A FREE GUIDE FOR FAMILIES

A Family's First 30 Days

Navigating Early Recovery

What to expect. What helps. What to stop doing. In plain words, week by week.

Chandler Picot
CADC, QP, NCCPSS, CHW
chandlerpicot.com

A letter before you start

I am grateful for my own recovery every single day, and I do not take it lightly that families trust me with the hardest season of their lives. If you are reading this at a kitchen table after a long night, I am glad you found it. You do not need the whole answer tonight. You need the next right step, in plain words, from someone who will tell you the truth.

My name is Chandler Picot. I am a Certified Alcohol and Drug Counselor, and I am a person in long term recovery myself. I counsel people in recovery and coach the families who love them, and my day work is managing several recovery homes in North Carolina.

Addiction took plenty from my family before it taught us anything. What it taught us is in this guide, in plain words, for yours. The family is the client too. You are not a visitor in your loved one's recovery. You have work of your own, and that work matters.

One promise before we start. I do not sell hope, and I do not leave families out of the work. I will not tell you what you want to hear if it is not true. If the honest answer is a level of care I cannot provide, I will say so and help you find it.

This guide is for education, not medical advice. If you or someone you love is in crisis, call or text 988.

Read this guide in order the first time. Then keep it close and read the week you are living in. Four ideas run through every page. Support your loved one. Listen to the professionals. Put agreements in writing. Get support of your own.

With gratitude,

Chandler Picot
CADC, QP, NCCPSS, CHW

Week One: Let the structure hold

What families usually see

The first week is loud inside, even when the house is quiet. Your loved one may be tired, restless, hopeful, ashamed, or all of those before lunch. Early recovery asks a lot of a body and a mind at the same time.

Many families are surprised by the level of care inside a good program. Weekly group sessions. Individual sessions several times a week. A house manager, house rules, testing, and a daily rhythm that starts on day one. That is not extra. That structure is the care.

You may feel two pulls at once. One pull says call again, check again, fix it now. The other pull says step back and let the staff work. Both pulls come from love. Only one of them helps this week.

What helps

Support your loved one in ways that point toward responsibility. Honest words. Rides to treatment. Encouragement for real steps. Bring your concerns to the staff directly, and let the people who hold the structure do their job.

Start a simple family note page. Write the program name, the session days, who gives rides, and who pays for what. Paper remembers what stressed people forget, and it ends the midnight arguments about what was promised.

- Say you are proud of them for doing this hard thing.
- Ask what a normal week looks like inside the program.
- Keep calls calm, short, and steady.
- Name one support you will use yourself this week.

What to stop doing

Stop handing over cash with no agreement. Stop calling in cover stories. Stop making threats nobody in the family will keep. Each one feels kind in the moment, and each one buys the addiction one more quiet day.

SAY IT LIKE THIS

> *I love you, and I will not give you cash. If you need food, we will buy groceries together. If you enter treatment, I will pay the program directly, and we will put the terms in writing first.*

Your job this week is not to run the program. Your job is to be family, not the police, and to let accountability live where it belongs.

Week Two: Write the family plan

What families usually see

By the second week, patterns show themselves. One person covers and smooths things over. One person holds the family image together. One person acts out and takes the blame. One person goes quiet. One person jokes to lower the tension in the room.

These are family roles, and a role is not who you are. A role is what stress trained you to do. Naming the role is the first step toward setting it down, and it can be done without blame and without stepping away from the person you love.

What helps

Build your family recovery plan now, while everyone is calm. Your loved one has a treatment plan, and that plan belongs to them and their treatment team. Your family plan belongs to you. It states what you will support, what you will pay for, what you will not do, and what happens if there is a return to use.

Write boundaries as your own actions, in the first person. A boundary controls your behavior, not theirs, and that is exactly why it can be kept. Attach each boundary to a result you can carry out on your worst day, not your best one.

- The care you will support, and who helps with rides and costs.
- Money and housing terms, stated in exact words.
- The words you will use with each other.
- The steps that follow a return to use.
- Support for yourselves, named for each person.
- A date to read the plan again, together.

What to stop doing

Stop keeping side agreements. If one relative keeps funding what the family agreed to stop funding, the plan is already broken. Stop building rules during an argument, and stop editing the plan at midnight. Calm paper carries weight on hard days.

SAY IT LIKE THIS

> *I will pay the program directly, and I will not hand over cash. I will rest on Sunday, and I will ask for help before I am drowning, not after.*

One plan. One set of money rules. Known to everyone who signed it. That is how a family stops buying chaos by accident and starts funding recovery on purpose.

Week Three: When the hard day comes

What families usually see

Week three is where early recovery stops feeling new. The first relief fades. Sleep, work, money, and old hurts all press at once. Some loved ones settle. Some test every line. Some return to use.

A return to use, often called a relapse, means the current plan did not hold and care needs to resume, change, or grow. It does not mean treatment failed. It does not erase the progress your loved one made, and it does not prove that recovery is over.

What helps

Safety comes before feelings. If there is any sign of overdose or medical danger, get emergency help first. Do not let your loved one drive while impaired, and do not hold the full talk while they are intoxicated. Feelings can wait an hour. Breathing cannot.

Thank honesty when honesty is what you are hearing. A person who tells you the truth has taken a risk, and silence is far more dangerous than a hard truth spoken out loud. Then move, gently and firmly, to what happens today. Contact the counselor, program, or sponsor the same day, and listen to the professionals.

SAY IT LIKE THIS

> *I am glad you told me. I love you, and let us call your counselor together today. I can drive you to a meeting, or sit with you while you make the call. I will not give you cash.*

What to stop doing

Stop the shame lines. You ruined everything. After all we did for you. If you loved this family, you would just stop. Shame rarely produces lasting change, and it reliably produces secrecy. You can be angry and heartbroken, and say both plainly, without contempt.

Care and accountability belong in the same sentence. Neither one works well alone. You bring the love and the logistics. The professionals bring the assessment and the plan.

Week Four: Read the plan again

What families usually see

At thirty days, the house may feel a little steadier. Appointments have a rhythm. Sleep and meals start to look normal again. Your loved one may be doing real work, and your family may still be tired to the bone. Both things can be true.

Trust is not restored by a speech, yours or theirs. Trust returns through repeated action over time. Calls made. Sessions attended. Money handled cleanly. Truth told early. Watch the pattern over weeks, and let the pattern guide what you do next.

What helps

Read your family plan out loud together. Mark what worked. Change what did not. Set the next review date before the talk ends, and write the changes down and date them. A plan that is never reviewed will quietly expire.

Keep your own support in place on purpose. A family group. A counselor of your own. One person you never have to perform fine for. Your sleep, food, work, and friendships are not rewards for after your loved one is well. They are equipment for the road you are already on.

What to stop doing

Stop declaring the work finished at day thirty. Stop dropping your own support the first week the house feels calm. And stop carrying secret ledgers, in money or in memory. Old versions of the plan stay in the drawer, so progress stays visible.

SAY IT LIKE THIS

> *We said we would read this plan again today. What held? What needs to change? I will keep paying the program directly while you follow the plan, and we will write the next review date down now.*

Thirty days is not the finish line. It is the first proof that your family can work a plan together, one calm decision at a time.

Choosing a recovery home: red flags that end the tour

Some families read this guide before a loved one moves into a recovery home. If that is you, tour with your eyes open. A safe house has a house manager, written rules, drug testing, and real accountability.

Two red flags top my list after years in this work. A house with no house manager. A house with no accountability. If nobody is in charge, and nobody answers for the rules, the house is not safe, whatever the rent is. Walk away and keep looking.

- Rules that are only spoken, never written down.
- Cash demanded today, with no receipt and no written agreement.
- Big promises about outcomes, jobs, or how fast life will be fixed.
- No drug testing at all, or testing that nobody can explain.
- A bed that is free only if you attend one specific program.
- Free rent, gift cards, or cash held out as the hook to enter one program.

Free rent tied to one program deserves a hard stop. A person in early recovery is not a referral to be bought. Good houses charge a clear price, put it in writing, and let you choose your own treatment.

Questions that protect your family

- Who is the house manager, and can we meet that person today?
- What are the house rules, and can we take a written copy home?
- What is the full cost each month, and what does it include?
- How often do you test, and what happens after a positive test?
- What is your policy on prescribed medication for addiction treatment?
- What does a normal week look like inside this house?
- What happens if my loved one needs a higher level of care?

The most helpful family is a supportive one. Listen to the professionals, keep agreements about money clear, and let the house hold the accountability, so you can go back to being family instead of being the police.

Medication is part of recovery

Medication for addiction treatment is fully accepted in this practice, supported with no judgment, full stop. Medications such as buprenorphine and methadone are standard medical care, prescribed by medical providers and supported in good recovery housing.

If medication is part of your loved one's plan, your job is to support the plan, not to argue about it at the kitchen table. Families do not vote on prescriptions. Providers and patients handle medication. Families handle support.

A family boundary never sounds like this: stop that medication or we are done. If you have questions about a medication, raise them with the treatment team. Ask the recovery home how medication is stored and how clinic trips fit the morning schedule, and write the answer into your family plan.

Taking medication as directed is part of recovery, because it is. Support the care the professionals prescribe, and let your loved one do the work of recovery with every tool their provider puts in their hands.

This chapter is short on purpose. The point does not need dressing up. Judgment about medication has kept too many people from care that could help them, and it has no seat at your family's table.

Money and rent: pay for structure

Love is not a contract, but rent money needs one. Here is the position I hold because I watch it work. Paying rent at a treatment program or a recovery home helps when a loved one is compliant with that program, following its rules and doing the work. The same money, handed over with no structure and no accountability, usually funds the problem. Pay for structure. Never pay for chaos and call it love.

Write the agreement down before the first payment is made. Who pays. How much. How long the help lasts. What compliance means here, in the program's own words, not in promises. What happens if your loved one leaves early or returns to use. Who at the house can confirm attendance and standing.

- Who pays, how much, and on what day.
- How many weeks or months the help will last.
- What compliance with the program means, in its own words.
- What happens to the help if your loved one leaves early or returns to use.
- Who can confirm attendance and standing.

Pay the program directly where you can. Keep cash out of the plan. A boundary about money sounds like this: I will pay a provider or a program directly. I will not give cash. Each line names your action, so each line can be kept.

Clear money terms protect both the resident and the family who loves them. Money stated plainly is not cold. It is how a family stops arguing about money and starts talking about recovery.

You do not have to carry this alone

It sounds like your family has been carrying this in shifts, hoping the next conversation will be the one that finally gets through. It makes sense that you are tired. Thirty days of reading will not fix a family by itself, and this guide never promised that. What a plan gives you is steadier ground to stand on while the work goes on.

If you want help building your family's plan, start with the free 15 minute call. You talk, I listen, and I tell you plainly whether I can help and what I would do first. We name one clear next step together, not ten. If my help does not fit your situation, I will say that too, and you will still leave with a direction. A dead end is the one outcome I will not hand you.

The call is not therapy, and it is not a diagnosis. It carries no obligation, and plenty of people take the free call and nothing more. What you share stays between us.

Booking takes one step. Go to chandlerpicot.com/book and pick a time on the calendar. The calendar shows the current openings, so the time you pick is the time we meet. Bring the page of this guide that hit home, and we will start there.

How would it feel to have a plan of your own, built for your family, instead of one more night of guessing? Start with the free call, and we will sort the first three steps together.

About the author

I am so eternally grateful for my life. My name is Chandler Picot, and I am many things. A friend. A son. A brother. A counselor, a coach, and a person in long term recovery.

Chandler Picot, CADC, QP, NCCPSS, CHW, is a counselor in long term recovery who manages several recovery homes in North Carolina. Nearly twenty residents live in those homes. Right now the homes serve men, and homes for women and families are a goal he is working toward. He writes and speaks about addiction, recovery housing, and the families standing beside the people they love.

- Certified Alcohol and Drug Counselor, CADC license 27370
- Qualified Professional
- North Carolina Certified Peer Support Specialist
- Community Health Worker
- Social work studies

He serves as an advocate with the Recovery Advocacy Project in North Carolina and facilitates SMART Recovery meetings. He hosts Raw. Real. Recovered., real talk about addiction, recovery, and the families standing in the middle of it.

Every service he offers starts the same way, with a free 15 minute call booked at chandlerpicot.com/book. His full services and fees are listed on the Work With Me page at chandlerpicot.com.

The SAMHSA National Helpline, 1-800-662-4357, answers at any hour with treatment referrals.

This guide is for education, not medical advice. If you or someone you love is in crisis, call or text 988.