INFORMATIONAL HANDOUT FOR LOVED ONES

INTRODUCTION

Thanks for considering Charlotte Detox Center at Carolina Center for Recovery (CDX/CCR)

This handout has been created by the CDX/CCR team to address some of the many questions and concerns that arise among loved ones and other relevant parties during a patient's time in treatment. Please read the information in depth.

PROGRAM

There are four programs offered at CDX/CCR: Detoxification / Withdrawal Management (3.7 Level of Care), Residential Treatment (3.5 Level of Care), Partial Hospitalization (2.5 Level of Care) and Intensive Outpatient (2.1 Level of Care):

1. **Detoxification / Withdrawal Management**
    a. This program, which is approximately one week in length, is the baseline program. Its primary intention is to help clients discontinue their substance/alcohol use safely through medication management, around-the-clock medical monitoring and minimization of acute withdrawal symptoms. This program is primarily managed by the CDX **medical team**. Patients in this program receive essential clinical services, case management, and aftercare planning. They are highly encouraged to participate in group therapy.
2. **Residential Treatment**
    a. This program, which is approximately three weeks in length, is *phase one* of the treatment program. Its primary purpose is to stabilize clients who have overcome their acute withdrawal symptoms by providing them with 24/7 nursing care access, supportive medication management, and a controlled sober environment. This program is primarily managed by the CDX **clinical team**. Clients in this program receive additional clinical services, such as individual and family therapy sessions, smaller, more intense therapy groups and access to additional peer-led sober support groups. This phase is intended to build the foundation for a successful transfer into an outpatient treatment program or other potential aftercare that supports additional abstinence.
3. **Partial Hospitalization Program (PHP)**
    a. This program, which is approximately 3 weeks in length, is *phase two* of the treatment continuum. Its primary purpose is to provide structured clinical support for clients who have stabilized from acute withdrawal symptoms but continue to need intensive therapeutic services and recovery support. Clients participate in daily programming that includes individual therapy, family therapy, psychoeducational and process groups, relapse prevention, psychiatric and medication management services, and peer-supported recovery activities. This program is primarily managed by the CCR clinical team and is designed to strengthen recovery skills, increase stability, and support a successful transition into outpatient treatment and ongoing aftercare services.
4. **Intensive Outpatient Program (IOP)**
    a. This program, which is approximately 6–8 weeks in length, is *phase three* of the structured treatment offered at CDX/CCR. The purpose of this phase is to provide ongoing clinical support for clients who have achieved greater stability in recovery but continue to benefit from structured therapeutic services and accountability. IOP offers flexible treatment scheduling that allows clients to maintain employment, school, family responsibilities, and other daily activities while actively participating in treatment. This program is

primarily managed by the CCR clinical team. Clients in IOP participate in individual therapy, group counseling, relapse prevention programming, psychoeducation, and peer-supported recovery activities focused on strengthening coping skills, emotional regulation, healthy lifestyle development, and long-term recovery maintenance. This phase is intended to support continued abstinence, increase independent recovery management skills, and facilitate a successful transition into traditional outpatient treatment, community recovery support, and sustainable long-term recovery.

Evidence shows that clients who only participate in Detoxification / Withdrawal Management have much higher rates of return to use as compared to those who continue in structured treatment and aftercare planning. Therefore, it is our recommendation that clients **participate in the entire 45 day structure treatment program offered at CDX/CCR. We also highly encourage each client to be an active participant in their aftercare planning before discharge in order to ensure the greatest chance of long-term sobriety.**

Here is an example of what a patient's overall treatment at CDX/CCR may look like:

1. Admission/Intake
2. Detoxification / Withdrawal Management (week 1)
3. Residential Treatment (weeks 2 to 4)
4. Partial Hospitalization Program with structured sober living (weeks 3 to 6)
5. Completion of structured treatment at CDX/CCR
6. Scheduled aftercare (ie: group/individual outpatient therapy, sober living, support groups, etc.)

PAYMENTS

CDX and CCR are in-network with most major health insurance plans and can often facilitate pre-authorization for a patient's time in treatment. Sometimes, patients are responsible for paying all or part of their deductible/out-of-pocket. This responsibility will be communicated upfront to the patient by the admissions team. The onsite team will often be responsible for collecting the patient's deductible payment. Payment is expected prior to rendering services.

For clients who lack in-network insurance, CDX/CCR does offer private pay options. Private pay rates can be discussed with the admissions team. CDX/CCR accepts payment by credit / debit, check, or cash.

All clients who have completed their detox stabilization will be assigned a TRULINK debit card. This is a personal spending account that has locked/monitored spending controls in place. Families will be sent a link at the time a card is assigned and can become family funders of the account to add money. TRULINK cards are used by clients to purchase snacks, medications, nicotine products or other necessary approved items while in treatment.

MEDICATIONS & CONTROLLED SUBSTANCES

Clients are encouraged to bring any prescription medications in their original containers. However, **clients are asked *not* to bring controlled substances**. Controlled substances of any kind cannot be stored on premises and will be destroyed by the nursing team with no exceptions.

COMMUNICATION

There are key points during the program when patients or personnel of CDX/CCR will communicate with loved ones and other relevant parties:

1. **Patients**
    a. All patients are given the opportunity to make a “safe call” on arrival. The purpose of this call is to inform an external party that they safely arrived at the facility.
    b. Following their detox stabilization, all patients are given the opportunity to make phone calls adding up to 15 minutes in length based on their room number. Generally speaking, this gives them the opportunity to make phone calls approximately two days per week.

2. **Personnel**
    a. After the patient's initial clinical assessment is complete, a member of our clinical team will contact the patient’s emergency contact to provide an update. This usually occurs during the first 24 hours of the program.
    b. From there, the patient’s primary counselor will contact the patient’s emergency contact on their 4th day of treatment to provide additional updates and progress in treatment.
    c. The patient’s case manager, and / or aftercare manager may call the patient’s emergency contact to discuss any relevant issues that arise related to case management, aftercare planning, etc.
    d. The nursing team will call the patient’s emergency contact in the event of a medical emergency.
    e. Onsite personnel may call the patient’s emergency contact in the event that the patient wishes to leave against medical and / or clinical advice and will call the patient’s emergency contact if the patient does indeed leave against medical and / or clinical advice.
    f. The administrative team will call the patient’s emergency contact in the event of an administrative discharge.

While it may be difficult to be without updates on a daily basis, please keep in mind that, generally speaking, “**no news is good news**.” It often means that the patient is acclimating well to the program, is progressing well, and is on track to complete treatment.

SCHEDULE

CDX/CCR uses a structured schedule for patients across all levels of care. General schedule guidelines for patients in both programs:

- **Business Hours**
    - Monday-Friday (8 a.m. - 5 p.m.)
- **Meals**
    - Breakfast (8 - 8:30 a.m.)
    - Lunch (12 - 12:30 p.m.)
    - Dinner (5 - 5:30 p.m.)

- **Group Therapy**

- Morning Groups (between 8:30 a.m. - 12 p.m.)
- Afternoon Groups (between 12:30 - 5 p.m.)
- Evening Group (between 5:30 p.m. - 7 p.m.)
- Outside Support Groups (between 7pm-9pm) rotating H&I onsite (AA, NA, SMART, CA, Dharma)

- **Quiet Hours** (11 p.m. - 7 a.m.)

TYPES OF DISCHARGE

Patients who enter the program can be discharged in a number of different ways:

1. **Completing Treatment**
   a. The vast majority of patients who enter the program (around 85%) complete treatment successfully. This is the primary goal.

2. **Leaving Against Medical and / or Clinical Advice (AMA / ACA)**
   a. **CDX/CCR is a voluntary program**, so patients are allowed to leave if they wish to. That being said, an attempt will often be made to redirect patients who wish to leave AMA / ACA. Generally speaking, this involves (a) addressing patients privately, (b) determining the source of their desire to leave, (c) trying to find a solution that will appease them, and (d) convincing them to complete treatment. Please note that for instances in which a patient wishes to leave AMA / ACA, there is a very good chance that the patient's emergency contact will be notified so that he / she can also attempt to redirect. **If contacted, you are strongly encouraged to take the suggestions of CDX/CCR personnel and to hold boundaries with the patient, as difficult as it may be, if you wish to see him / her complete treatment**. If the patient ignores the redirection and still chooses to leave AMA / ACA, then the emergency contact will be notified of the patient's final decision.
   b. Patients who leave AMA / ACA will usually be transported by CDX/CCR personnel to the nearest designated safe space
3. **Being Administratively Discharged**
   a. Prior to administratively discharging a patient, an attempt is usually made to (a) address them verbally (i.e. verbal warning) and (b) address them with a behavioral contract (i.e. written warning). The goal is to redirect the behaviors that could lead to an administrative discharge. Generally speaking, patients will be administratively discharged from the program when one or more of the following conditions are still met, often after multiple attempts at redirection have occurred:
      i. They display any type of violent behavior
      ii. They display wanton disregard of the program's policies, procedures, and / or expectations
      iii. They refuse to participate in the medical and / or clinical treatment program (e.g. refusing medications, refusing to participate in assessments, refusing to attend group therapy, etc.)
      iv. They are consistently disrespectful to personnel and / or other patients

   b. If a patient is administratively discharged, then the emergency contact will be notified. The patient will usually be brought to the nearest designated safe space.

4. **Being Medically Discharged**

a. Some patients who arrive to the program are sent out to the hospital due to co-occurring biomedical concerns that exceed the threshold of care that CDX/CCR is able to provide. If a patient is sent to the hospital, then the emergency contact will be notified.
b. CDX's nursing team will maintain contact with the hospital that the patient is sent to and communicate updates to the rest of the team. **Patients who are admitted to the hospital are "medically discharged" from the program**, but they may have the option to readmit to CDX to complete the program following their successful discharge from the hospital, depending on the circumstances.

5. **Being Transferred**
    a. Some patients who arrive to the program are transferred to alternative programs, either due to needing a lower level of care (such as an outpatient program) or due to co-occurring mental health concerns that exceed the threshold of care that CDX/CCR is able to provide.

AFTERCARE & DISCHARGE

CDX/CCR strongly encourages patients to commit to a scheduled aftercare program prior to discharge. The aftercare manager will help to facilitate the commitment to aftercare, often using information that accompanies patients when they admit to CDX/CCR.

Sometimes, patients will change their minds about their commitment to aftercare. **If contacted, you are strongly encouraged to heed the advice of CDX/CCR personnel and to hold boundaries with the patient, as difficult as it may be, if you wish to see the patient achieve long-term sobriety. Some patients may manipulate, mislead, or even lie to loved ones or their emergency contacts in order to justify why a commitment to aftercare is not necessary for them so that they can continue using drugs and / or alcohol. If you hold a firm boundary with the patient per the advice of CCR personnel, then it may successfully redirect him / her.**

FAMILY PROGRAM & RESOURCES

At CDX/CCR, we take great pride in our Family Program and the opportunities it provides for loved ones to actively participate in the recovery process. We recognize that addiction impacts the entire family system, which is why we offer a variety of educational resources, support services, and structured family visitation opportunities throughout treatment. Our goal is to help families heal together, strengthen relationships, and build a foundation for long-term recovery. After receiving this all family members will receive a follow-up email from our Family Program Manager, Frank Kolasinki. Frank, will include a detailed family packet including a family questionnaire to be completed by loved ones. Additionally, the following resources are provided to assist individuals seeking to understand more about the disease model of addiction and how to support an individual who is suffering from substance use disorder:

- Al-Anon
- American Society of Addiction Medicine (ASAM)
- Nar-Anon
- National Harm Reduction Coalition
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)