

COMING HOME FROM REHAB

A Practical Guide for Families Supporting Someone in Recovery

Coming home from treatment can be filled with hope.

It can also be uncomfortable, confusing, and frightening.

Your loved one may be excited about starting over while simultaneously feeling anxious about returning to the same people, places, responsibilities, relationships, and situations that existed before treatment.

Family members may be experiencing their own mixture of emotions.

Relief.

Hope.

Anger.

Fear.

Distrust.

Exhaustion.

You may desperately want things to be different—and you may be afraid they won't be.

Those feelings can exist at the same time.

Treatment may have helped your loved one begin changing, but coming home isn't the end of recovery.

It's the beginning of learning how to live differently outside of treatment.

This guide is designed to help your family prepare for that transition.

1. DON'T EXPECT EVERYTHING TO BE FIXED

One of the biggest mistakes families can make is expecting someone to return from treatment completely changed.

Treatment can provide education, structure, therapy, accountability, coping skills, medical care, and time away from substances.

But recovery takes practice.

Your loved one may still struggle with:

- Stress
- Anxiety
- Anger
- Shame
- Cravings
- Relationships
- Sleep
- Motivation
- Trust
- Financial problems
- Employment
- Responsibilities
- Old habits
- Triggers

This doesn't necessarily mean treatment failed.

It means recovery continues at home.

Think of treatment as helping someone acquire tools.

Coming home is where they begin learning to use those tools in everyday life.

2. HAVE A PLAN BEFORE THEY COME HOME

Don't wait until the first crisis to decide how the household will operate.

Whenever possible, discuss expectations before your loved one returns.

Consider talking about:

Substances in the home

Will alcohol or other substances remain in the house?

Visitors

Are there people who should not be allowed in the home?

Transportation

How will your loved one get to treatment, meetings, work, or appointments?

Medication

Is there an established plan for prescribed medications?

Aftercare

What outpatient treatment, counseling, peer support, recovery meetings, or other services are recommended?

Household responsibilities

What responsibilities will your loved one have?

Money

How will finances, spending, credit cards, or financial assistance be handled?

Employment

Is returning immediately to work appropriate, or is there a transition plan?

Privacy

What information belongs to your loved one, and what does the family reasonably need to know?

Boundaries

What behaviors will and will not be accepted in the home?

Clarity reduces the need to invent rules during emotionally charged situations.

3. UNDERSTAND TRIGGERS

A trigger can be anything that creates a strong emotional reaction, craving, memory, or urge connected to past behavior.

Triggers can include:

PEOPLE

Old friends.

Former using partners.

Difficult family relationships.

Romantic relationships.

PLACES

Bars.

Parties.

Certain neighborhoods.

Former places of substance use.

EMOTIONS

Anger.

Loneliness.

Rejection.

Shame.

Anxiety.

Boredom.

Frustration.

SITUATIONS

Arguments.

Financial stress.

Relationship problems.

Work pressure.

Celebrations.

Having access to money.

Being alone.

PHYSICAL STATES

Being hungry.

Exhaustion.

Poor sleep.

Pain.

Illness.

Stress.

Triggers are not always obvious.

Sometimes the trigger isn't simply what happened.

It is **what the person believes the event means.**

Someone doesn't return a phone call.

The thought becomes:

"They don't care about me."

That thought creates rejection.

Rejection creates anger.

Anger creates an urge to escape.

Learning to recognize that sequence is an important recovery skill.

4. ASK A BETTER QUESTION

Families often ask:

"Why would you do that?"

That question may come from understandable frustration, but it can quickly turn into defensiveness.

Try becoming curious about the sequence instead.

Ask:

"What happened right before you started feeling that way?"

Or:

"What were you thinking when that happened?"

Or:

"What do you need right now that would help you make a healthy decision?"

You aren't excusing behavior.

You're trying to understand the pattern behind it.

5. LEARN THE CBT TRIANGLE

One useful framework is:

THOUGHTS → EMOTIONS → BEHAVIORS

Something happens.

Your loved one interprets what happened.

That interpretation creates an emotional response.

The emotional response can influence behavior.

For example:

SITUATION

"My friend didn't invite me."

THOUGHT

"Nobody wants me around anymore."

EMOTION

Rejection and loneliness.

URGE

"I want to escape this feeling."

BEHAVIOR

Isolation or another unhealthy coping behavior.

The family can help interrupt this cycle without becoming responsible for controlling it.

A useful question is:

"Is there another way to look at what happened?"

6. SUPPORT IS DIFFERENT FROM CONTROL

Families understandably want to prevent another crisis.

That can turn into monitoring everything.

Where are you?

Who are you talking to?

What are you doing?

Let me see your phone.

Are you lying?

Did you go to your meeting?

Are you using again?

Constant surveillance can turn the household into an interrogation room.

Recovery ultimately requires the individual to take responsibility for recovery.

Family members can provide:

Encouragement.

Transportation.

Structure.

Healthy activities.

Accountability.

Connection.

Clear boundaries.

Access to appropriate professional support.

But you cannot make another person's recovery decisions for them.

7. BOUNDARIES ARE NOT PUNISHMENT

A boundary is not:

"You have to do what I say."

A boundary describes what **you will do** in response to a situation.

Instead of:

"You aren't allowed to drink."

A boundary might be:

"Alcohol and drugs aren't permitted in our home. If substances are brought into the house, you won't be able to stay here."

Instead of:

"You need to stop lying."

Try:

"If I discover that money is being used dishonestly, I won't continue providing financial assistance."

Boundaries work best when they are:

Clear.

Specific.

Reasonable.

Communicated ahead of time.

Consistently followed.

A boundary without follow-through eventually becomes a suggestion.

8. DON'T CONFUSE SUPPORT WITH RESCUING

Families sometimes protect someone from every consequence because they are afraid of what might happen otherwise.

That can include:

Calling employers with excuses.

Paying repeated debts.

Lying to other family members.

Giving money without accountability.

Taking responsibility for obligations that belong to the person in recovery.

Removing every consequence.

Supporting someone doesn't always mean making life easier.

Sometimes support means allowing a person to experience the natural consequences of their decisions while remaining available to support healthier choices.

9. REBUILD TRUST SLOWLY

Trust may have been damaged before treatment.

Your loved one may want it restored immediately.

You may desperately want to trust them again.

Neither side should expect trust to return overnight.

Trust is rebuilt through repeated behavior.

Words + actions + time = trust.

Instead of saying:

"I'll never trust you again."

Consider:

"I want to trust you. That's going to happen through consistency over time."

That gives the relationship somewhere to go.

10. WATCH FOR CHANGES, NOT JUST SUBSTANCE USE

Relapse can involve a progression of changes before substance use occurs.

Potential warning signs may include:

- Increasing isolation
- Stopping treatment or recovery activities
- Reconnecting with high-risk people
- Romanticizing past substance use
- Significant sleep changes
- Increasing secrecy
- Sudden changes in routine
- Increased anger or irritability
- Abandoning healthy activities
- Withdrawing from supportive relationships

- Growing hopelessness
- Repeatedly saying recovery activities are unnecessary
- Increased impulsivity
- Returning to environments associated with past substance use

One warning sign doesn't necessarily mean relapse.

Look for **patterns and changes from the person's recovery baseline.**

11. HAVE A RELAPSE RESPONSE PLAN BEFORE YOU NEED ONE

Families often prepare extensively for recovery but don't discuss what will happen if substance use returns.

That conversation is easier before a crisis.

Discuss questions such as:

Who should be contacted?

Therapist?

Treatment provider?

Sponsor?

Peer recovery specialist?

Physician?

Family member?

What circumstances require emergency medical care?

Can the person remain in the home?

What happens if substances are brought into the house?

What happens with children?

What happens with vehicles?

What happens with money?

What treatment options are available?

Write the plan down.

The purpose isn't to expect relapse.

It's to avoid creating a plan while everyone is frightened or angry.

12. KNOW THE DIFFERENCE BETWEEN RELAPSE AND AN EMERGENCY

If you suspect your loved one has returned to substance use, take the situation seriously.

But some situations require **immediate emergency assistance**.

Call 911 for a medical emergency.

Signs of an opioid overdose can include inability to wake the person, slow or stopped breathing, choking or gurgling sounds, or discoloration of the lips or nails.

If opioid overdose is possible and naloxone is available, administer it according to its instructions and call emergency services.

Family members of someone at risk for opioid overdose should consider learning how to recognize overdose and how to use naloxone.

13. DON'T MAKE EVERY CONVERSATION ABOUT RECOVERY

Your loved one is still a person.

Talk about ordinary things.

Sports.

Movies.

Work.

Food.

Music.

Plans.

Family.

Goals.

Jokes.

Life.

Someone in recovery doesn't need their identity reduced to:

"the person with addiction."

Recovery should help someone rebuild a life—not become their entire identity.

14. CREATE STRUCTURE WITHOUT CREATING A PRISON

Structure can be helpful during early recovery.

A simple day might include:

MORNING

Wake at a consistent time.

Eat breakfast.

Take prescribed medication as directed.

Review the day's plan.

DAYTIME

Work or school.

Treatment.

Exercise.

Responsibilities.

Healthy social interaction.

EVENING

Dinner.

Recovery meeting or therapy when scheduled.

Family time.

Reflection or journaling.

NIGHT

Reduce stimulation.

Prepare for tomorrow.

Maintain a consistent sleep routine.

Predictability can reduce unnecessary stress while new habits are forming.

15. USE HALT

When emotions escalate, ask:

H — HUNGRY

Have you eaten?

A — ANGRY

Is something bothering you?

L — LONELY

Have you become disconnected?

T — TIRED

Have you been sleeping?

HALT doesn't explain every difficult moment.

But sometimes what appears to be a massive emotional crisis is being intensified by an unmet basic need.

16. DON'T IGNORE YOUR OWN RECOVERY

Addiction affects families.

You may have spent months or years:

Worrying.

Monitoring.

Arguing.

Rescuing.

Checking phones.

Looking for evidence.

Losing sleep.

Managing crises.

Trying to predict what happens next.

Your loved one returning from treatment doesn't automatically turn those patterns off.

Family members may need support too.

Consider:

Family therapy.

Individual counseling.

Peer family-support groups.

Education about addiction.

Faith/community support.

Healthy boundaries.

Exercise.

Sleep.

Time with friends.

Activities unrelated to recovery.

Your entire life should not revolve around monitoring another person's recovery.

17. QUESTIONS TO ASK WHEN THEY COME HOME

Instead of:

"Are you going to stay sober this time?"

Try:

"What did you learn about yourself in treatment?"

"What are your biggest triggers?"

"What should I watch for when you're struggling?"

"How would you like me to support you?"

"What doesn't feel supportive?"

"Who should we contact if you're having a difficult day?"

"What does your aftercare plan look like?"

"What boundaries would help our home feel safe?"

"What are you most nervous about coming home?"

And one particularly important question:

"When you're struggling, how can I help without trying to control you?"

18. CREATE A FAMILY COMMUNICATION RULE

When emotions become intense, use this sequence:

PAUSE → LISTEN → CLARIFY → RESPOND

PAUSE

Don't immediately react.

LISTEN

Try to understand what the other person is actually saying.

CLARIFY

Ask:

"What I'm hearing is _____. Is that what you mean?"

RESPOND

Address what was actually said—not what you assumed was meant.

A five-minute pause can sometimes prevent a five-hour argument.

19. FAMILY RECOVERY PLAN

Complete this together when appropriate.

My loved one's biggest known triggers:

1.

2.

3.

Early warning signs:

1.

2.

3.

Healthy coping strategies:

1.

2.

3.

People they can contact:

1.

2.

3.

Professional support:

Therapist/counselor:

Treatment provider:

Recovery support:

Physician:

If we believe relapse is occurring, we will:

If there is a medical or psychiatric emergency, we will:

20. OUR FAMILY BOUNDARIES

Substances in the home:

Financial assistance:

Visitors:

Vehicles:

Household responsibilities:

Communication:

Privacy:

What happens if a boundary is violated:

Everyone should understand these expectations before a crisis whenever possible.

21. A MESSAGE TO THE FAMILY

You can love someone deeply without being able to control what they do.

You can support someone without rescuing them.

You can establish boundaries without abandoning them.

You can forgive someone without pretending nothing happened.

You can rebuild trust without giving it away immediately.

And you can hope for someone's recovery while still taking care of yourself.

Your loved one has work to do.

So does the family.

Recovery doesn't mean returning to exactly the life that existed before treatment.

The opportunity is to build something healthier than what existed before.

One conversation.

One boundary.

One healthy decision.

One day at a time.

QUICK FAMILY CHECK-IN

Once a week, consider asking:

What went well this week?

What was difficult?

Were there any significant triggers?

What helped?

Is there anything you need from me?

Is there anything I am doing that isn't helping?

What's one thing we can do differently next week?

Then stop talking about recovery and do something together as a family.

ADDITIONAL SUPPORT

Professional treatment and recovery resources can be an important part of ongoing recovery.

In the United States:

SAMHSA National Helpline

1-800-662-HELP (4357)

Treatment information and referrals are also available through **FindTreatment.gov**.

988 Suicide & Crisis Lifeline

Call or text **988** for crisis support.

For a life-threatening medical emergency, call **911**.

Families concerned about opioid overdose should also speak with an appropriate healthcare professional or pharmacist about access to and use of **naloxone**.

CENSOZO | MINDSTRONG

Supporting the Person. Supporting the Family. Supporting the Journey.

Recovery rarely affects only one person.

Censozo was founded around the belief that meaningful change can involve many forms of support—including appropriate medical care, treatment, nutrition, sleep, emotional well-being, family, community, faith, accountability, and practical tools.

For individuals who want an additional personal-development resource, **MindStrong** is a companion workbook designed around practical exercises involving thoughts, emotions, behaviors, triggers, coping strategies, and healthier patterns.

No single product fixes a person.

The goal is to help people build the tools, relationships, habits, and support systems that make meaningful change possible.

IMPORTANT DISCLAIMER

This guide is intended for general educational purposes and is not medical advice, psychotherapy, addiction treatment, or a substitute for professional care. Treatment and recovery needs differ substantially depending on the individual and substance involved.

Withdrawal from alcohol, benzodiazepines, and certain other substances can be medically dangerous or life-threatening and should not be managed solely with a family guide or self-help resource. Seek appropriate medical guidance.

If someone may have overdosed, is unconscious, has difficulty breathing, is experiencing a medical emergency, or presents an immediate danger to themselves or others, seek emergency assistance immediately.