help in learning to readjust its patterns of interacting. Ironically, the family needs to learn how to live without a problem.
- 8) Having everyone meet together around this problem can be a new and unbalancing experience in itself. The family cannot deal with the addiction problem quite the same way they did before. Examples: the "family secret" is out; counseling helps alleviate shame and guilt; they learn about co-dependency, enabling, whole-family involvement, etc.

#### **Goals for Family Therapy in Addiction Treatment:**

- 1) **To increase motivation for recovery.** Fear of loss of the family, the fatigue around the conflicts caused by the addiction, and the guilt of how the using is affecting the family, are all motivations for the addicted member to recover. This motivation is brought to life when the family member is present. In fact, the family is sometimes more motivated than the addicted member for his or her recovery.
- 2) **To convey the whole-family message.** The entire family-not just the addicted member is affected by the addiction. The family organizes around the illness, and all members develop unhealthy survival behaviors. Family counseling helps the members to understand the whole-family idea, to come to terms with their feelings, and to begin recovery individually and as a family.
- 3) **To change family patterns that work against recovery.** Enabling, chronic conflicts, side-taking, enmeshment or disengagement (too close or too distant), and deep-seated anger are some of the family "hangovers" after the addicted member enters recovery. Counseling offers help in recognizing and changing these habitual patterns.
- 4) **To prepare the family for what to expect in early recovery.** Families usually believe that when the drinking or drug use stops, family problems stop. They are often surprised at the troubling issues which reoccur during recovery.



- 5) **To encourage family members own long-term support.** Regardless of what the addicted family member chooses to do, each family member has the opportunity to seek help for themselves. Al-Anon, Na-Anon, Alateen, and Celebrate Recovery are the primary groups for family and friends of the addicted family member. Family therapy or individual therapy may also be helpful to the family members.

As stated earlier, we strongly encourage all family members to participate in their own recovery process. Additionally, we are providing a list of reading material which can help you to understand the disease of addiction and the impact it has on your life.

Codependent No More

The Language of Letting Go

Love First

No More Letting Go

The Lost Years

Another Chance

Adult Children of Alcoholics

Addictive Personalities

Addictive Thinking

Celebrate Recovery

The Celebrate Recovery Bible

Melody Beattie

Melody Beattie

Jeff and Debra Jay

Jeff and Debra Jay

Kristina Wandzilak

Sharon Wegscheider Cruse

Janet Geringer Woititz, Ed.D

Abraham Twerski, MD

Abraham Twerski, MD

Rick Warren