

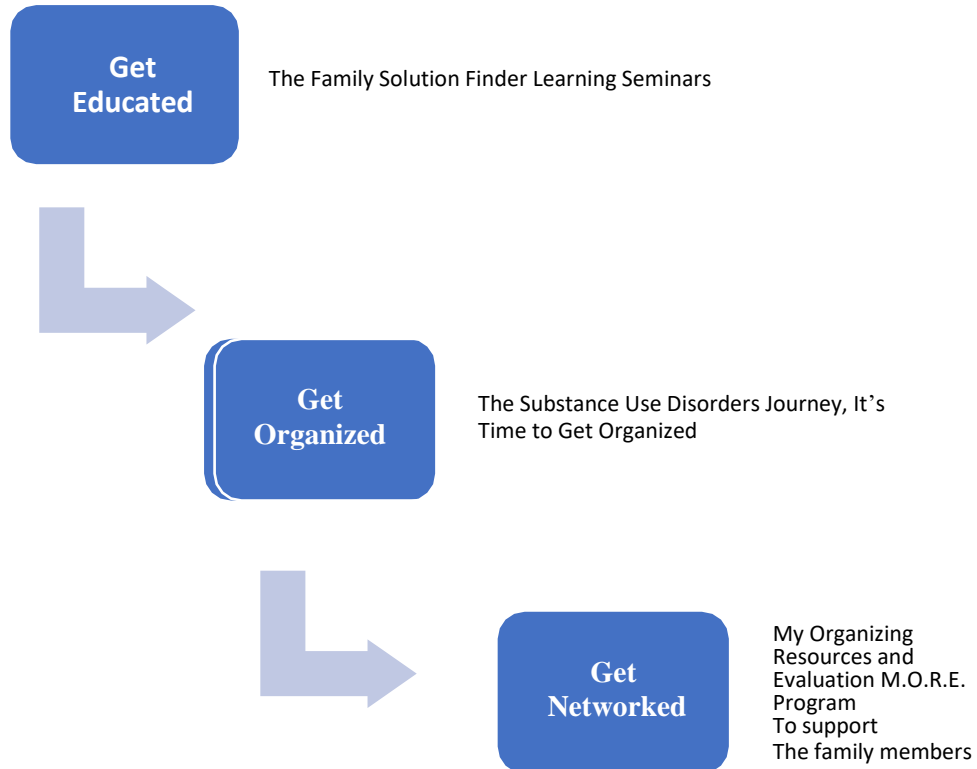
# **The Substance Use Disorder Journey**

**Substance Use Disorders Journey, It's Time to Get  
Networked**

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# Networking Pathways for families on a journey with substance use disorders



## PRELUDE: Roy P. Poillon

Let's begin with getting this part out of the way, Substance Use Disorder is a disease of the brain, and it needs to be managed as such. This book is focused on getting the family members lives networked with providers and the community to meet the challenges of their substance use disorder disease journey. Because no man is an island, it holds true, no family will do this without help from others.

Because the family members lives will now involve the intervention of service from those outside the family, it is in the best interest of the family to get organized around the idea that a strong network is going to be the families best friend. But the question is from the list of providers in the community, which will be needed, for what issue at what level and how does the family connect with these different categories of care and services.

The list of providers is daunting and accessing each is exhausting. For this reason, it make sense to organize these providers before they are needed and have a readymade plan that addresses each issue with an assigned provider for that service.

How, who, when, and what. This is what *The Substance Use Disorders Journey, It's Time to get Networked* will address. By taking the typical sequence of events that occur with the family in this journey, we can create some assumptions of what issues are likely to present and thereby review what providers have services to support family's as they deal with these issues.

In order to narrow the list of issues, we follow a path of substance use disorders and then determine what the family needs to learn about in each issue. See Family Solution Finder Learning Series. There are 32 key issues in these 1.5hrs learning sessions in study guide and workbook learning.

Then, use ***The Substance Use Disorders It's Time to get Organized*** for assembling what is learned about the issue and develop a structured plan of how the issue will be addressed by the family.

Now, using both these steps, apply this information towards finding a match of the right provider, services and programs for each of the 32 issues.

### **By completing these steps, the family members will have:**

1. Learned the issue, create a solution, developed a values-based decision, used a tool for responding to a family issue, assigned each issue a plan of action, with family member participation through roles and responsibilities.
2. The family will have also:
  - Organize the documents of their financial accounts, income, expenses, investments, property.
  - Organizing the loved ones home medical records.
  - Organize the Legal Documents of their lives.
  - Organize their support network.
  - Organize for their Spiritual and Faith Practices life.
  - Create a Family Plan of Action.

This is difficult work and hopefully our study guides and workbooks will make it a little easier to navigate through the maze of requirements. Therefore, to best serve your loved one “the whole family” and providers that support the family, need to become involved in creating the best outcome.

## ABOUT US

Mr. Roy P. Poillon has been serving the needs of families in their home for over 25 years. His role was to design disease management in-home services in areas such as; COPD, Asthma, Diabetes, Wound Management and CHF. For these models to be successful it requires a family be supportive and engaged in their loved one’s care. In this work, he found that families are the nucleus and center for quality support in their loved one’s disease management. However, at the same time he found that a family which is not organized, is without direction or training, performs at a much less rate of success. It became evident; If the family does not get organized, then disease management support efforts are going to be for little gain. The family must do its part, first.



The “**Substance Use Disorder Journey, It’s Time to Get Networked**”, is our approach to get the family educated and empowered about managing the impact of Substance Use Disorder disease. To do this we created a center for learning: “**The Family Solution Finder Learning Center**”. This is for Substance Use Disorder family members. We use **The Family Solution Finder Study Guidebook, and Workbook**. This is a self-administered learning course of over 32 seminars covering the entire journey a family will face in key issues that are likely to present. Knowledge is empowering.

But having a knowledgeable and empowered family is not enough, the providers within each community need to also understand the issues the family members are likely to face. So, we have incorporated your local city community, workplace, churches to present 12 essential issues that are to build provider staff in their core competency about what a family experience through their journey in the continuum of care. This way, the family members learn about the provider and the providers learn about the family. **The Pathfinder Certificate of Completion Seminar**, is used to educate providers.

From Mr. Poillon’s experience working in developing and implementing chronic disease management programs across the nation, it became clear that outcomes rise when the family is included to the plan of care for their loved one, and all providers understand the family needs. A Family Solution Finder Learning Center accomplishes both.

Families Impacted by Opioids has published an “**Invest in the Family Ministry**”, Volunteer Set-Up Guide and User Manual. With this user manual a group of three volunteers can start a church-based ministry around their church’s family’s that are on this journey. Published in both Catholic and Protestant faith editions. Currently available: [www.amazon.com](http://www.amazon.com).

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## ***The Family Members***

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The family is a system

Different roles of the family members

Childhood trauma in the family system

Different types of family therapy

The family support structure in addiction

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### ***Introduction***

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There are several studies and reports documenting the adverse effects of substance use disorders (SUDs) on the family system and individual members, including children, teens and adults. These SUD's clearly affect the people around the life of one who is abusing substances, often creating a burden for the family and its members, friends, family and work associates.

**The effects on the family may include:**

- **Emotional burden.** Members may feel anger, frustration, anxiety, fear, worry, depression, shame and guilt, or embarrassment.
- **Economic burden.** This may be caused by money spent on substances, or money problems associated with the loss of jobs or reliance on public assistance.
- **Relationship distress or dissatisfaction.** Families may experience high rates of tension and conflict related to the SUD's and the problems it causes in the family.
- **Family instability.** This may result from abuse or violence, or family breakup due to separation, divorce, or removal of children from the home by Children and Youth Services.
- **Effects on the developing fetus and children.** Alcohol use during pregnancy can harm fetal development causing birth defects and problems in child development. Infants born to opioid-dependent mothers are at increased risk for neonatal abstinence syndrome, which can contribute to developmental or cognitive delays. Children of parents with SUDs are at increased risk for abuse or neglect, physical problems, poor behavioral or impulse control, poor emotional regulation, conduct or oppositional disorders, poorer academic performance, psychiatric problems such as depression or anxiety, and substance abuse.

**Effects on parents.** Mothers with SUDs may show less sensitivity and emotional availability to infants. Parents of a child with a SUD may feel guilty, helpless, frustrated, angry, or depressed.

The effects of SUD on a specific family members or concerned significant other are determined by the severity of the disorder, and the presence of other serious problems such as psychiatric mental illness. Some family members are more resilient than others and less prone to the adverse effects of the SUD impact.

There is a raised level of importance to include family members into “family therapy treatment” so the family members can become a part of the substance use disorder over all recovery. This has become an increasing focus of discussion and new addiction recovery modeling.

With empirical evidence as the proof to the effectiveness and usefulness of including the family members to the overall therapy plan, because the family is a system which needs to work together in support of each other, if one part is dysfunctional, it impacts the entire family system. So, both require their separate and combined level of therapy. The loved one goes into treatment and the family members go into family therapy or counseling.

Family member interventions can help the family influence or pressure the person with the SUD to enter treatment. But now the family members need help in addressing their own reactions and problems associated with their loved one’s SUD. This type of intervention is a whole family affair.

There is considerable literature supporting couples and family approaches to SUDs. These approaches may reduce the emotional burden for family members and enable them to cope more effectively with the affected family member. The following are strategies adapted from the literature on engagement, treatment, and recovery to help families.

- Engage the family in care, when it is possible.
- Engage the family in the assessment process and early in treatment.
- Outreach efforts may be needed to engage families in treatment.

Several effective interventions have been used with families to increase their rates of involvement as family members with a loved one who is in SUD treatment.

- 1. Provide Education: Families benefit from education on SUDs** (symptoms, causes, effects), treatments (including medication-assisted treatments), recovery challenges for their member with a SUD, relapse, mutual support programs, the impact of SUDs on the family members, using professional services and including mutual support programs. The family needs to understand these areas to know where to seek assistance, what to ask for, and what to expect.
- 2. Provide or Facilitate the Family Treatment:** These **education sessions** can help families address their questions and concerns, change how they interact within the family system, and improve communication. Families can also benefit from addressing their own emotional burdens and behaviors that can interfere with the recovery of the member with the SUD.
- 3. Treatment can be provided in sessions with the individual family or in multiple family groups,** which provide a supportive environment for families to share their common experiences and concerns. Families can form bonds with each other and learn what has worked for others. Reduce the emotional burden of the family

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### *Final Introduction Thought*

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Family members experience a wide range of emotions such as anger, fear, anxiety, and depression. The burden experienced by the family can be reduced as they learn about specific disorders, get support and help for themselves, identify with other families experiencing similar problems, and share their own feelings and concerns.

As families feel empowered by learning information and acquiring new coping skills, their emotional burden often lessens. *Daley Page 3 J Food Drug Anal. Author manuscript; available in PMC 2014 September 09. NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript Help*

- The family supports the person with the SUD by attending sessions together to learn ways to help their member with the SUD without “enabling” this individual.
- - Learning about potential relapse warning signs or actual episodes of substance use and how to intervene early in the relapse process can empower family members.
  - Help family members engage in recovery to meet their own needs.
- Focusing on children, families can be helped to understand the impact of SUDs on children and examining how their own children may have been harmed by the SUD in the family.
- Parents with SUDs, can be encouraged to talk with their children about their impact on their family and the children and maintain an open dialogue with kids to address their feelings, questions, or concerns. They can help kids learn about SUDs, treatment, and recovery.
- Establishing normal routines and rituals in the home, taking an active interest in the child’s life, engaging them in family activities, and facilitating an evaluation for a child with a psychiatric or substance use disorder are other ways of helping the family.

SUDs are associated with many social and family problems. These problems create challenges for the person with the SUD in treatment and/or recovery, the family, and society. When it comes to the family’s needs, so much is known, but so little is shared with the family.

Fortunately, there are many effective interventions and treatments, and mutual support programs, to help individuals with SUDs and their family’s members in how to address these issues.

Families can help their loved one in several ways:

1. facilitate their involvement in treatment; attend sessions together to address the SUD and recovery needs; engage in ongoing discussions about recovery, and what can and cannot be done to help the member with the SUD;
2. point out early warning signs of relapse that their loved one may ignore; and help them stabilize from a relapse should one occur.
3. Families can also help themselves by discussing their experiences with the member with the SUD, examining their own behaviors and emotional reactions, and dealing with their own reactions. This can be accomplished by involvement in treatment, mutual support programs, or other programs.

While family members often enter treatment and/or mutual support programs initially to help their loved one, they often discover that they need emotional support and help themselves since SUDs can have many effects on them. *Daley Page 4 J Food Drug Anal. Author manuscript; available in PMC 2014 September 09.*

#### **WHAT IF:**

**59%** reduction in cocaine/methamphetamine and opioid use was possible? It is found in multidimensional family member therapy.

**46%** reduction in delinquency and criminal behavior related to drug addiction was possible? It is found in multidimensional family member therapy.

**86%** started living at home during recovery. It is found in multidimensional family member therapy.

**85%** started showing stable mental health functioning. It is found in multidimensional family member therapy.

These are some of the results from referring the family members into “*Multidimensional Family Therapy*”, in addition to the work completed with their loved one in the substance use disorder treatment center.

It was not until the 1970’s when professional family therapy found its way into substance use disorder treatment centers. The full integration of family therapy into standard substance use disorder treatment as a family referral is still relatively rare. These centers offer a “type” of *family orientation to abstinence awareness*, which is valuable and should be attended by the family, but this is not the same as a family seeking its own family member therapy for conditions that may exist and require attention for the family system to properly heal.

It is when we add these types of treatment plans, (Multidimensional Family Therapy) for family members, that the above results are likely to occur. There are other effective courses of behavior therapy programs and they should also be considered as options for the family members.

However, the industry needs to have both substance use disorder treatment center services-based family therapy AND Professional Family Therapy for the family members. \*

The Family Solution Finder Study Guidebook and accompanying Workbook provides a beginner’s level of education which empowers the family by getting educated, getting organized and getting networked. They will learn the 32 key issues a typical family might face on this journey, how to get organized and prepared for each issue and how to seek help in building a support network around the family when addressing these issues. This will culminate into a family plan of action using the “Responding to a Family Issue Process”.

*\*SAMHSA TIP 39 Substance Abuse Treatment and Family Therapy [www.samhsa.gov](http://www.samhsa.gov)*



## **#1 Tool for the Family**

“Family Transformational Response Model” (F.T.R.)

# FAMILY TRANSFORMATIONAL RESPONSE (F.T.R.) Model

**Finding a solution for the 32 Key Issues can be addressed by using this model format.**

**Example,** Take your issue and define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare for this issue, then find those organizations/professionals who can help the family in dealing with this issue.

## **The F.T.R. Model:**

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

## **The F.T.R. Model Worksheet**

### **I. Define the Issue?**

- ❖ Clearly State what happened or will happen?

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❖ Identify who is involved, or should be involved?

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❖ What would you like to have happened, or like to see happen?

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**II. How does the issue impact the family?**

❖ Who in the family?

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---

❖ In what way?

---

---

---

---

❖ What is needed to move forward?

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### **III. What steps can the family take to prepare and then respond to the issue?**

❖ What needs to be done, prioritize the list?

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❖ Who needs to be involved?

---

---

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❖ What will it look like when completed?

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### **IV. Who can help and assist the family in their response?**

❖ How to search for an organization to help?

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❖ What to ask from them?

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---

---

❖ What to expect?

---

---

**V. What should the family expect as their outcome?**

❖ Timeline?

---

---

---

❖ The expenses/cost involved in this issue?

---

---

---

❖ Required changes to successful respond to this issue?

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---

---

❖ Timeline?

---

---

❖ Cost Involved?

---

---

❖ Required changed to successful respond to this issue?

❖

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## **# 2 Tool for the Family**

“Family Value Based Decision-Making Model”

## Value Based Decision-Making Model

In Values, we find ourselves taking a stance on how we will follow a certain way towards making a family value-based decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

### Values (ethics)

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From Wikipedia, the free encyclopedia

In ethics, **values** denotes the degree of importance of some thing or action, with the aim of determining what actions are best to do or what way is best to live (normative ethics), or to describe the significance of different actions (axiology). It may be described as treating actions themselves as abstract objects, putting value to them.

It deals with right conduct and good life, in the sense that a highly, or at least relatively highly, valuable action may be regarded as ethically "good" (adjective sense), and an action of low in value, or somewhat relatively low in value, may be regarded as "bad."

What do you treasure the most that is without substitution for anything else?

Write yours down as an individual family member.

- 1.
- 2.
- 3.

Now discuss them together as a family, each person stating what they feel are their most important family values. (note: there is no wrong answer).

Our individual top Family Values Are:

- 1
- 2.
- 3.

There are six steps taken to make a value-based family decision. Here we will identify these six steps, but in the Family Solution Finder Learning Series Workbook you will be asked in a practical exercise to use these steps along with your values.

*SAY A DECISION BY THE FAMILY IS REQUIRED:*

---

***First Step: Identify Exactly What Happened***

---

**Exercise: What Happened?**

Identify the details of the situation? (what happened, how did it happen, who was involved?)

What:

How:

Who:

Identify what you would have liked to have happened/happen?

---

***Second Step: Analyzing the Situation***

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Every problem has a situation that surrounds it. Inside the situation is where you will find the solution to the problem. By analyzing the situation more closely, the solution will typically present itself. It will then be clarified and used in your decision-making process.

**Exercise:** We will look at the problem that impacts the situation. (what went wrong)?

**1 Assessing the Problem:** (Describe exactly what is happening that is not working?)

**2 Identify, what is causing this to happen?**

**3 In “what areas” did this create an impacting or disruption?**

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### *Third Step: What is the number one contributing factor*

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What is (was) the number one contributing factor to this disruption or need for a decision?

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### *Fourth Step: Gathering Information*

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It may seem unnecessary to have a segment that reviews “Gathering Information” however, this is a critical part of the decision-making process and can significantly impact the quality of your decision and its outcome.

There are three types of information to consider gathering:

1. The Primary Source information, the information comes from the person it happened too, or that was there.
2. The Secondary Source information, He Said She Said.
3. The Gut Feeling Source, no one person saw it happen, but I think this is what occurred.

All the above information gathering types are reasonable to include in the decision-making model.

**The Primary Source:** Prepare a list of questions and then go to the primary source for answers. At times you may not know which best questions to ask. So, research possible questions, then go ask them.

**For Example:** If you are considering a treatment center for your loved one, go to the facility and take a tour. Do not just read their website, listen to someone else’s opinion about the facility or telephone them for a few answers. You will need to go directly to them as they are the “primary source” of information. You should come with a prepared list of questions in order to have an accurate understanding of their facility. Search online for how to assess a treatment facility.

**The Secondary Source:** This is also a good resource to consider using when deciding. The Secondary source is valuable because it allows others to provide information about your search for answers. From Secondary Sources you may find other topics or questions that need to be considered.

There are two areas that you need to be aware of; 1. The source of the secondary information. Who are they, what authority do they speak from, why are they providing this information? 2. Is this information a direct correlation to the topic that you are researching. Be careful, sometimes in secondary search it becomes tempting to seek out information that proves your premises to be correct. That is called bias. We want to avoid being bias, just the facts please.

## **INFORMATION GATHERING CARD**

Gathered Information:

What did you learn?

Who did you learn it from?

Why do you feel it is creditable?

Use these answers to assemble your decision.

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### ***Fifth Step: Create a Criteria, what is most important***

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**Exercise: Does your solution qualify for consideration? Use the Family Transformational Response Model (F.T.R.) to determine the solution.**

#### **CRITICAL CRITERIA, Final Review (True or False)**

- Will this action ensure safety for your loved one?
- Do you have the resources needed to complete these tasks?
- Is your timetable realistic?
- Do you understand the negative impact(s) your actions may create?
- Would you want others to take this action on your behalf?

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### ***Sixth Step: Choose Best Solution***

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**Exercise: Take your decision and place it here:**

**We will do the following:**

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**Our expected outcome is:**

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**Final decision is more useful when in writing, it helps you see them more clearly and you can easily share with others.**



### **# 3 Tool for the Family**

“The Responding to Family Issues Process”

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*Instructions in using  
“The Responding to Family Issues Process”*

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**Step One:** Complete the “How Much Do We Know” by writing down the issues as clearly as you currently know it.

**Step Two:** Complete a “Family Transformational Response (F.T.R.) Model using the identified issue.

**Step Three:** Complete a “Family Values Base Decision-Making Model” using the identified issue.

**Step Four:** Complete the Functionality Practical Exercise #One worksheet in the Workbook.

**Step Six:** Complete the Potentiality Practical Exercise # Two worksheet in the Workbook.

**Step Seven:** Complete the Obstacles Practical Exercise #Three worksheet in the Workbook.

**Step Eight:** Complete the “Family Plan of Action” worksheet in the Workbook.

# Example:

## SEMINIAR #1: The Family is a System



	Purpose:	<i>The Responding to Family Issues creates a plan for future use in how the family will collectively respond to this particular issue.</i>
<input type="checkbox"/>	Instructions	The “Responding to Family Issues” process provides a step by step path for a family to consider when developing their response in how to best create a solution to a specific family issue. Complete each step below to formulate your possible family course of action.
	Identify the Issue	First, identify what issue you are seeking to address. Write what you know about the issue. Then proceed.
<input type="checkbox"/>	Complete Family Transformational Response (F.T.R.)	Second, complete each section in the F.T.R. worksheet using your identified issue. This seminar reviews the “Family is a System”. Topics include: Achieving Balance with family members, functionality and potentiality issues, and addressing obstacles of Denial, Enabling and Codependency. Determine which part of this issue you are seeking to resolve.
<input type="checkbox"/>	Complete Family Value Based Decision-Making Model	Third, in the Family Value-Based Decision-Making Model worksheet complete each section, then take that information and use it as your decision on what you will do collectively as a response to this issue. Include it to your family plan of action.
<input type="checkbox"/>	Key Topic #1: Homeostasis in the Family	Your family will seek balance, by identify with a professional therapist, what areas the family needs to be adjusting, the skills required to make this adjustment and a plan with the therapist on how to develop this change. Complete the practical exercise in the workbook.
<input type="checkbox"/>	Key Topic #2: Functionality and Potentiality	Your family members will seek to identify their level of functionality to act in response to an issue and increase their potentiality to contribute to the family dynamic. Complete the practical exercise in the workbook
<input type="checkbox"/>	Key Topic #3: Obstacles	Your family members will seek to determine if any of these three obstacles are part of their contribution to the family dynamic: 1. Denial, 2. Enabling, 3. Codependency. Complete the practical exercise in the workbook
<input type="checkbox"/>	Complete a Family Plan of Action Worksheet	Complete the Family Plan of Action.



## **# 4 Tool for the Family**

“The Family Plan of Action”

## **Family Plan of Action:**

### **I. SOLUTION:**

The Identified Solution: (From the completed F.T.R. Worksheet):

### **II. DECISION:**

The Decision-Making Process: (From the completed Family Values Decision-Making worksheet)

### **III. PLAN OF ACTION:**

#### **Priority # 1.**

Task:

Task:

Task:

#### **Priority # 2.**

Task:

Task:

Task:

#### **Priority # 3.**

Task:

Task:

Task:

#### **From these four tools:**

1. The Family Transformational Response,
2. The Family Making Value Based Decisions,
3. The Family Plan of Action,
4. Responding to a Family Issue,

the family is prepared to learn about the 32 key issues they are likely to face in their journey with substance use disorders. To have addressed and learned about these issues without the having the needed tools to apply the lessons learned the education would have been useless.

The tools and your willingness to use them is the degree that you will have empowerment. Because empowerment comes from having knowledge and the tools to use the knowledge.

Now you can create a solution to an issue, make a family value-based decision and develop a shared family plan of action.

# The Family is a System

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:  
Website:  
Main Phone:

### II. Services Provided

- 1.
- 2.
- 3.
- 4.
- 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

I. PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

II. OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

III. AREAS ORGANIZATION PERFORMED WELL:

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IV. AREAS NEEDING IMPROVEMENT

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V. WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Different Roles of a Family Member

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: "The Different Roles of a Family Member" PROVIDER CATEGORY: Family Counseling Therapy.

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

- a. Name:
- b. Title:
- c. Phone:
- d. Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

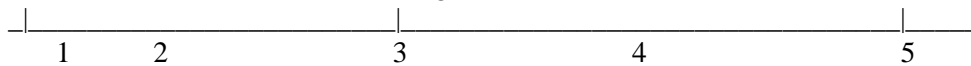
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback. Copy on file with The Family Solution Finder Learning Center.

# Childhood Trauma in the Family System

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** Childhood trauma in the family system **PROVIDER CATEGORY:** Family Counseling Therapy

### **I. Name of Organization**

- i. Address:
- ii. Website:
- iii. Main Phone:

### **II. Services Provided**

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### **III. Point of Contact**

Name:  
Title:  
Phone:  
Email:

### **CONTACT COMMUNICATION LOG**

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

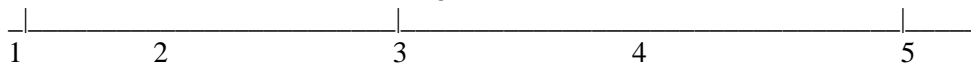
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Different types of Family Therapy

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: Different types of family therapy PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

- a. Name:
  - b. Title:
- Phone:
- Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

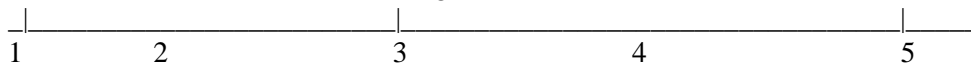
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Family Support Structure in Addiction

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** The Family Support Structure in Addiction **PROVIDER CATEGORY:** Family Counseling Therapy

**I. Name of Organization**

- i. Address:
- ii. Website:
- iii. Main Phone:

**II. Services Provided**

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

**III. Point of Contact**

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

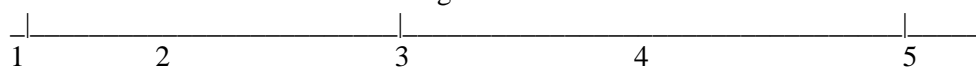
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

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## ***Part II: The disease***

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Seminar Six: Getting a diagnosis(s)

Seminar Seven: substance use disorder is a brain disease

Seminar Eight: The disease progresses in stages

Seminar Nine: Relapse is a part of this brain disease journey

# Getting a diagnosis

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: Getting a diagnosis(s) PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

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---

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

1. \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Substance use disorder is a brain disease

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** Substance use disorder is a brain disease **PROVIDER CATEGORY:** Family Counseling Therapy

**I. Name of Organization**

- i. Address:
- ii. Website:
- iii. Main Phone:

**II. Services Provided**

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

**III. Point of Contact**

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The disease progresses in stages

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The disease progresses in stages PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

- a. Name:
- Title:
- Phone:
- Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

1. \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Relapse is a part of this brain disease journey

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: Relapse is a part of this brain disease journey PROVIDER CATEGORY: Family Counseling Therapy

- I. Name of Organization
- i. Address:
  - ii. Website:
  - iii. Main Phone:

- II. Services Provided
- i. 1.
  - ii. 2.
  - iii. 3.
  - iv. 4.
  - v. 5.

- III. Point of Contact
- Name:
- Title:
- Phone:
- Email:

### CONTACT COMMUNICATION LOG

<u>DATE CONTACTED</u>		<u>FOLLOW-UP</u>
<u>NOTES</u>		
1.		
2.		
3.		
4.		
5.		

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1

2

3

4

5

## AREAS ORGANIZATION PERFORMED WELL:

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---

## AREAS NEEDING IMPROVEMENT

---

---

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

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## ***Part III. The Pathfinder Certificate of Completion Seminar***

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Seminar Ten, Issue #1: Enable vs. consequences

Seminar Eleven, Issue # 2: The addiction behavior

Seminar Twelve, Issue # 3: The Family Intervention

Seminar Thirteen, Issue # 4: The Police Intervention

Seminar Fourteen, Issue # 5: Emergency Medical Intervention

Seminar Fifteen, Issue # 6: Legal System Intervention

Seminar Sixteen, Issue # 7: Treatment Center Intervention

Seminar Seventeen, Issue # 8: Family Community Mapping

Seminar Eighteen, Issue # 9: The Relapse

Seminar Nineteen, Issue # 10: Successful Lifelong Recovery

Seminar Twenty, Issue # 11: Bereavement

Seminar Twenty-One, Issue # 12: Spiritual, Faith Practices

# Enable vs. Consequences

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Addiction Behavior M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**I. Name of Organization**

- i. Address:
- ii. Website:
- iii. Main Phone:

**II. Services Provided**

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

**III. Point of Contact**

- a. Name:
  - b. Title:
- Phone:  
Email:

**CONTACT COMMUNICATION LOG**

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Family Intervention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

---

---

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Police Intervention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Emergency Medical Intervention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

- a. Name:
  - b. Title:
- Phone:
- Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

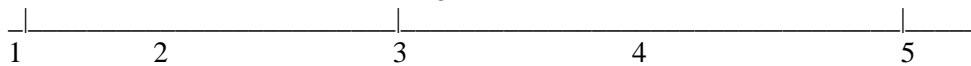
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Legal System Intervention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Treatment Center Intervention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

- i. Address:
- ii. Website:
- iii. Main Phone:

### II. Services Provided

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

### III. Point of Contact

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

---

---

---

## AREAS NEEDING IMPROVEMENT

---

---

---

## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Family Community Mapping

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**Name of Organization**

Address:

Website:

Main Phone:

**Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

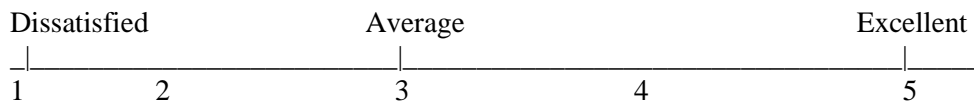
a. PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

b. OVERALL FAMILY MEMBER EXPERIENCE



c. AREAS ORGANIZATION PERFORMED WELL:

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d. AREAS NEEDING IMPROVEMENT

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e. WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# The Relapse

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**a. Name of Organization**

Address:

Website:

Main Phone:

**b. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**c. Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1

2

3

4

5

## AREAS ORGANIZATION PERFORMED WELL:

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---

## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Successful Lifelong Recovery

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:

Website:

Main Phone:

### II. Services Provided

- 1.
- 2.
- 3.
- 4.
- 5.

### III. Point of Contact

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

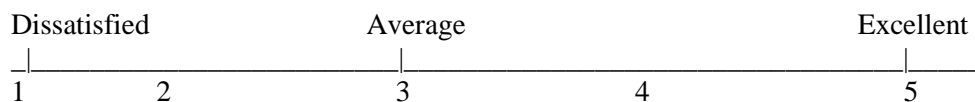
f. PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

g. OVERALL FAMILY MEMBER EXPERIENCE



h. AREAS ORGANIZATION PERFORMED WELL:

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i. AREAS NEEDING IMPROVEMENT

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j. WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Bereavement

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**d. Name of Organization**

Address:

Website:

Main Phone:

**e. Services Provided**

1.

2.

3.

4.

5.

**f. Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

1.

2.

3.

4.

5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

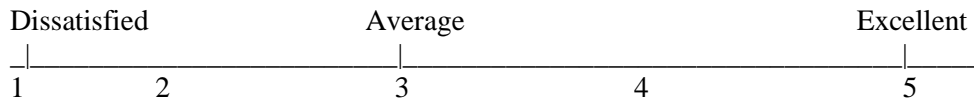
## VI. PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Spiritual, Faith Practices

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**g. Name of Organization**

Address:

Website:

Main Phone:

**h. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**i. Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

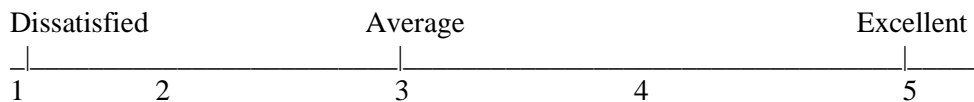
a. PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

b. OVERALL FAMILY MEMBER EXPERIENCE



c. AREAS ORGANIZATION PERFORMED WELL:

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d. AREAS NEEDING IMPROVEMENT

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VII. WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

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## ***Part IV. Create A Family Plan of Action***

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Seminar Twenty-Two: Elements of a family plan of action

Seminar Twenty-Three: Roles and responsibilities in the family plan of action

Seminar Twenty-Four: Getting networked, in advance

# Elements of a family plan of action

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** The family is a system      **PROVIDER CATEGORY:** Family Counseling Therapy

### **I. Name of Organization**

Address:

Website:

Main Phone:

### **II. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

### **III. Point of Contact**

Name:

Title:

Phone:

Email:

### **CONTACT COMMUNICATION LOG**

**DATE CONTACTED**

**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

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---

## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Roles and responsibilities in the Family Plan of Action

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:

Website:

Main Phone:

### II. Services Provided

- 1.
- 2.
- 3.
- 4.
- 5.

### III. Point of Contact

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

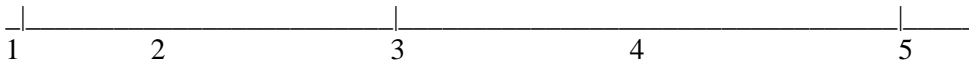
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Getting Networked, in Advance

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**j. Name of Organization**

Address:

Website:

Main Phone:

**k. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**l. Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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---

## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGANIZATION TO A FAMILY OR FRIEND?

IV.    \_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

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## ***Part V. Other Possible Situations***

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Seminar Twenty-Five: Suicide prevention

Seminar Twenty-Six: Financial in Substance Use Disorder

Seminar Twenty-Seven; Foster care services in substance use disorder

Seminar Twenty-Eight; NARCAN

Seminar Twenty-Nine: Peer to peer services

Seminar Thirty: Creating a Family Solution Finder Learning Center

Seminar Thirty-One: Medical Assisted Treatment (M.A.T.)

Seminar Thirty-Two: Harm Reduction

# Suicide prevention

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:

Website:

Main Phone:

### II. Services Provided

1.

2.

3.

4.

5.

### III. Point of Contact

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED

NOTES

FOLLOW-UP

1.

2.

3.

4.

5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

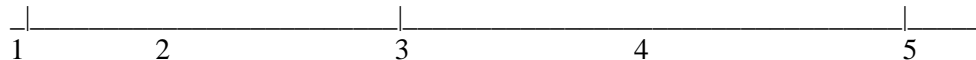
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Financial in Substance Use Disorder

# M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** The family is a system      **PROVIDER CATEGORY:** Family Counseling Therapy

**I. Name of Organization**

Address:

Website:

Main Phone:

**II. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**III. Point of Contact**

Name:

Title:

Phone:

Email:

## CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

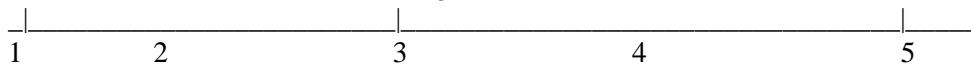
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Foster care services in substance use disorder

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:

Website:

Main Phone:

### II. Services Provided

1.

2.

3.

4.

5.

### III. Point of Contact

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

1.

2.

3.

4.

5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

IV.    \_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# NARCAN

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** The family is a system      **PROVIDER CATEGORY:** Family Counseling Therapy

**a. Name of Organization**

Address:  
Website:  
Main Phone:

**b. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**c. Point of Contact**

Name:  
Title:  
Phone:  
Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**  
**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

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---

## AREAS NEEDING IMPROVEMENT

---

---

## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Creating a Family Solution Finder Learning Center

## M.O.R.E. PROVIDER RESOURCE CARD

**FAMILY ISSUE:** The family is a system      **PROVIDER CATEGORY:** Family Counseling Therapy

**m. Name of Organization**

Address:

Website:

Main Phone:

**n. Services Provided**

- 1.
- 2.
- 3.
- 4.
- 5.

**o. Point of Contact**

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

**DATE CONTACTED**

**NOTES**

**FOLLOW-UP**

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

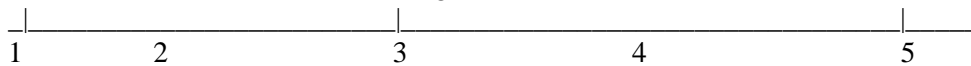
Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Peer to peer services

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**a. Name of Organization**

Address:

Website:

Main Phone:

**b. Services Provided**

1.

2.

3.

4.

5.

**c. Point of Contact Name:**

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

#### DATE CONTACTED

#### NOTES

1.

2.

3.

4.

5.

#### FOLLOW-UP

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANZATIONS POINT OF CONTACT

Name:

Title:

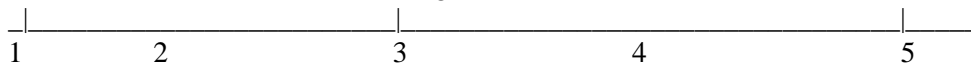
Email:

## OVERALL FAMILY MEMBER EXERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

V.    \_\_\_ Yes                      \_\_\_ No                      \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Medical Assisted Treatment (M.A.T.) M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

**I. Name of Organization**

- i. Address:
- ii. Website:
- iii. Main Phone:

**II. Services Provided**

- i. 1.
- ii. 2.
- iii. 3.
- iv. 4.
- v. 5.

**III. Point of Contact**

- a. Name:
  - b. Title:
  - c. Phone:
- Email:

## CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANZATIONS POINT OF CONTACT

Name:

Title:

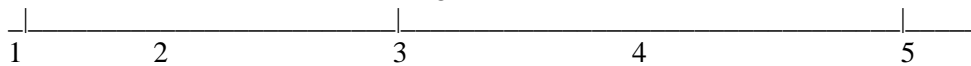
Email:

## OVERALL FAMILY MEMBER EXERIENCE

Dissatisfied

Average

Excellent



## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

---

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

# Harm Reduction

## M.O.R.E. PROVIDER RESOURCE CARD

FAMILY ISSUE: The family is a system PROVIDER CATEGORY: Family Counseling Therapy

### I. Name of Organization

Address:

Website:

Main Phone:

### II. Services Provided

- 1.
- 2.
- 3.
- 4.
- 5.

### III. Point of Contact

Name:

Title:

Phone:

Email:

### CONTACT COMMUNICATION LOG

DATE CONTACTED  
NOTES

FOLLOW-UP

- 1.
- 2.
- 3.
- 4.
- 5.

# M.O.R.E. PROVIDER EVALUATION CARD\*

Date(s) of Service: Start \_\_\_\_\_ End of Service \_\_\_\_\_

## PRIMARY ORGANIZATIONS POINT OF CONTACT

Name:

Title:

Email:

## OVERALL FAMILY MEMBER EXPERIENCE

Dissatisfied

Average

Excellent

1 2 3 4 5

## AREAS ORGANIZATION PERFORMED WELL:

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## AREAS NEEDING IMPROVEMENT

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## WOULD YOU RECOMMEND THIS ORGNIZATION TO A FAMILY OR FRIEND?

\_\_\_ Yes \_\_\_ No \_\_\_ Maybe

\*Submit to the Organizations Chief Executive Officer (CEO) for experience feedback.

## THE SELF DIRECTED FAMILY DIRECTORY

Diagnostic Test Log			
Issue:	Organization Name	Main Phone:	Point of Contact
The Family is a System			
Different Roles of the Family Members			
Childhood Trauma in the Family System			
Different Types of Family Therapy			
The Family Support Structures in Addiction			
Getting a Diagnosis			
Substance Use Disorder is a Brain Disease			
The Disease Progresses in Stages			
Relapse is a part of the disease			
Enabling vs Consequences			
The Addiction Behavior			
The Family Intervention			
The Police Intervention			
Emergency Medical Intervention			
Legal System Intervention			
Treatment Center Intervention			
Family Community Mapping			
The Relapse			
Successful Lifelong Recovery			
Bereavement			
Spiritual, Faith Practices			
Elements of a Family Plan of Action			
Roles and Responsibilities in the Family Plan of Action			
Getting Networked, in Advance			
Suicide Prevention			
Financial management in the Substance Use Disorder Journey			
Foster Care Service in SUD			
NARCAN			
Peer to Peer Services			
Medical Assisted treatment			
Creating a Family Solution Finder Learning Center			
Harm Reduction			

## MEET WITH A PROVIDER:

What services do you provide?

What is required to qualify for these services?

What documents will I need to apply for these services?

Is there a fee for this service?

Who should I communicate when I am following up?

## NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## NOTES

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## CONTACT US:

Families Impacted by Opioids

440.385.7605 Cleveland, Ohio

[www.familiesimpactedbyopioids.com](http://www.familiesimpactedbyopioids.com)

[Familiesimpactedbyopioids@gmail.com](mailto:Familiesimpactedbyopioids@gmail.com)