

Welcome to COPAC, Inc. It is our hope that this difficult undertaking for you and your loved one can go as smoothly and productively as possible. Anytime people are away from each other, it often creates stress and confusion. Thus, communication is an important element in this process. We will do our part, and we want to help you do your part.

Please plan to participate in our Family Care Program. After your patient has been here three or four weeks, you will receive your Family Care Program packet in the mail. There will be a detailed questionnaire for you to complete and also several different dates for you to choose that best suit you. This is a week-long intensive process of education and group therapy. The staff believes that the Family Care Program can have a positive impact on how you and your family deal with this disease.

COPAC



A Note to Our Family Members

COPAC



3949 Hwy 43 North
Brandon, Mississippi 39047

COMMON FAMILY QUESTIONS

Telephone Privileges: Patients will be on telephone restriction for the first seven days they are at COPAC. This period allows us to give them time to bond with the community. Their initial reaction will always be to run away from their disease. Any threat to their disease (i.e., treatment, therapy, structure, rules, or medication) will not be easy for them to handle. They will probably call you in an attempt to get you to play an adversarial role with the staff, which makes treatment more difficult or encourages you to take them out of treatment to end their perceived pain. This is your first opportunity to help them in the treatment process. If you give in to their wishes, they cannot get better. Always remember that if the patient had made good decisions and taken appropriate actions, they would not be here in the first place.

Try to remember the 24-hour rule. Tell the patient that you are going to wait 24 hours before making any decision about their treatment. This allows you time to check things out and make appropriate arrangements for your actions. It also becomes a perfect time for you to find out if the patient is using their therapy group and counselor.

Confidentiality and Your Patient's Counselor: Patients are asked to put their family on their Consent to Release Information form. This is a form that meets the Federal Guidelines CRF-42-R which enables us to acknowledge that the person is here and to talk with people about the patient. If the patient refuses to sign the consent form (and this does happen!), the Federal Law governing confidentiality does not allow us to speak with you. We will work with the patient in order to get them to consent to your knowledge of their progress. Failure of the patient to consent to your knowledge of their progress is cause for grave concern.

Please call your patient's counselor every other week for an update. Progress is made in small increments and calling more often will not be beneficial to you, and keeps the counselors from having time to work with the patients. Telephone calls should be made to the counselor between 2:30 and 4:30 p.m. Central Time. The appropriate counselor should contact you within the first week of the patient's stay. If a counselor does not contact you, please call the Clinical Director of the appropriate program. There is a Clinical Director for

the Men's Program, the Women's Program, Phase III and the Intensive Outpatient Program.

We want the patients to bond with each other and bring issues to group and to their counselors. If you talk to them too much, it makes their feelings go away and makes it harder on us to do our job. Three calls per week (incoming and outgoing) are the rule at COPAC.

Living Arrangements: The patients live together in groups that are designed to function as families. While they may not function as normal families (Mom is certainly not there to pick-up after them), they function as we see an ideal family would. Chores are divided among the "family members." Someone sweeps, mops, cleans toilets, washes dishes, prepares meals, and cooks. As a group, they plan a weekly menu (approved by our Dietitian) and a grocery shopping list. They even do their own shopping!

They are required to make up their bed daily and wash their clothes weekly.

Personal Responsibility: We expect the patients to be responsible for themselves. Recovery is a personal responsibility, and as much as they would like it, we can't get sober for them and neither can you. The normal patient at COPAC has avoided taking any personal responsibility for his/her actions. They often blame others, situations, life, family members, authorities, anyone, or anything rather than looking at their own behavior. At COPAC, we use the "honesty board" as a method of personal growth. Patients who break the rules are asked to put their name on the honesty board. Every week they are required to do consequences for their rule violations. This may include: picking up cigarette butts, sticks, paper, or other clean-up activities. The patients are required to prepare weekly budgets while they are in the program. If you send them food, cigarettes, personal items or extra money, they cannot learn to live "within their means."

Daily Schedule: Days are full at COPAC and begin with wake-up at 6:30 a.m. The first activity is making up the bed and family chores. Daily exercise follows breakfast and the patient then does morning meditation. The patients attend an educational class on the Big Book of Alcoholics Anonymous, which is the basic text. COPAC is a 12-Step

oriented program based on abstinence. We believe that people who stay sober and happy do so in 12-Step programs, i.e., Alcoholics Anonymous. Group therapy is next and then lunch. After lunch, the patient experiences a number of educational programs and group therapy on a variety of topics. The patients have an exercise period in the afternoon and participate in group games. Meal preparation begins at 4:30 p.m. and dinner is served at 5:30. From that time until 8:00 p.m. is free time to work on assignments. The patients attend Alcoholics Anonymous meetings every evening at 8:00.

Medical: A COPAC physician will give patients at COPAC a history and physical. Part of this process will be to rule out any underlining psychiatric problems the patient may have. Medication will be approved and prescribed by COPAC physicians. Some patients will be given medication as a part of their treatment. Medication compliance has been a relapse issue for many chemically-dependent patients. COPAC uses a system of self-administration of medication to help patients be personally responsible for their medication. This is how it works: 1) the physician orders the medication, 2) the medication is placed in the locked medication cart, 3) A nurse observes each patient retrieve his/her medication from the cart and take it. This occurs four times daily. Patients with general health complaints will see the Medical Director. Patients with psychiatric problems Will see the psychiatrist as needed and ordered by the Medical Director. The nurses schedule appointments for both physicians on a daily sign-up sheet. The patient is responsible for signing up for medical care.

Dual Diagnosis: The term Dual Diagnosis Treatment is often misunderstood. The term means that a patient has been diagnosed with chemical dependency and a psychiatric disorder. These patients, as a general rule, require a great deal of extra support and care. This care can consist of psychiatric visits, medication management, specialized groups, or any combination of these services. *A Dual Diagnosis does not mean that a patient requires or needs to have daily or even weekly visits with the psychiatrist.*

Hurry Up and Wait! This is a group of individuals who want what they want when they want it. A part of their treatment is to get what they get when they get it. We will take excellent care of them, but we will not cater to them. We want them better, not entitled.