

Family Information Pack

Why residential treatment ?

Residential treatment is important for people with substance abuse and addiction problems as it removes the individual from their using environment and those associate with maintaining and/or supplying their addiction.

The treatment consists of :

- A medically supervised detoxification (if required)
- Attendance of daily groups where Service Users are asked to talk about their own issues; how they are feeling and any problems they are experiencing at the time.
- They are given specific 'Assignments' to complete, which are based on individual needs. The staff team assign specific pieces of work, which may be presented in the form of either written work or group sharing, which helps Service Users to further explore the underlying reasons for their addiction. These assignments are presented to the group as a whole in order for them to gain a greater understanding of each other and also so that the person presenting can be challenged or supported about their work.
- **Peer Evaluation** – Service Users are asked to highlight each individual's positive and negative attitudes/behaviours which will either help them in their recovery or could potentially cause a relapse. It is very easy for people to continue with a negative pattern when they are not challenged, however in a safe environment we encourage constructive challenging in order to become aware of how we effect ourselves and others, both positively and negatively.
- **Prayer and Meditation** – These all help individuals to focus and learn to use relaxation and breathing techniques in order to change the way they feel and to deal with difficult situations as well as developing conscious contact with a Higher Power

4 Week Status

What is it and why is it necessary ?

Being admitted to a residential treatment centre can be quite a traumatic and frightening experience, which is shared by every Service User and brings up feelings of being trapped, abandoned and angry at themselves and family members, even though they are aware of the need for treatment.

In order to assist Service Users to settle in, we place them on '4 week status', which means that they cannot make or receive phone calls, write letters, or leave the premises without staff permission. This places them in the position of relying on their fellow Service Users for support, which is the beginning of the process of treatment.

Some Service Users are extremely reluctant at being placed in treatment and if they have access to a phone, they will repeatedly call friends or family and insist that they need to leave treatment, this places a great strain on those family members or friends who have already made the decision that their loved ones need help, the Service Users will often use emotional blackmail in order to leave treatment and insist that their request is obeyed. A very determined addict may also use their access to the phone to contact dealers or fellow users and persuade them to send drugs to them in treatment – in order to keep all Service Users drug free and safe we do not allow access to phones unless in emergency situations and supervised by staff during this period.

The main purpose of 4 Week Status is for the Service User to begin to come to terms with the level of their addiction and the consequences that their behaviour has caused.

During this initial period of time we welcome phone calls from family who wish to have their messages passed to their loved one, you are invited to call to speak to staff, even if you just want to find out if the Service User is ok.

Please be assured that if a Service User is absolutely determined to leave and we are unable to persuade them to remain in treatment, that we will always contact the next of kin (unless specifically requested not to do so by the Service User) to inform them of the situation. We must at all times respect the wishes of the individual and even though the worst decision for an individual is for them to leave treatment early, if that is their wish then we must abide by it – service users who are forcibly kept in treatment will not benefit from the experience and it is not our policy to encourage this.

What Should I Do Now ?

You have just been involved in the decision for someone you love to be admitted to Livingstone House for treatment, your first task now is to look after yourself and take some time for your own recovery. You have probably been coping up until now and may feel a mixture of guilt and relief after bringing them into a residential treatment facility, however they are where they need to be and we ask that you trust us to do our best for them. It is important at this time for you to acknowledge how chaotic your life has been as a result of being around an addict/alcoholic and you may find that things feel a little strange for the first few days – if possible, treat yourself and have a bit of a break.

Information for You and Ways you Can Help

When someone you love goes into treatment it gives you the time to look at what has been happening to family and relationships, in order to help you to identify some of the behaviours you may have adopted to cope with the situation we have provided some information below.

CO-DEPENDENCY

Living with active addiction puts a high strain on the families and friends of the addict: it alters the focus and dynamics within the family and relationships. You go on a roller coaster with the addict's behaviour and find yourself sucked into the disease.

Family members and partners will display symptoms similar to those expressed by the using addict :

THEY WILL BECOME CO-DEPENDENTS

Some definitions of co-dependency:

Co-dependency is a word meaning “addiction to a person or relationship”.

The easiest way to describe it is to say that a co-dependent is working so hard at trying to control and “fix” someone else that his or her life is in turmoil as a result. Since no one can control another person's thoughts, feelings, or behaviour, the co-dependent person is setting him or herself up for one painful disappointment after another.

Co-dependency is a pattern of painful dependence on compulsive behaviours, and on approval from others in an attempt to find safety, self worth and identity.

Co-dependency is a natural trait that through STRESS develops into disorders that can be harmful to the self and others. Co-dependency is a preoccupation and focus outside of self with people, situations and things; a need to CONTROL people, situations and things.

Some traits and behaviours the co-dependent needs to address:

- Get off the merry go round
- Stop taking the victim role
- Stop the care taking
- Stop people pleasing

In recovery the co-dependent will need to:

- Address denial/enabling (see below for explanation)
- Install boundaries
- Look behind your need to control
- Take care of yourself and your own feelings.

Where can co-dependents fo for help?

These Support Groups can easily be found on the internet.

- Al-Anon (for families of alcoholics) – Self help group
- Families Anonymous (for families of drug addicts) – Self help group
- CODA meetings – Self help group specialising in co-dependency issues.
- Al-Ateen (children of addicts) – Self help group

Enabling

Sometimes ‘Helping’ Doesn’t Help at All

Many times when family and friends try to “help” alcoholics/addicts, they are actually making it easier for them to continue in the progression of the disease.

This baffling phenomenon is called Enabling, which takes many forms, all of which have the same effect- allowing the alcoholic/addict to avoid the consequences of their actions. This in turn allows the addict to continue merrily along his ways, secure in the knowledge that no matter how much he messes up, somebody will always be there to rescue him from his mistakes.

What is the difference between helping and enabling?

There are many opinions and viewpoints on this, but here is a simple definition :

Helping is doing something for someone that they are not capable of doing themselves.

Enabling is doing for someone things that they could, and *should* be doing themselves.

Simply put, Enabling creates an atmosphere in which the alcoholic/addict can comfortably continue with their unacceptable behaviour.

Protecting the Alcoholic/Addict

He can't come into work today, he's got a, er, virus... We've got to get him out of jail, he'll lose his job! Then what will we do... It was my fault officer, I said some things I should not have said.....

By doing these things, you are protecting the addict from the consequences of his own actions. He never has to feel the real pain caused by his drinking/using. The Enablers rush in to put “pillows” under him so he doesn't hurt himself in the fall. Consequently, the addict never finds out how it feels to fall.

Although, drinking/using has placed him in a helpless and dependent position, the addict can continue to believe he is still independent because he has been rescued from his troubles by his well meaning family, friends, co-workers, employers and sometimes counsellors. The roles the Enablers play to “help” the alcoholic can be just as obsessive and harmful as the addict's using.

With these Enabling devices in place, the alcoholic is free to continue in the progression of his disease, with his denial intact, until he perhaps reaches the point of hitting bottom, at which point event he most dedicated addict must finally admit there is a problem – however, there is no way for him to ever hit bottom when it's always covered with pillows.

At Livingstone House we believe in supporting the family and the above information may have brought some realisations to light about how you, your family or your relationship has been affected. Therefore, we have listed, overleaf a number of options which give you the opportunity to address the damage you/your relationship/family have been caused as a result of continued use of drink/drugs and compulsive behaviours.

Family Questionnaire

In order to get a fuller picture of how the Service User's addiction has affected family members, friends etc we send a questionnaire to those people nominated by the Service User. The completed questionnaire gives us information, which the Service User may not be aware of, or may wish to forget. Specific incidents are useful in order for us to ascertain the levels of unmanageability and potential damage caused to family members and those around them. This information is not shown to the Service User but will be used by the treatment team at their discretion is required. If you do not receive a Family Questionnaire but would like to have some input, please see Damage Letters, below.

Support

Finding yourself in a residential treatment centre away from family and friends and facing a medical detoxification can be frightening. We recommend that messages, cards and letters be sent giving support. (Talk with Livingstone House staff before doing this, as in some cases, messages can be counter productive and signal an exit from treatment).

Damage Letters

We are very aware that living with someone suffering from an addiction – either chemical or behavioural, can be extremely stressful, the family naturally attempt to ignore it, they learn to cover things up, attempt to hide bottles/drugs etc from the addict and may feel they have to tell lies in order to keep the problem 'in the family'. This is very harmful to everyone and only helps to assist the individual to continue their behaviour. However, once someone has made a decision to face their addiction they are asked to be honest about their behaviour. Sometimes this is hard to do when they may be unaware of the effect their behaviour has on those around them, therefore we ask family members/friends etc to write 'Damage Letters' or '10 Examples of how the Service Users addiction has affected them personally and made them feel' in order for us to help the Service User to see the other side of their addiction. (An example of the type of letter is below.)

We fully appreciate how difficult it is to write such a letter as there is often fear that telling a loved one things they don't want to hear may turn them against you, however, when this is dealt with in a supportive and therapeutic environment, the Service User is able to come to terms with the contents and begin to fully understand the extent of their addiction. The letters are always addressed to the Service User, but we ask that they be posted to John Hagens or Sally Livingstone, so that they are aware of the content and can ascertain the most beneficial time to use the letter in order to benefit the Service User. This is often when the Service User is in denial about the extent of their problem and perhaps considering leaving treatment early.

Below is a brief example of the type of letter we recommend. If you have any queries, please don't hesitate to contact the Treatment Team at Livingstone House.

Dear xxx,

I really didn't want to write this letter but I am afraid that if I don't then you will have no idea of what you are like when you are drinking, the whole family have suffered and as much as we all love you, I need to tell you that this cannot continue. I never thought that the man I married would turn into such a frightening person. When alcohol comes into the picture you become loud, abusive and insulting and I am so worried that the children will be affected by this, they are frightened each day that you come home, what mood will you be in, will you be fun, loud, angry or sad - they stay in their bedrooms so as not to make things worse and are too embarrassed to invite friends around.

My family can't understand why I put up with this, you have stolen money that was put aside to pay bills, missed countless birthdays and occasions and I am too embarrassed to accept invitations to friends houses in case you get drunk. Actually we don't have any friends now because you have behaved appallingly on every occasion, you never miss a chance to humiliate me and you never remember doing so.

I need you to accept this opportunity, as I believe it is the only way that we have a future together, I do love you but I don't love the man you become when you drink. Etc Etc

Facilitated meetings – by arrangement

During the period of treatment either by the Service User or family members can request a facilitated meeting with a member of staff. This can help to provide a structured environment to talk through any problems that need to be addressed in order for the relationship to enter a healthier and more honest phase if it is to continue at all. It specifically enables both sides to set in place their needs from each other as the period of treatment draws to a close.

Family Conference – by arrangement

There are occasions when the whole family have been affected by addiction and there is some fear about what happens when the Service User leaves treatment and/or returns home. In these cases we recommend that a Family Conference be requested, whereby all family members have the opportunity to talk openly about their fears and how they have been affected, as well as what happens when the Service User completes treatment. Children are encouraged to take part in these Conferences as they are often left feeling frightened and confused at having a parent who is not acting normally, they begin to believe that they are at fault and it is important to take the time to ensure they understand that it is not. These meetings are facilitated by a staff member and can place during weekdays or weekends, by arrangement.

Telephone contact with Livingstone House staff

During any time that your loved one is in treatment you have access to staff who can either update you as to progress made, medical conditions or just to put your mind at rest. Should you wish to talk to your loved ones keyworker, please call during 9am to 5pm. If the staff are busy they will return your call as soon as possible.

What is a Detox

Here at Livingstone House, we view the detoxification programme as a Physical, Psychological and Spiritual process and use a variety of interventions. The use of prescribed medication from our Specialist General Practitioners is only part of this service. Our basic principles are to use a holistic approach to treatment, underpinned by proven research based methods and updated to enable us to offer best practice to our Service Users and staff development.

Below we have listed the various medical interventions used.

MEDICAL INTERVENTIONS

ALCOHOL DETOX

Thiamine – This helps to stimulate appetite, help repair the central nervous system, elevate short term memory loss and help to rebalance to body's vitamin loss.

Carbamazepine – This is given as a precaution, to reduce possible alcohol related fits in individuals whose alcohol intake is extremely high.

Chlordiazepoxide – (Librium) – This is a tranquiliser which helps to reduce withdrawal symptoms. Some Service Users have liver damage and are unable to tolerate Chlordiazepoxide, on these occasions, we would use Diazepam.

We use a variety of back up medication if needed i.e. Alcohol Dependent Service Users often need sleeping medication in the early stage of detox and Opiate Service Users need it towards the end of their detox. All medically assisted detoxifications are carried out following clinically indicated detoxification protocols.

OPIATE DETOX

This is often dependent on the Service Users pattern of use before admission and is negotiated between, Service User, doctor and Livingstone House staff. Although we prefer to use **Subutex** and **Lofexidine** some Service Users request a Lofexidine detox in conjunction with **Lofexidine**.

Methadone – if the Service User is admitted on a high dose, we will stabilise them before beginning the reduction. The reduction is carried out following a blind detoxification method. We will introduce Lofexidine to manage withdrawal. Ideally, we prefer to reduce Methadone to 30mls daily following a blind reducing regime and introduce Lofexidine and on Day 4 discontinue Methadone and increase Lofexidine to manage withdrawal.

Heroin, DF118 and other Codeine properties – Again, we are open to negotiation on the detoxification with these substances, but would encourage titration to Subutex.

Subutex – Although this is a more expensive drug, in our experience, it is cost effective because Service Users experience little or no discomfort, sleep is less likely to be disturbed and they are alert and more able to function in the full programme. The transition into the house community, group work and clarity of mind helps to ease them into the treatment programme.

Having had extensive experience in the use of Subutex over many years, we find it beneficial to initiate Subutex on a higher dosage than recommended. We feel that by preventing (or at least, vastly reducing) fear of, or actual pain, this treatment option enables the Service Users to engage in the therapeutic programme quickly. After all, one of the main reasons they continued to use their drugs, was to prevent or avoid the pain of withdrawal.

STIMULANTS

Cocaine, Crack Cocaine and Amphetamines – Although it is said that there is no direct physical withdrawal affect from these substances, we would tend to disagree. Just giving up caffeine will certainly show certain physical withdrawal ranging from the mild discomfort to real distress. For this reason, we prescribe a short course of hypnotics such as **Promazine, Diazepam or Mirtazipine.**

BENZODIAZEPINES

We transfer to Diazepam equivalents and where compliance is an issue (liquid medication). As the dose reduces we may introduce Carbamazapine to prevent the Service User from fitting.

NUTRITION

We believe that it is important to nourish the body in order for it to be able to heal itself and to help with this process we offer a balanced, healthy nutritious diet. Service Users as part of communal living share this responsibility.

PRAYER

Livingstone House is a 12 Step Christian Rehabilitation Centre. Prayer has been proven to help many conditions over thousands of years. This is offered as a choice at Livingstone House and consent is always obtained beforehand.

VISITING

- Visitors may not bring food of any kind into Livingstone House without permission from Livingstone House staff.
- Please do not bring newspapers, magazines or books for Service Users.
- No visitor may go into bedrooms and no pets are allowed on the premises.
- Visitors thought to be under the influence of alcohol or drugs will not be allowed to enter the building.
- During your visit please switch off mobile phones and leave them in your car.

POST TREATMENT WHAT HAPPENS NEXT ?

Details of Aftercare

Aftercare takes place at Livingstone House weekly. Typically, this is Monday, Wednesday and Friday for the first three weeks. Monday and Friday for two weeks and Wednesday for two weeks. This can vary depending on the needs of the individual. This provides an opportunity for ex Service Users to explore how they are coping since leaving treatment, to talk about specific problems they are experiencing and to help them to identify situations that cause them to experience cravings.

Post treatment facilitated meetings

It is not uncommon for a Service User to complete treatment only to find that re-entry to their life proves more bumpy than they had anticipated, there can be problems with relationships, family or children, or just being in their home environment drug/alcohol free. In order to help both the Service User and family to get used to this we encourage you to request a

facilitated meeting with Livingstone House in order to talk about how things are going. The best time for this is generally between 2 to 4 weeks after returning home.

For more information or to discuss anything that does not appear clear, please do not hesitate to contact :

John Hagens or Sally Livingstone
Livingstone House
0121 753 4448