# Family Recovery

A Saturday workshop for people loving someone in addiction

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# Family Recovery workshops aim to improve communication, reduce family conflict and support the whole family's recovery.

# BENEFITS

Research shows that *both the person with an addiction and their family benefit* when the family participates in a family program.

This family program is held in a convenient weekend-workshop format. The workshop is effective, using research-proven elements of Community Reinforcement and Family Training (CRAFT). It is a positive and respectful approach that focuses on solutions and understanding instead of blame.

Over the course of the workshop, participants will:

- Learn about how substance use problems impact families and how to return to family wellness.
- Improve communication and reduce conflict.
- Learn how to use your influence to increase the chance your loved one will accept help.
- Find out what it means to be loving and supportive without enabling or burning-out.

#### **About the facilitator:**

Lara Okoloko earned her MSW at the UW. Lara's Seattle-area therapy practice focuses on supporting the parents and partners of people in active addiction and early recovery, with a respectful, collaborative, solution-focused approach . Lara is certified in Community Reinforcement and Family Training (CRAFT), an evidence based counseling practice for working with family members of addicted people. In addition to her therapy practice, Lara is the organizer of the Addiction Training Initiative, serves as a mentor and legislative committee member for the Washington State Society for Clinical Social Work, serves as a practicum instructor for UW social work students, and as an approved supervisor for associate social workers seeking licensure. You can learn more about her practice at www.caresnw.com

#### **Common Questions**

#### Q: Who should attend?

A: This program is for the family members of someone with an addiction.

#### Q: Do I attend with my loved one?

A: No, although the benefit is for the whole family, only the family member of the addicted person attends.

#### Q: Does insurance pay for this workshop?

A: Unfortunately, its unlikely your insurance covers family workshops even though they improve treatment outcomes and family health. The cost of the workshop is \$180 (\$260 for parents who attend together) and some scholarship spots are available. A light lunch and learning materials are included.

#### Q: Who facilitates the program?

A: Lara Okoloko, LICSW, a therapist specializing in substance use problems and the impact on the family.

#### Q: Can I just get private support?

A: Yes, Lara has a private therapy practice and is available for individual sessions.

## Q: Does the person with the addiction have to be in treatment?

A: No. You will benefit from this workshop whether your loved one is in active addiction, in treatment, or in early recovery.

### **ENROLLMENT**

Please enroll me in the next Family Recovery workshop

Signature:\_\_\_\_\_

Personal Information			
Name:			
Phone: Alternate Phone:			
Is it ok to leave a detailed voicemail message?	by text message?	by email?	
Email address:			
Address:			
Consent for treatment, statement of financial responsibility:  I hereby give my consent for mental health consultation and treatment is understand that the facilitators cannot guarantee that other pure is understand that this service will not be directly billed to my in reimbursed out of network for the cost of treatment is my own sultation and treatment, including those not covered or reimbursed.	participants will maintain the confide Insurance company and I have been n I responsibility. I agree to be financia	ntiality of what is said during nade no promises of reimburs	workshops. ement. Any effort to be
This authorization will remain in effect indefinitely. Your sign	ature		Date
Payment Information			
Please complete the following information if you wish may be updated upon request at any time. See below			ed in your file and
Card #:	Expiration Date:		
Name as Printed on Card:			
Verification/Security Code (3 digit code on back of car	rd by signature line):		
Billing Address:			
City:	State:	Zip:	
Authorization			
** Please sign one of the options below to indicat	te your preferred method o	f payment **	
By signing below <i>I am authorizing automatic charges to my credit card</i> for th <i>preferred method of payment</i> . Charges will appear after each appointme scheduled sessions, or unpaid balances beyond 60 days of services rendered cancellation of individual sessions.	nt. I also authorize my credit card to be	charged in the case of late cance	llations, no-shows for
Signature:		Date:	
By signing below I am indicating my preference for <i>paying for services by ca</i> sessions and will give 5-days notice for cancellation of workshops or group s returned checks.			

Date:\_\_\_