



ADDICTION RECOVERY BECOMES A FAMILY AFFAIR AT CeDAR

Larry Weckbaugh has a succinct term for his twice-monthly Family Week: structural recovery.

Simply put Weckbaugh, coordinator of Family Programs at the Center for Dependency, Addiction and Rehabilitation (CeDAR) means that patients' family members must take an active part in their loved ones' battle against addiction.



Making recovery a family value: CeDAR's Weckbaugh, (upper left).

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"We stress that people can and do change, but they have to understand their behaviors," he says. "Family members have to take responsibility for enabling behaviors, like paying bills and making excuses, that contributed to the addiction. One goal of Family Week is to help people understand what to do instead."

The five-day Family Week program at CeDAR's facilities on the west side of the Anschutz Medical Campus occurs the second and fourth weeks of every month (the most recent one began August 11), and is free to one family member, Weckbaugh says. Additional members pay \$600 apiece to attend.

Weckbaugh estimates about 80 percent of patient families attend Family Week. "We stress from the beginning how important the Family Program is," he states. Family members meet CeDAR's clinical team when a patient is admitted, he notes, and CeDAR staff call every person – meaning those they have a release to contact – to let them know about Family Week. The facility also sends families a letter describing the program and stressing that recovery rates improve with family support.

CeDAR is one of the few facilities of its type – industry heavyweights the Betty Ford Center and Hazelden Treatment Center are two others – to offer a week-long program focusing on addicts' families, Weckbaugh adds. "Two to three days is the standard of care" elsewhere, he notes.

Developing the courage to change. Once at CeDAR, family members receive a mix of lecture material about chemical dependency and the disease of addiction, written exercises, discussion groups, and help planning and developing new behaviors. "We

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don't offer therapy," Weckbaugh notes. "It's a psycho-educational model that provides patients and family members with an awakening to what can be different in their lives."

Addicts bring chaos to families, Weckbaugh remarks, "and it's understandable to want to talk about the problems the addiction causes. But we tell them, 'We want to talk about you.' Family members get lost in the disease and trying to control it. Many of them believe that if they'd 'been better,' their loved ones wouldn't have the problem."

"But we stress the 'three Cs' of addiction: you didn't cause it; you can't control it; and you won't cure it."

Family members sit down at midweek with patients "to learn and practice new communications skills," Weckbaugh says. "The family also gets an opportunity to bring up concerns and worries about issues such as relapse, kids, marriage and debt. We teach them a way to stay safely connected on these issues."

After addiction, what? The discussions also center on after-care for patients in the 30-day CeDAR treatment program. "We encourage family members to discuss with the patient what will happen after treatment," Weckbaugh notes. "The goal is to develop a structure for medical management – that could include continuing [addiction] care, therapy, and psychiatric care – and help families understand how important it is to follow the clinical recommendations that we make. It's an issue of chronic disease management."

Indeed, the program's "last piece" is a discussion of what to do if the addict relapses, Weckbaugh reports. "We help families decide what the plan is," he says. "They have to negotiate that process. We encourage family members to stay true to the clinical recommendations, even if it means readmitting a patient for detox."

There is, Weckbaugh believes, "a moral equivalency of addiction with other chronic diseases. No one says 'that's too bad' to someone with heart disease; we learn, instead, to be supportive, in a 'well' way, of the person with the disease."

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