

CRI-Help

Family Orientation



A Guide for Friends and
Families of CRI-Help Clients

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Welcome Message



Dear family and friends,

Welcome to the CRI-Help community. If you are reading this, you may be experiencing the frustration, fear, and anguish that often affects those who know and love someone experiencing substance use disorder. We understand your position as few others do, and we are here to offer you support as we care for your loved one. This document is a guide for you. We hope it answers some of your questions.

CRI-Help is a non-profit treatment program with over 50 years of experience in helping individuals suffering from substance use disorders. Many of our staff began their recovery journeys in these very facilities and remain sober to this day. As one client stated, "Miracles happen here." We know that every client can achieve a drug-free, productive life. We believe in your loved one's potential, whether this is their first, fifth, or fifteenth attempt at achieving sobriety. We ask that you believe in us while they are in our care.

To that end, we ask for your cooperation. Please read this manual carefully. It will answer many of your questions regarding policies and procedures surrounding visitation, phone privileges, and what items clients can and cannot possess during their stay at our facility. It also includes ways in which you can support your loved one.

You, as family and friends, are vital members of your loved one's recovery community. As such, your understanding of substance use disorder is crucial to your loved one's success. Please be sure to review the included information regarding substance use disorder.

If you have questions that are not answered in these pages, please do not hesitate to contact us. You may contact your loved one's assigned case worker by calling the CRI-Help offices at (818) 985-8323 and asking for them by name.

We thank you for your trust and cooperation.

Warm regards,

Brandon Fernandez, MPH
CEO, CRI-Help, Inc.

What is CRI-Help?

CRI-Help is a non-profit substance use treatment organization that has served the greater Los Angeles community for more than 50 years, creating a legacy that has touched thousands of lives.

CRI-Help's treatment model is rooted in evidence-based practices, including cognitive behavioral therapy and motivational interviewing, as well as 12-Step programming. The Twelve Steps are the foundation of many peer-based recovery groups like Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). The Twelve Steps are also the basis for some family support groups like Nar-Anon and Al-Anon. When followed carefully, with the direction of a sponsor and the support of other persons in recovery, the Twelve Steps can be a powerful tool in helping individuals with substance use disorders and their loved ones to recover physically, emotionally, and spiritually from the damage caused by substance use.

This process starts when the client is in treatment and continues throughout their recovery. Clients develop tools to examine past trauma, face future fears, and navigate the challenges of the present. Twelve-Step work refers to a set of practices that the recovering individual uses daily to navigate life on life's terms—without having to rely on drugs or alcohol to medicate their feelings. Using the steps as a basis for its treatment model, CRI-Help has helped save over 50,000 lives.

CRI-Help promises you a caring and competent staff who will help your loved one each step of the way toward rehabilitation from drugs and alcohol.

Accreditation

CRI-Help is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an international, independent non-profit organization that accredits health and human services organizations. CARF's stated mission is to "promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served."

In plainer terms, CARF makes sure that we deliver care at an extremely high level. CRI-Help's decision to submit itself to this rigorous screening body is completely voluntary. The standards to which they hold us are high, and we are proud to meet them for the benefit of our clients. CRI-Help's accreditation is renewed every 3 years.



Understanding Substance Use Disorder

What is substance use disorder?

Substance use disorder (SUD) is a treatable, chronic disease that affects a person's body and brain, leading to their inability to control the use of mind-altering substances such as legal or illegal drugs, alcohol, or pharmaceuticals. Those who suffer from SUDs use substances in ways that become compulsive. Often, they will continue to use despite harmful or even potentially deadly circumstances.

As the friend or loved one of someone who has a substance use disorder, you are likely more than familiar with the harmful consequences of their actions. No doubt, their behavior has disrupted both their lives and yours. Take heart. By choosing to enter treatment, your loved one has taken a huge leap in the direction of healing and recovery from SUDs.

What is a relapse?

Relapse occurs when a person who has managed to abstain from a substance begins to use again. The prospect of relapse can evoke dread in the hearts of the families and friends of those in recovery. Although many people who suffer from substance use disorders do experience relapse at some point in their lives, that is not the case for everyone.

If your loved one has already relapsed and is now seeking help for their addiction through treatment, please know that relapse can be a key turning point in one's recovery. A person who relapses may finally realize that they are powerless over drugs and alcohol, and that they must abstain completely if they want to live a happy and fruitful life. Until a person with SUD can accept this simple truth, they will struggle to stay sober.

Often, there is no single explanation for relapse. Instead, several factors conspire to create the circumstances right for addictive behavior to resurface. It's not uncommon for relapse to take family and friends completely by surprise. Even the SUD-afflicted individual themselves may not be able to articulate why they relapsed.

Did I cause my loved one's substance use disorder?

No. There is no one cause of substance use disorder. SUDs are caused by a combination of factors, including genetics, environmental stress, social pressures, individual characteristics, psychiatric problems, traumatic experiences, and more. You are no more responsible for causing your loved one's substance use disorder than you would be responsible for their developing diabetes.

How can I help my loved one while they are in treatment?

Many persons who have recovered from SUDs acknowledge that they would not have survived without the steadfast care and support of loved ones. You might have been the driving force behind getting your loved one into treatment. Now that they are under our care, you may feel concerned about their wellbeing, and want to ensure that they are getting the help they need. This is understandable. In our experience, however, trying to monitor the recovering person's progress can be detrimental to your relationship as well as to your loved one's chance at recovery. The best way to care for your loved one during this time is to focus on yourself.

Long-term recovery requires the SUD-afflicted individual to take responsibility for their own actions. Those who are successful in recovery from SUDs learn to expect and accept the consequences of their behavior. Often, well-meaning support from loved ones can interfere with this process. This is called enabling, and it can unintentionally encourage the SUD-afflicted individual to resume actions and behaviors that lead to relapse. We gently encourage you to take a step back while your loved one is in our care. By allowing your loved one to proceed with their treatment program themselves, you are giving them their best chance of recovery. This is an opportunity for you as well: you may find yourself able to concentrate on your own life, perhaps even returning to activities, hobbies, and tasks that have been neglected. We urge you to care for yourself during this time.

Of course, caring for yourself and allowing your loved one to pursue recovery on their own does not have to mean disengaging entirely. There are many ways to support your loved one while they are at CRI-Help, including through visitation, participation in Multi-Family Groups, phone calls, and more. These and other opportunities are discussed throughout this document. We begin by offering you several ways to seek support for yourself as you, too, deserve to heal from the ravages of substance use disorder.

Suggestions for Families and Friends

We know the pain and frustration you may be experiencing. You deserve the same level of care that your loved one is receiving. Please consider the following suggestions as ways to take care of yourself and support your loved one.

Find support for yourself

Substance use disorder affects the entire family and social circle of the SUD-afflicted person. Al-Anon, Nar-Anon, Alateen, Adult Children of Alcoholics and Dysfunctional Families (ACA), and Families Anonymous are all 12-Step-based support groups created specifically to support the loved ones of people suffering from substance use disorder(s). In these groups, you will find individuals who have navigated the same troubling situation in which you now find yourself. Further information is available on page 23.

Attend Family Education Group

CRI-Help offers a weekly informational group for friends and families of current clients. Facilitated by one of our case workers, Family Education Group is a chance for you to learn the basics of substance use disorders, CRI-Help's method of treatment, and the networks of support we provide. This group is different from "Multi-Family Group," which we explore later in this document. You will receive more information about Family Education group through the client's case worker. Family Education Group is a requirement to be considered for participation in Multi-Family Group.

Learn about substance use disorders

In addition to Family Education Group, there is an array of books, podcasts, and documentaries that can help you understand more about SUDs. A selection of resources that we have found helpful are listed on page 25. Please note that CRI-Help is not affiliated with these resources, and is not in any way responsible for the content provided therein. Information should not be perceived as medical or treatment advice.

(Continued on next page)

Trust our process

Your loved one's time at CRI-Help will be spent on productive, recovery-based endeavors. We believe that for the brief time a client is in treatment, their focus ought to be on their recovery. To encourage their full participation in treatment, clients are not permitted to make personal phone calls for at least their first 30 days in residence at CRI-Help. In those first 30 days, clients find their footing in their new environment, get to know their peers, and acquaint themselves with recovery. Clients may be uncomfortable amid unfamiliar surroundings, but we believe that is exactly what they need in order to grow. We understand that this separation may be challenging for you as well. Please trust our time-proven process.

Encourage your loved one to stay

Treatment is, by design, a challenging experience. Our program is rigorous, and we require our clients to behave in ways they may not be used to. It can be difficult at times for even the most willing participants to adjust to such a structured environment. We find that these moods come and go. Your encouragement may be the thing that helps your loved one stay put long enough to find their groove. Before they can be the child, sibling, friend, partner, or parent they need (and want) to be, they've got to put in the work that will help them become healthy.

Remember that clients are adults

Even if a client is court-ordered to attend residential treatment, we cannot keep them here against their will. Clients are adults, and they have the right to determine their own treatment decisions. Respect your loved one's power to make decisions for themselves. We do our best to guide them towards wise thinking, but each decision is ultimately their own. Clients also have the right to privacy. As a provider of healthcare services, we are bound by confidentiality laws. We cannot release any identifying information unless a client signs a medical release indicating otherwise.

Practice compassion and patience

Behavioral change takes time, and progress isn't always linear. No doubt, your loved one made some terrible decisions prior to entering treatment. Most clients come to CRI-Help bound by shame and regret. Few enter with their heads held high. Most have lost all sense of self-worth. Your compassion can make a world of difference.

How Does CRI-Help Work?

Our Programs

CRI-Help offers four levels of SUD treatment, including detox, residential, outpatient, and residential bridge housing programs.

Detoxification unit (Detox)

Some clients come to CRI-Help still under, or very recently under, the influence of drugs and/or alcohol and need to be admitted to the detoxification unit (detox). This unit is secure and separate from the residential facility. The detoxification process occurs under the medical supervision of CRI-Help's Medical Director. A team of registered nurses and alcohol and drug counselors are always on the unit.

Medication management and evidence-based drug-weaning methods are available and supervised by American Board of Addiction Medicine-certified physicians and a highly trained treatment team. Our detox facilities accommodate private and semi-private care for a week or longer, depending on the severity of withdrawal. Each client's treatment plan is overseen by the medical team, who manages the client's transition to the next level of care.

Residential treatment

Clients who are medically stable but in need of highly structured, around-the-clock support are eligible for residential treatment. CRI-Help has two residential rehabilitation facilities in the Los Angeles area: The George T. Pflieger Center, located in North Hollywood; and Socorro, a bilingual facility in East Hollywood, which serves English- and Spanish-speaking communities. Socorro offers a monolingual track for Spanish speakers, where no translators are used and all services are provided in Spanish. Residential facilities are separated by gender identity to provide a safe and productive environment. More about our residential treatment program can be found on page 11.

Outpatient

Clients who require additional support but can live independently may attend outpatient treatment. CRI-Help offers intensive outpatient and outpatient services through our facilities located in the San Fernando Valley. Intensive outpatient programs are between nine and 19 hours per week. Outpatient programs are less than nine hours per week. Residential treatment is not a prerequisite for enrollment in an outpatient or intensive outpatient treatment program. Outpatient treatment is often flexible and offered during daytime and evening hours. Outpatient includes therapeutic activities including individual and group counseling, peer support, family services, and recreational activities.

Residential Bridge Housing (RBH)

Through Residential Bridge Housing (also known as Transitional Living), CRI-Help offers sober living environments (also known as drug-free living zones) to alumni and existing outpatient clients. Our facilities offer comfortable, affordable housing and support clients' progress toward independent living. A housing supervisor assesses applicants, monitors their activity, ensures a drug-free environment, coordinates facility maintenance, and provides reports on resident progress. Most RBH clients are enrolled in outpatient treatment, and all are required to participate in community 12-Step meetings and in-house meetings to support their progress toward living independently.

Determining a client's path

Recovery from SUDs looks different for everyone. As a result, each client's path through treatment, including the length of time they spend in treatment, differs according to their specific needs. Various factors influence a client's length of treatment: their willingness to attend and/or interest in attending long-term treatment, financial hardship, insurance restrictions, family demands, court orders, and so on. We attempt to provide each client with as much time as is medically necessary to work toward their recovery.

When your loved one arrives for intake, they will receive a brief screening interview to determine whether our facilities are equipped to meet their individual needs. Approved clients then receive an in-depth clinical assessment, which determines whether they require medically supervised detoxification ("detox") or can be admitted directly to our residential program.

Clients in detox are prescribed medications to help alleviate the most severe withdrawal symptoms and to prevent complications such as seizures. The length of a client's stay in detox is determined by the Medical Director, and is based on factors such as their history of substance use and their physical condition. Once the client is deemed physically able to be released from detox, they may be transferred to the residential unit.

Residential Programming

Treatment planning

Within 24 hours of arrival to the residential treatment facility, clients are assigned a case worker. The case worker assesses the client, confers with members of the treatment team (including therapists, the Medical Director, support technicians, and administrators), and recommends a length of stay. The case worker also prepares a comprehensive treatment plan that addresses all the client's challenges, including SUD, medical and/or psychological conditions, finances, family dynamics, anger management, bereavement, legal issues, and more. This plan is reviewed with the client within their first week of treatment. The client then collaborates with the case worker to set goals for treatment and beyond. Together, the client and their case worker create a plan to address each barrier to their recovery and wellbeing.

The treatment team works with the client to help them reach their goals. Treatment team conferences are held weekly. In these conferences, treatment team members assess client progress, affirm or modify goals, advance the client to a higher phase of privileges, and plan for eventual discharge.

Each client's treatment plan is individualized, addressing the client's unique needs, abilities, and preferences. Some of our core services are listed below.

Case worker support

Case workers act as a client's primary advocate, guiding their treatment program and monitoring their progress throughout the client's entire stay at CRI-Help. With the client's permission, your loved one's case worker may contact you to obtain further information needed for the client's welfare. Please be patient with your loved one's case worker, who is responsible for a whole roster of clients. Between the demands of their caseload and the strict laws governing confidentiality, it's likely that the most a case worker will be able to report to you is that your loved one is doing well. Once a client has phone privileges (after a minimum of 30 days), they will be able to make up to two 10-minute phone calls a day, at which point they can fill you in themselves.

Treatment services

Clients participate in individual and group counseling, integrated health and wellness counseling, and vocational assistance. Additional services include recreational and fitness activities, family education, neurofeedback, trauma groups, grief counseling, treatment for co-occurring mental health conditions, and daily 12-Step meetings.

Medication-Assisted Treatment

CRI-Help offers Medication-Assisted Treatment (MAT) to clients. MAT is a form of treatment that uses medications to help relieve withdrawal symptoms and psychological cravings. These medications, like buprenorphine and naltrexone, block the euphoric effects of alcohol and opioids and help restore normal physical functioning. Though MAT has been stigmatized, the use of medication in the treatment of substance use disorder is an evidence-based practice, meaning that research has demonstrated it is safe and effective. When combined with counseling, MAT is scientifically proven to improve rates of survival and client retention in treatment programs. It is not simply a substitution of one drug for another. Clients can choose whether they receive MAT services.

12-Step programs

CRI-Help programs are designed to integrate 12-Step practices into daily life. These practices include activities like attending recovery-focused meetings, reflecting upon and discussing one's feelings and behavior, speaking with other people in recovery, and engaging in spiritual practices. Clients enrolled in residential treatment are required to attend 12-Step meetings each evening, either in-house or outside the facility. Clients are transported to external meetings via van. Attending meetings outside of the facility enables clients to establish lasting contacts in the recovery community.

Clients are also required to find a sponsor and keep in touch with that sponsor regularly. A sponsor is a person who has completed the Twelve Steps, practices them daily, and is willing to help someone else in their effort to maintain abstinence from alcohol and substances. The relationship between an individual and their sponsor is private and confidential to ensure an atmosphere of trust and emotional safety.

Clients are responsible for finding their own sponsor, but we will assist them as needed. To sponsor a client at CRI-Help, a person must have a minimum of 2 years in recovery. All potential sponsors are screened and approved by the treatment team. Once approved, clients can call their sponsor as needed, and the sponsor may enter the facility to do step work with the client or take them to outside meetings.

Relapse prevention

Clients participate in relapse prevention groups several times each week. The purpose of these groups is to learn about potential relapse triggers, identify which ones are of danger to the individual, and strategize ways to navigate these triggers successfully in the future. Maintaining sobriety is not a battle of willpower, and relapse is not an indication of moral weakness. While here, clients develop contacts in the recovery community whom they can call for help BEFORE they drink or use again.

Multi-Family Group

Clients in the residential program may attend a weekly Multi-Family Group with friends and loved ones. These groups are facilitated by clinical staff. The group is available to friends and family whose loved ones have invited them to participate. Clients decide whom to invite; the decision is up to them. Multi-Family Group helps clients' loved ones better understand substance use disorder while interacting with members of other families. Some groups may be held on Zoom and/or in a hybrid format.

Legal support

CRI-Help employs a Criminal Justice Liaison, who, in most instances, accompanies clients to and from court. In rare instances, family members may be asked to collaborate with clients to address certain logistical or legal matters.

Discharge planning

Discharge planning begins upon admission and continues throughout the client's stay. Clients explore various options for maintaining recovery after completing treatment. Discharge options vary, but can include returning home, entering a sober living facility, attending outpatient treatment, living with another person in recovery, and more. Long-term clients (those in residential treatment for three months or more) are usually expected to be working and self-supporting upon discharge if they are able. The treatment team will determine with each client whether this is applicable.

Completing treatment

There is no graduating from addiction— recovery is a life-long process. But there is completion from residential treatment! CRI-Help offers a rigorous and intensive program, and those who complete treatment are celebrated for their commitment and hard work. A client completes the program at CRI-Help if they successfully meet the goals they agreed upon and set with the treatment team.

All clients who complete treatment are invited to a completion ceremony held every few months. Families are invited to join us, and clients must submit names of all who plan to attend. We'll encourage you to cheer your loved one on loudly as they receive a certificate from their case worker and say a few words of insight or gratitude at the podium. CRI-Help completion ceremonies are a joyful event. Dinner is served at no cost, and children run and make noise—happiness and camaraderie are abundant, and a little more family and community healing takes place.

Privacy and confidentiality

Strict federal and state guidelines govern client confidentiality at CRI-Help. Clients must complete and sign a Release of Information Form in order for us to speak with any individual about the client's presence here. This form is maintained in their client file. No family member, friend, loved one, or other agent is granted information about a client's participation in the program unless they are listed on the Release of Information Form, have a court order, or there is a medical emergency. Clients have the right to rescind permission to release information to listed parties and the right to instruct staff not to call their families if they so choose.

Whatever you hear in family groups or during visits with your loved one should never be shared with anyone outside of CRI-Help. Our clients and their families have the right to seek treatment on their own terms. Betraying anonymity and confidentiality creates an atmosphere of distrust, and inhibits honest sharing among the clients and their loved ones. This can damage clients' ability to achieve recovery from SUD.

All conversations between the client and treatment team members are confidential. Please limit your inquiries to those necessary to address specific issues or problems related to the client's program of recovery. While we value your feedback and involvement in the treatment process, our clients are legally adults, and they have a right to privacy. If the client has identified you to receive information, you will be notified of emergencies or contacted as needed.

Packing for Residential Treatment

Clothing

Clients may bring a limited amount of clothing due to space constraints. Please refer to the itemized list below.

- 7 blouses or shirts
- 7 pairs of pants or shorts
- 3 dresses
- 3 skirts (knee-length or longer)
- 2 jackets or sweaters
- 2 pajamas or nightgowns
- 2 belts
- 5 pairs of shoes
- 1 pair of shower shoes or slippers
- 7 bras
- 7 pairs of underwear
- 7 pairs of socks

Client dress code

To encourage and maintain a positive image and promote client safety, CRI-Help has established a dress code for all clients when not in their bedrooms. Most attire is acceptable; however, the following articles of clothing and accessories are not allowed:

- Dark sunglasses
- Provocative or revealing items
- Designer/ high-end apparel and accessories (i.e. handbags, belts, etc.)
- Clothing with excessive rips or holes
- Clothing or accessories related to drugs/ alcohol, or that are political, sexual, sexist, racist, or gang-related in nature
- Any other items that may reflect poorly upon the overall image of CRI-Help or jeopardize the safety of the facility and those within it

We understand that clothing can be a deeply personal choice and that the above guidelines are subjective. Clients can seek additional feedback from staff if they disagree with a staff member's assessment of their clothing choice.

Laundry facilities

Clients are expected to keep their clothing neat and clean. CRI-Help is equipped with free washers, dryers, irons, and ironing boards. Laundry detergent and dryer sheets are available for sale in the commissary. Free detergent is available as well. Fresh, clean towels and bedding are provided every week.

Personal care and hygiene items

Clients are responsible for maintaining personal hygiene products, such as a toothbrush, toothpaste, deodorant, shampoo, conditioner, soap, razor, and so on. If clients need basic hygiene products, CRI-Help will provide them.

Personal items for bedrooms

Clients may bring their own twin-sized sheets, blankets, pillows, and towels, but only if they are brand new and in unopened packaging. No linens, bedding, or stuffed animals from home are allowed. Clients may bring alarm clocks and radios, framed photographs, and nightstand accessories. Please note that electronics with Wi-Fi or Bluetooth capability are prohibited. Headphones are also prohibited.

Valuables and other items

Since we cannot ensure the safety and security of valuable items, we ask that clients refrain from bringing items such as expensive jewelry, checkbooks, tablets, laptops, etc. No reading materials other than self-help, spiritual, or 12-Step recovery literature are allowed. No candles, incense, or other flammable items are allowed on the facility. We keep credit cards and smartphones locked in a safe, where clients are allowed to access them occasionally as needed.

Phases of Residential Treatment

CRI-Help clients progress through phases during their time in residential treatment. While all clients are bound by the same rules and expectations, specific privileges can be attained by making progress toward treatment goals. Treatment phases and the associated privileges of each phase are described in the following pages.

Phase 1

Clients begin the program at Phase 1, with the following rules and requirements:

- Clients must obtain an approved 12-Step program sponsor.
- Clients must go out on weekly sponsor passes.
- Clients must maintain weekly contact with their sponsor.
- Clients may only have phone contact with their sponsor.
- Clients may only leave the facility under supervision as directed by staff.
- Clients must attend outside 12-Step and in-house meetings as assigned.
- Clients must write out CRI-Help rules by hand.
- Clients are allowed to carry \$10.00 cash in phase money.
- After 30 days in the program, if the client has completed all Phase 1 assignments and made sufficient progress toward their treatment plan goals, as determined by the treatment team, they will transition from Phase 1 to Phase 2.

(Continued on next page)

Phase 2

Clients progress to Phase 2 after a minimum of 30 days and as granted by the treatment team. Upon reaching Phase 2, the following privileges are available:

- Two 10-minute personal phone calls per day, in addition to incoming and outgoing sponsor calls as needed. Client phone calls must be approved by the technicians on duty and are subject to monitoring.
- Personal visits on Saturdays as approved by client's case worker.
- A Pleasure Pass for up to 8 hours on Sundays between 10:00 a.m.- 6:00 p.m. (unless otherwise approved by their case worker). Client Pleasure Passes must be taken with someone holding a current Privilege Card and another client on Phase 2 or above. Pass applications must be submitted to case workers for approval by 11:00 a.m. the Thursday before the weekend. Pass applications must include all desired locations, phone numbers, arrival and departure times, and modes of transportation. Clients may request up to \$45.00 to take on a pass, which is deducted directly from their trust account. Clients must attend a 12-Step meeting while they are on their Pleasure Pass. (Please see page 27 for an explanation of Privilege Cards and Pleasure Passes.)
- Clients are allowed to carry \$15.00 cash in Phase Money.
- Clients must continue to attend 12-Step and in-house meetings, maintain weekly sponsor contact, and go out on Sponsor Passes.
- Clients will transition from Phase 2 to Phase 3 when the treatment team determines that they are progressing in treatment and meeting the goals of their treatment plan.

Phase 3

Phase 3 is granted on an individual basis by the treatment team. Upon reaching Phase 3, the following additional privileges are available:

- A client's case worker may approve Business Passes for the purposes of attending to personal business (related to healthcare, DMV, legal matters, etc.).
- While on a pass, client may take a cell phone to be used for purposes related to the pass only.
- Clients are allowed to carry \$20.00 cash in Phase Money.
- Clients must continue to attend 12-Step and in-house meetings, maintain weekly sponsor contact, and go out on Sponsor Passes.

Consequences

Dismissal from treatment and/or leaving against medical advice (AMA)

Refusal to adhere to facility rules and regulations will result in therapeutic measures determined by the staff. Repeated infractions and refusal to cooperate can result in dismissal from the treatment program. If a client who was dismissed from treatment or who left voluntarily without completing their treatment plan wishes to return, their readmission must be approved by a treatment team. If allowed to return, that client must follow a protocol of requirements for readmission.

Restriction

On rare occasions, all residents of a facility may experience consequences for the actions of a relative few. This is commonly known as “Restriction,” and is essentially a limitation of privileges across the board. Our hope is that clients learn how their individual choices and actions affect those close to them. It is equally important that clients know that they bear some responsibility for their peers’ actions as well. If it comes to light that a client knew about another client’s illicit behavior but did not alert staff, both clients can expect to be reprimanded.

Contacting and Supporting Your Loved One

Visitation

Clients who have reached Phase II may receive one visit per week on Saturdays. Clients are eligible for Phase II after a minimum of 30 days.

To schedule a visit, the client must fill out a Visitor Request Form and submit it to their case worker for approval no later than 11:00 a.m. the Thursday before the visit is to occur. A maximum of five visitors is allowed per visit, and each visitor must be listed on the client's Visitor Request Form. An adult must accompany any children under the age of 12. Clients with young children are permitted to communicate with their children via videoconferencing more frequently and outside of regular visiting hours.

All visitors are expected to conduct themselves appropriately and stay in designated visitation areas. Please note that visitors to the facility are permitted on the first floor only. Under no circumstances are visitors allowed to enter clients' living quarters.

We strictly prohibit the taking and posting of photos during your visit. Photography/recording, whether intentional or inadvertent, can compromise the confidentiality of individuals receiving care and violate their rights to privacy, therefore cameras and tape recorders are not permitted within the confines of CRI-Help.

Visitors may bring store-bought food to be eaten during the visit. If you plan to bring any additional personal property for the client, it must be approved by their case worker prior to the visit. All items, including money orders, should be handed directly to the technician at the sign-in desk when you arrive. Please do not give any items or money orders directly to the client.

Any visitor suspected of being under the influence of drugs or alcohol will be denied entrance to the facility and will be asked to leave.

Phone calls

Clients are prohibited from making or receiving personal phone calls until they reach Phase II. Until then, they are encouraged to make calls as needed to their AA or NA sponsor. Once a client reaches Phase II, they are permitted to make two additional 10-minute personal calls per day. All phone calls are subject to monitoring and must be approved by the technician on duty.

If you need to contact a client, please contact their case worker. Please call reception at (818) 985-8323 and ask for their case worker by name. Please note that our receptionists cannot answer any questions about clients, not even to confirm whether a client is still at the facility. To do so is to violate federal laws regarding client confidentiality.

Mail correspondence

Upon admission, clients are permitted to correspond by mail. Clients may keep stamps and stationery in their possession. Pens, pencils, and pre-stamped envelopes may be purchased from our commissary.

Please do not attempt to bring letters to the front desk; they must go through the mail. Be sure you have addressed your letter to the appropriate facility:



CRI-Help, Inc.
Pfleger Center
c/o: [CLIENT'S NAME]
11027 Burbank Blvd.
North Hollywood, CA 91601

CRI-Help, Inc.
Socorro
c/o: [CLIENT'S NAME]
4445 Burns Ave.
Los Angeles, CA 90029

Money

Each client is entitled to open a trust account, which holds money. This account can be utilized to purchase items in our commissary, make purchases while out on passes, or for any other monetary needs during their stay here. Each client may have up to \$500.00 per month in their trust account.

You can add money to a client's trust account by dropping off a money order or cashier's check to the receptionist any day between 8:00 a.m. and 5:00 p.m. All money orders and cashier's checks should be made out to "CRI-Help, Inc." with the client's name in the memo field. We are not able to accept cash or personal checks. You may also add funds via debit or credit card by contacting our accounting office at (818) 985-8323, extension 111.

Purchases from the commissary (which sells hygiene products, snacks, cigarettes, and other items clients might want or need) are deducted directly from the client's trust account.

Drop-offs

You may drop off the following items without first getting the approval of a client's case worker: stamps, stationery, instant coffee, tea, cigarettes, personal hygiene products, and laundry products. Please do not bring vapes, any aerosol cans, or bleach.

If you'd like to bring or send anything else to your loved one, please contact their case worker for approval. Once approved, drop-offs are accepted during business hours, every day from 8:00 a.m. and 5:00 p.m.. If you need to make a drop-off outside of those hours, please contact the client's case worker.

Additional Support for Friends and Family

Support groups outside of CRI-Help





Substance use disorder affects the entire family. Just as your loved one has been affected by substances, you, too, likely have been affected by the patterns of behavior and chaos that comes with substance use disorder. You deserve support.

As mentioned, you may find comfort and camaraderie in groups for friends and families of people suffering from substance use disorders. Al-Anon, Nar-Anon, Adult Children of Alcoholics, and Families Anonymous offer robust communities with a wealth of experience. These groups are modeled after and function similarly to Alcoholics Anonymous. In these groups, you'll meet people in situations like yours who are eager to share their experience, strength, and hope with you. There are also many recovery organizations that do not utilize 12-Step practices. Please visit the websites listed on the following page or utilize the contact information to learn more about these groups.

Recovery from substance use disorder is a very personal process. You cannot recover for your loved one; only they can pursue and maintain their recovery. Family groups emphasize the "Three C's" regarding a loved one's addiction: you didn't Cause the disorder, you can't Cure it, and you can't Control it. You can, however, take charge of your own wellbeing by seeking support.

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Additional Support for Friends and Family

<p>Al-Anon & Alateen (Southern California) (818) 547-3027 aisla@alanonla.org https://alanonla.org/</p>	 
<p>Adult Children of Alcoholics (310) 534-1815 www.adultchildren.org</p>	
<p>Nar-Anon Family Groups (Southern California) (310) 534-8188 / (800) 477-6291 wso@nar-anon.org (English) osm@nar-anon.org (Español) https://www.naranonsocal.org/</p>	 
<p>Families Anonymous (800) 736-9805 info@familiesanonymous.org https://familiesanonymous.org/</p>	
<p>Parents of Addicted Loved Ones (480) 300-4712 info@palgroup.org www.palgroup.org</p>	

Recommended literature

The books, websites, and podcasts below include information about SUD and how it affects both the person experiencing SUD and their loved ones. CRI-Help is not affiliated with any of the material listed here. Material should not be considered medical or treatment advice.

- *American Society of Addiction Medicine (ASAM)*: A website that provides patient and family education tools for substance use disorder.
 - www.asam.org
- *Addict in the Family*, by Beverly Conyers (Book)
- *Codependent No More*, by Melody Beattie (Book)
- *Courage to Change: One Day at a Time in Al-Anon II*, by Al-Anon Family Groups. A daily inspirational reader written by Al-Anon members.
- *Beyond Codependency*, by Melody Beattie (Book)
- *Faces & Voices of Recovery*: A website offering recovery stories, news, events information, publications, and webinars.
 - www.facesandvoicesofrecovery.org
- *Guía para la Familia del Alcohólico*, by Joseph L. Kellerman (Book)
- *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, by Gabor Mate & Peter A. Levine (Book)
- *Opioid Addiction Treatment: A Guide for Patients, Families, and Friends*. An online publication.
 - <http://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece/0>
- *The Joey Song: A Mother's Story of Her Son's Addiction*, by Sandra Swenson (Book)
- *The Language of Letting Go*, by Melody Beattie (Book)
- *Substance Abuse in the Latinx Community*, episode on the Latinx Therapy Podcast:
 - <https://latinxtherapy.libsyn.com/substance-abuse-in-the-latinx-community>
- *Substance Abuse and Mental Health Services Administration (SAMHSA)*: This government agency's website offers a variety of free resources related to SUD treatment in multiple languages.
 - <https://store.samhsa.gov>
- *What Happened to You? Conversations on Trauma, Resilience, and Healing*, by Bruce D. Perry and Oprah Winfrey (Book)
- *When Love is Not Enough: The Lois Wilson Story*, by William G. Borchert (Book)
- *Qué es el Tratamiento para el Abuso de Sustancias? Un folleto para las familias*.
 - <https://bit.ly/tratamientoAdS>
- *What is Substance Use Disorder?* An explanation offered by Johns Hopkins Medicine.
 - <https://www.hopkinsmedicine.org/health/conditions-and-diseases/substance-abuse-chemical-dependency>

Glossary

(Terms you might hear)

12-Step Programs: 12-Step programs are peer support groups that help people recover from substance use disorders, behavioral addictions, and sometimes other co-occurring mental health conditions. Twelve Step programs also help people achieve and maintain abstinence from substances. Though Twelve Step programs aren't the right tool for everyone, they can help those struggling with substance abuse issues acquire new coping skills, feel the support and acceptance of a loving community, transition into sobriety, and foster long-term recovery from substance use disorder. [1]

Abstinence: The practice of not indulging in a substance or behavior.

Alcoholics Anonymous: Founded in 1935, "Alcoholics Anonymous is a fellowship of people who come together to solve their drinking problem. It doesn't cost anything to attend A.A. meetings. There are no age or education requirements to participate. Membership is open to anyone who wants to do something about their drinking problem." [2]

Blackout period: For at least the first 30 days of a client's stay, they are not permitted to make personal phone calls or receive visits. Clients can, however, make absolutely necessary calls to family or employers through their case worker. There is no restriction on letter writing.

Case worker: The main counselor who monitors a client's progress through their stay in residential treatment.

Detox: Also known as detoxification unit; where clients safely withdraw from drugs or alcohol under clinical supervision.

Drop-off: Additional items brought to a client by friends or family. Save a few select things, these items must be approved by the client's case worker in advance.

Intake: The Intake Department fields inquiries, conducts screening interviews, and determines the level of care an individual requires at the beginning of their stay. Intake also begins the process of billing insurance companies.

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Medication-Assisted Treatment (MAT): The use of medication in combination with therapy in the treatment of substance use disorders.

Meetings: Sessions of a 12-Step program are referred to as meetings. Typically, they are an hour long and provide people new to recovery with an opportunity to get help by introducing them to people who are successfully navigating their own recovery journeys.

Narcotics Anonymous: A 12-Step program modeled after Alcoholics Anonymous and created specifically for persons with opioid use disorders.

Privilege Card (PC): Individuals from the recovery community who are in good standing can apply for a PC. A basic PC permits its holder to visit the facility during approved hours to mingle with clients, eat meals, and attend the in-house meeting. A full PC allows cardholders to pick clients up and take them to meetings, provided their driver's license and insurance are up-to-date and on file.

Privilege Card Pass: Full privilege card holders can take clients to meetings using their personal vehicle. Full PC holders must call ahead to obtain permission and make arrangements.

Pleasure Pass: Recreational passes that permits upper phase clients to leave the facility with PC holders.

Recovery Bridge Housing (RBH): Recovery Bridge Housing (RBH) is an abstinence-based interim living environment for adults who are homeless or unstably housed. Also referred to as recovery residence, or sober living. [3]

Recovery: "Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Even people with severe and chronic substance use disorders can, with help, overcome their illness and regain health and social function. This is called remission. Being in recovery is when those positive changes and values become part of a voluntarily adopted lifestyle. While many people in recovery believe that abstinence from all substance use is a cardinal feature of a recovery lifestyle, others report that handling negative feelings without using substances and living a contributive life are more important parts of their recovery." [4]

Relapse: Used to describe the experience of a person who has been abstinent from a substance or behavior for some period, then resumes using or practicing that substance or behavior.

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Sponsor: Someone with working knowledge of a 12-Step program who is willing and able to guide another person through the Twelve Steps. To sponsor a client at CRI-Help, an individual must have at least two years of continuous recovery and be available to meet with the client at least once a week.

Sponsor pass: Clients can meet with their sponsors either on or off the facility to do step work and to attend meetings.

Substance Use Disorder (SUD): Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired. People with SUD keep using the substance even when they know it is causing or will cause problems. The most severe SUDs are sometimes called addictions. [5]

Technicians/Techs: Support staff who are certified by the California Consortium of Addiction Programs and Professionals (CCAPP) to care for clients in a vast number of ways. Technicians keep clients on schedule, oversee medication, transport clients, and conduct urinary analyses.

Treatment Program: A broad term encompassing many modes of direct intervention aimed at controlling (in this case) substance use disorders. Treatment can refer to detox, residential, and outpatient programs.

[1] <https://americanaddictioncenters.org/rehab-guide/12-step>

[2] <https://www.aa.org/what-is-aa>

[3] <http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/RBHInquiryGuide.pdf>

[4] <https://nida.nih.gov/research-topics/recovery>

[5] <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder>