



ROMEO AND JULIET

What Do We Do When Participants
Choose Someone We Think
They Shouldn't?

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Overview

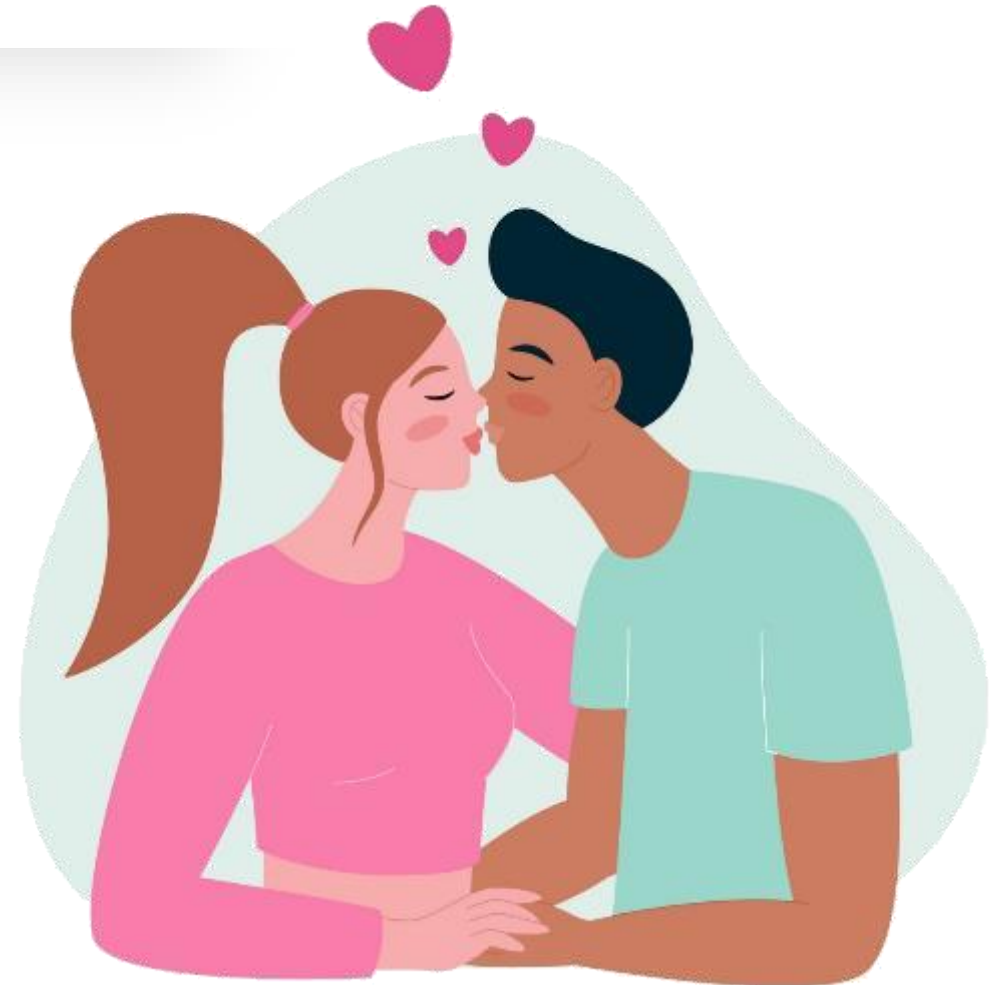
- Why are we worried about participant relationships?
- What happens when participants fall in love?
- Forbidden Fruit
- The impact of negative relationships
- What should we do about it?
- The Law



Quiz Time! How Much Control Should We Exert Over Romantic Relationships?

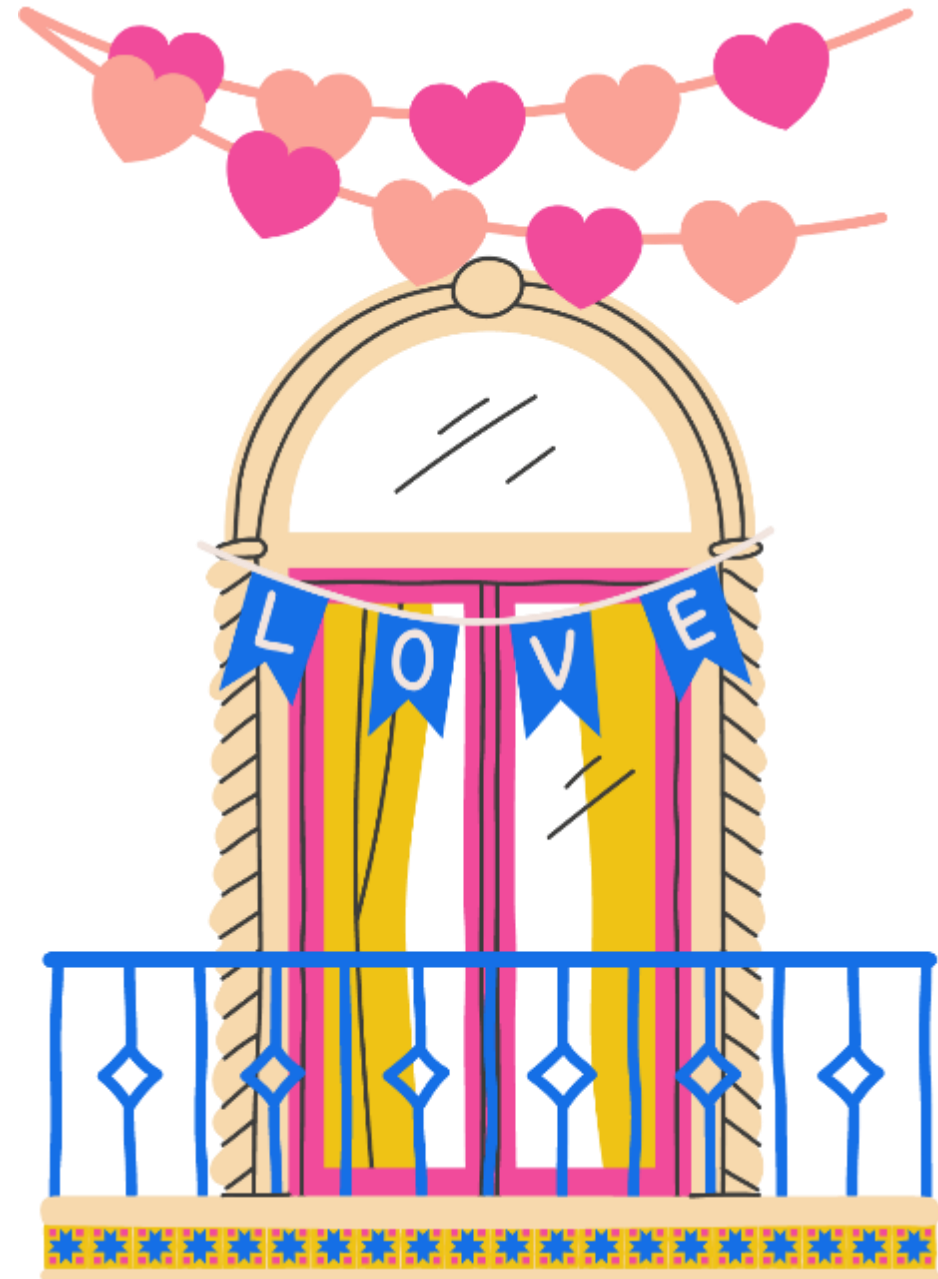
True or False:

- Participants should not be allowed to date someone **actively using**.
- Participants should not be allowed to date **each other**.
- Participants should not be allowed to date **people in recovery**.
- Participants should not be allowed to **marry** someone actively using.



Why are we concerned about participants' relationships during the program?

These relationships tend to fall apart spectacularly, triggering recurrences, setbacks, and more.





Sometimes
our folks don't
make the best
choices!

Yeah...we know relationships in the first years of treatment and recovery are not a good idea, but do they? Nope!

In fact, they are looking for them- because they are lonely.

**YOU KNOW THE LITTLE
BUTTERFLIES YOU GET
WHEN YOU LIKE SOMEONE?
YEAH, THAT'S THE COMMON
SENSE LEAVING YOUR
BODY.**

@REBEL CIRCUS

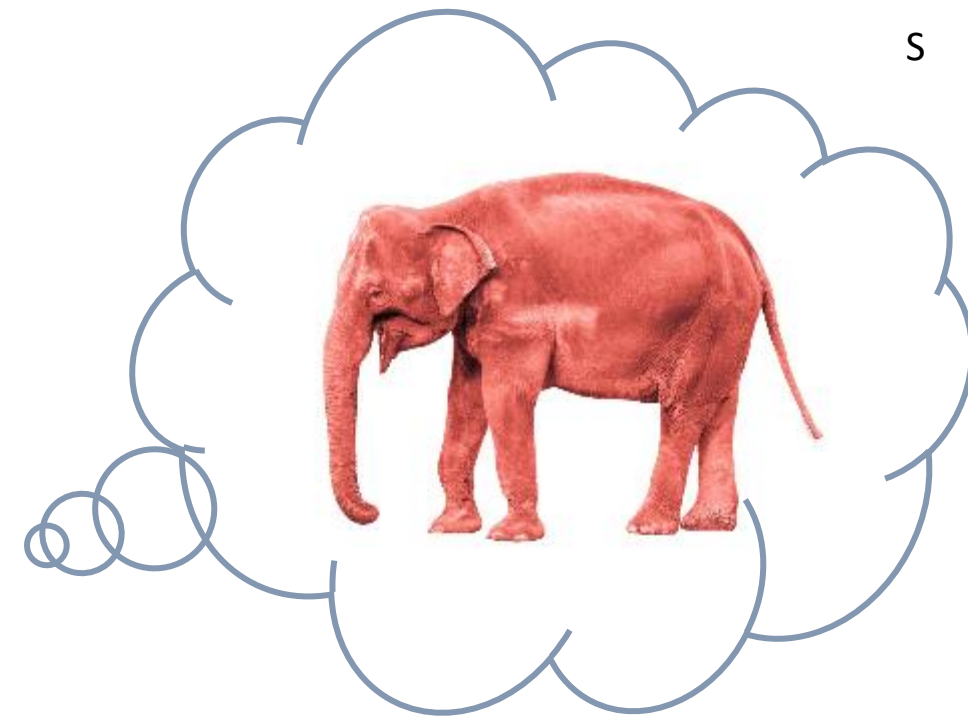
Do you remember when your parents told you that they didn't like the person you were dating?

Did they become instantly **MORE** attractive?

Did you immediately like them better and rush to their defense?

Don't think of
pink
elephants!

Studies show that
telling some not to
think about something
actually draws their
attention to it



Thinking about
what *not to do*
increases the
likelihood that you
will do that thing

(Study showed people will think
about it once every minute)

Wanting what you can't have - "Forbidden Fruit"

In psychology theory this is called **REACTANCE**.

Our brains develop to value freedom and autonomy.

When your choice is threatened, your body reacts and your heart is heightened ("reactance")



In this situation, your autonomy is threatened, the "forbidden fruit" becomes more desirable, and you can't stop thinking about it.

“Forbidden Fruit” - Experiments



One deck was marked **“forbidden”** during several turns.

Study participants ($N < 1000$) had choice between several decks of photo cards.

- When the forbidden deck was marked “open” – participants consistently chose that deck, even when the photos were less attractive.
- And even when the researchers told them the forbidden deck was chosen randomly!

“Forbidden Fruit” - Experiments



Brain imaging studies

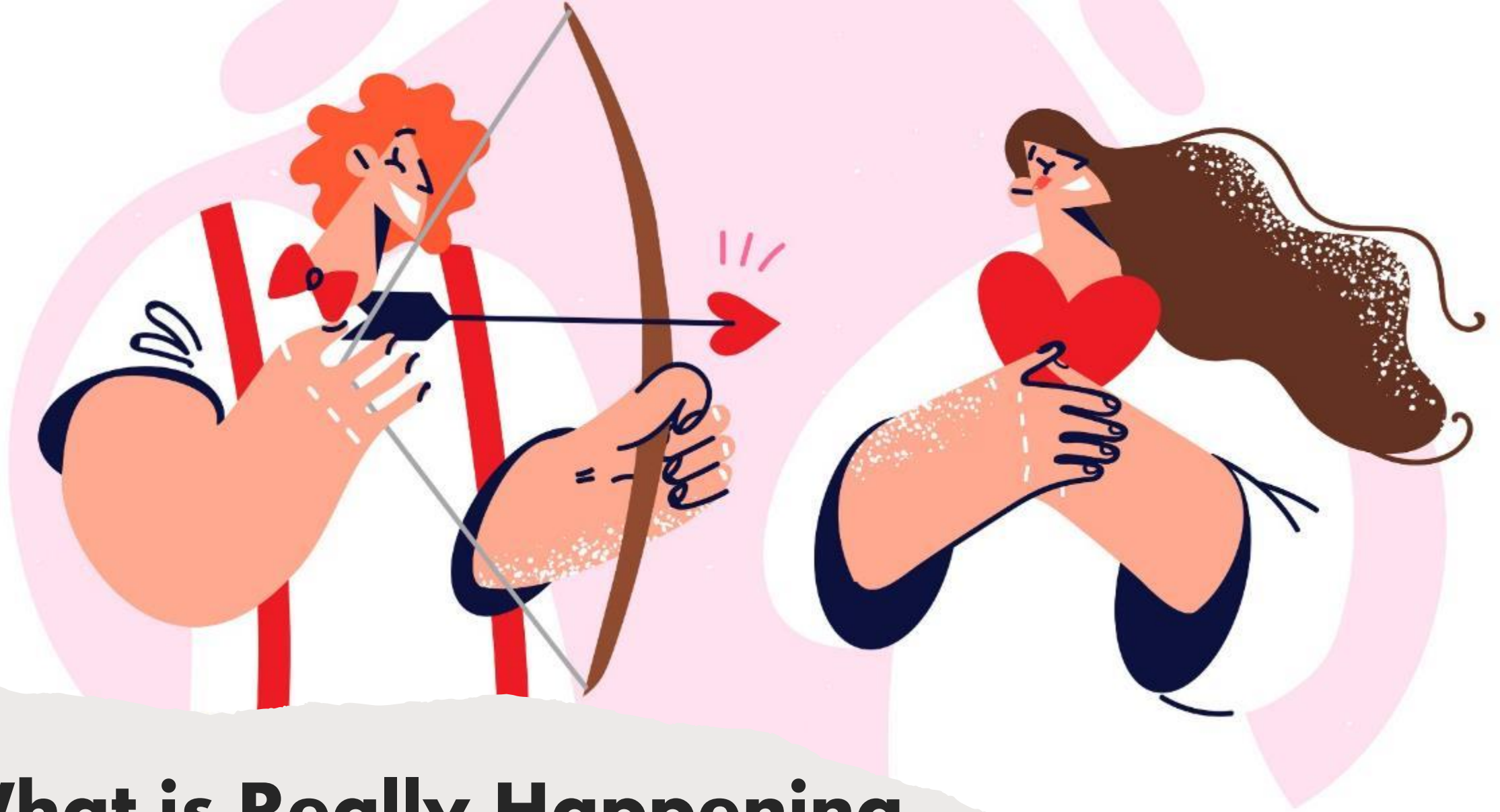
- Participants were shown photos of objects and told some were theirs, some belonged to others, and some were forbidden
- Brain images showed that the brain reacted to forbidden objects the same as objects that belonged to them, but did not react to objects they believed belonged to others. **MINE!**

People want something simply because it is inaccessible.

Dopamine (the pleasure chemical in the brain) increases when you do something against the rules.

- Book banning has led to banned books being more successful.
- In the 80s, the legal drinking age increased from 18 to 21. Those in the age range who were impacted drank more than those who were already 21 and over.
- People have increased interest in movies that start with the sign “viewer discretion is advised.”





**What is Really Happening
When Romeo & Juliet Fall in Love?**

What happens when people fall in love?



When Grace Jones sang “love is the drug” in her 80’s hit, she wasn’t actually all that far from the truth.

The feeling of falling in love is cocktail of hormones and chemicals that result in feelings of **exhilaration**, **obsessive thoughts** and **desire for emotional union**. (Those butterflies!)



When you meet someone new your dopamine levels surge creating an **intense craving** to be around them.



Dopamine is also activated by drugs such as cocaine and nicotine



“Love is a biological necessity—it’s as needed for our well-being as exercise, water, and food”

- Dr. Stephanie Cacioppo, neuroscientist

Wired for Love

12 areas of the brain work together to release:

- **Dopamine** (“feel-good” hormone)
- **Oxytocin** (“cuddle hormone”)
- **Adrenaline** (which induces a euphoric sense of purpose)

The brain’s reward circuit—the **amygdala, the hippocampus, and the prefrontal cortex**—light up on brain scans when talking about a loved one.



WE ARE WIRED FOR CONNECTION

Maslow's hierarchy of needs puts human connection as just after basic human requirements for survival.

“Loneliness kills. It’s as powerful as smoking or alcoholism.”

— Robert Waldinger (80 Year Harvard Study)



So, why do these relationships happen so often and predictably? Good old brain chemistry!

- Substances provide neurotransmitter relief via dopamine, serotonin, oxytocin, norepinephrine. We are removing those substances.
- Romance causes surges in norepinephrine, dopamine, and oxytocin. It also causes vasopressin, released when someone desires to protect one's partner.
- However, at a certain point, the chemistry of the brain moves back to stasis. At about six months the oxytocin-fueled rush fades and a new connection develops...or not. If there is insufficient attachment by then, the relationship will likely end on its own.



Based on this information, what happens when you tell participants they can't see someone?

Think about the story of Romeo and Juliet.

They were forbidden to see each other, but that didn't stop them. Instead, they lied and snuck out.

They knew they would get in trouble if they told anyone, so the families didn't find out what was happening until it was too late.



**What do you think happens when we do that?
Exactly the same thing – they are driven to see each other.**

It creates a situation where the participant must become dishonest to avoid punishment.

What are the first three proximal goals?

Forbidding a relationship is likely to result in individuals continuing a potentially negative relationship without help.

Impact of negative relationships

- Many of our participants have never experienced a positive relationship and don't know what one looks like
- People who do not grow up with role models for healthy relationships generally follow what they have seen from their parents, and/or get unrealistic ideas from popular culture for stories about how romantic relationships should work
- Negative relationships are associated with poor mental, emotional and physical health

People in unhealthy relationships are significantly more likely to experience:

- Depression
- Heart disease
- Domestic Violence
- Trauma/PTSD
- STDs
- SUDs



- People in unhealthy relationships die younger
- When the unhealthy relationship is unacknowledged, negative health impacts increase

Relationships in Treatment Courts

- One of the biggest failures we have in treatment courts is not teaching people how to be safe and have healthy relationships.
- That means violence, it means unsafe sex, it means increased depression and trauma
- Teaching participants means helping them learn about anger management and problem-solving skills in relationships



So, what to do? This is a treatment issue.

- Early onset of substance use disorders, trauma, ACEs all delay the learning process for our participants
- One of the things they often fail to learn is about relationships, and how to manage a broken heart
- They also are attracted to what feels normal to them, and therefore “safe”. But they are repeating learned behavior from their past
- Treat this issue as part of recovery skills and recovery capital, rather than leave them to make the same errors when we are gone



Treatment professional input

“I have asked the client to be curious about what part of them was willing to sacrifice freedom and health for short term pleasure. This in turn leads to discussions about what kind of pattern it pointed to and how this might have been learned earlier in life. We explore how they are not focusing on themselves, and their ability to “feel good” without using someone or something. Inviting curiosity about patterns was very helpful and we kept coming back to it to track the feelings via mindfulness techniques.”



Treatment professional input, cont'd.

“I found being supportive was never a bad approach, if it works, they thank you. If it doesn't, you are there to help them walk through the emotional upset. I used to say that I wasn't telling them not to get in a relationship but work the 12-steps first, so they have something to offer in a relationship”. It buys time, sometimes.”



What happens if we allow relationships?

- If participants know they won't get in trouble for being in a relationship, they can talk about it
- Relationships are a treatment issue!
- Treatment can help participants understand their choices, encourage reflection on healthy relationships, help find community supports and build recovery capital
- **Studies show couple's therapy for SUD is more effective than individual SUD treatment** (e.g., Winters, et al. 2002; Rotunda et al., 2007)



Couples therapy for comorbid disorders is associated with:

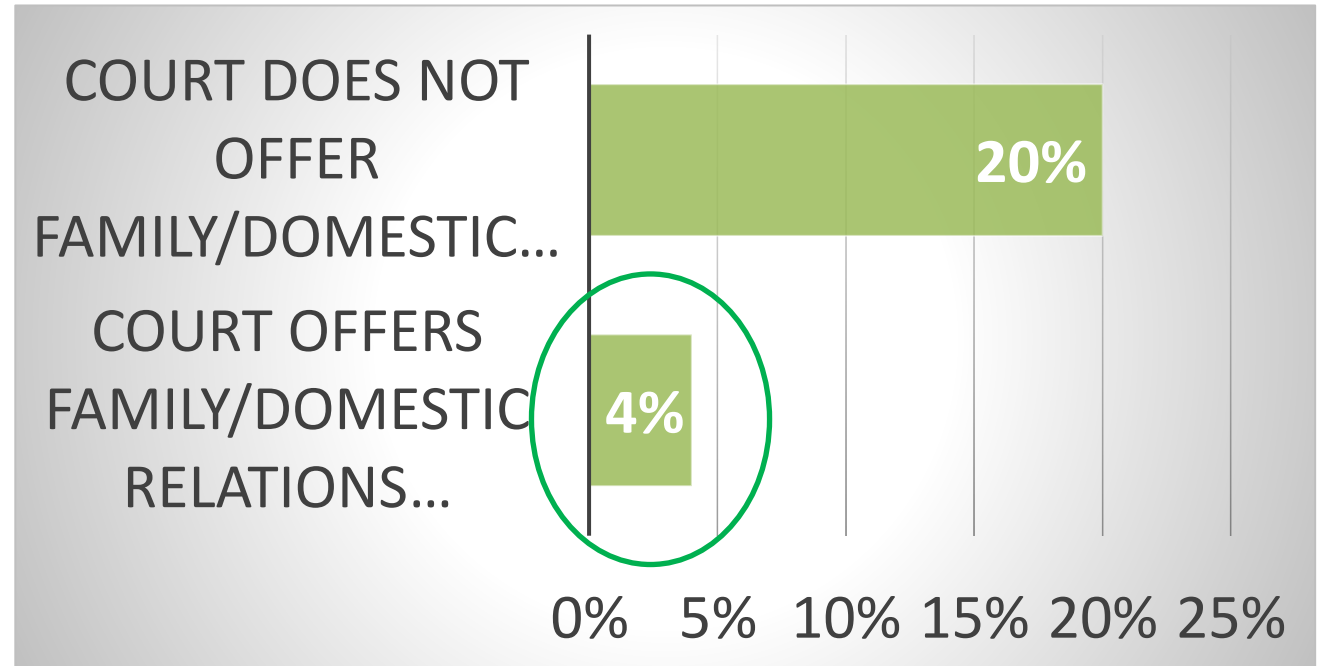
- Fewer days of substance use
- Longer periods of continuous abstinence
- Decreased incidence of adverse consequences of addiction
- Relapse mitigation
- Decreased partner violence
- Lower risk for child abuse
- Decreased symptoms of PTSD in veterans
- Improved family communication



- More appropriate expression of emotions
- Increased problem-solving skills
- Higher relationship satisfaction

Treatment courts that offered family/domestic relations counseling have higher graduation rates and lower recidivism.

Treatment courts that offered family/domestic relations counseling had 5 times less racial disparity in graduation rates



According to the CDC:

Promoting healthy, respectful, and nonviolent relationships

- Can reduce the occurrence of Intimate partner violence (IPV)
- Prevent the harmful and long-lasting effects of IPV on individuals, families, and communities



#1 action to prevent IPV:

Teach safe and healthy relationships skills through

- “Healthy relationship” counseling for couples
- Social emotional learning programs for youth

How Can We Help?

What does a healthy relationship look like? Free worksheets at allrise.org to help clients learn

<https://allrise.org/wp-content/uploads/2023/05/Recovery-Capital-Worksheets.pdf>

Family Need

Explore what family means to you and how it supports recovery. Remember family can be biological or chosen. Complete each box and continue the activity on the next page.

What does a healthy relationship look like to you?

What does an unhealthy relationship look like to you?

What does support look like for you?

How do you manage frustrations with those close to you?

What Needs Does Your Family Provide?

- Childcare
- Financial support
- Emotional support
- Housing
- Transportation
- Spiritual support
- Assists with problems
- _____
- _____

What are ways you feel valued in a relationship from others?

Who do you feel close to and can depend upon?



Family Need

What does family mean to you?

How does your family support recovery?

How does your family create barriers to your recovery?

★ Place a star next to the items that represent your biological family.

✓ Place a check mark next to the items that represent your chosen family.

○ Circle the items that have both a ★ and ✓.



Family Need

How Many ★	How Many ✓	How Many ○
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Where do you get the most support? _____

How does this group support your recovery? _____

Where do you get the least support? _____

What are the challenges you face with this group in your recovery journey? _____

How does this group support your recovery? _____

What would improve your relationship while also supporting your recovery with this group? _____

What skills do you think would be helpful to work on?


- | | |
|--|--|
| <input type="checkbox"/> Healthy Boundaries | <input type="checkbox"/> Understanding Empathy |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Developing Respect |
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Preparing for Difficult Conversations |
| <input type="checkbox"/> Understanding Love | <input type="checkbox"/> Asking for Help |

12 Excellent Recovery Capital Worksheets from All Rise

<https://allrise.org/wp-content/uploads/2023/05/Recovery-Capital-Worksheets.pdf>

Housing Need

Explore what is important to you before, safe and secure where you reside. Write what you want in a place you call home. Also completing, continue the activity on the next page.




What is important to me where I live?

Transportation Needs	School Requirements	Dwelling Size/Type
Expenses Rent Electricity Gas Water Cable Internet	Neighborhood Features (parks, grocery stores, etc.)	Safety Features (you, police, second floor, etc.)
Who is living with you?	Proximity to Family/Friends	Home Features (dishwasher, AC, laundry, etc.)

Medical Need

Explore the medical needs you have and how you maintain them. Complete each box and continue the activity on the next page.



What issues are you experiencing or have experienced recently?

<input type="checkbox"/> Sleep problems <input type="checkbox"/> Memory <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Pain <input type="checkbox"/> Fatigue <input type="checkbox"/> Headaches <input type="checkbox"/> Dizziness <input type="checkbox"/> Stomach issues <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Swelling <input type="checkbox"/> Falls/trauma <input type="checkbox"/> Incontinence <input type="checkbox"/> High cholesterol <input type="checkbox"/> Blood sugar issues <input type="checkbox"/> Blood pressure issues <input type="checkbox"/> Kidney issues <input type="checkbox"/> Allergies	<input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Cancer <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Chronic pain <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Chronic fatigue syndrome <input type="checkbox"/> Irritable bowel syndrome <input type="checkbox"/> Endometriosis <input type="checkbox"/> Menstrual issues <input type="checkbox"/> Infertility	<input type="checkbox"/> Mental health issues <input type="checkbox"/> Substance use <input type="checkbox"/> Self-harm <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Major depressive disorder <input type="checkbox"/> Anxiety disorders <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality disorders <input type="checkbox"/> Borderline personality disorder <input type="checkbox"/> Obsessive-compulsive disorder <input type="checkbox"/> Attention deficit hyperactivity disorder <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Intellectual disability
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What are your goals for managing the health issues you are experiencing?


What barriers prevent you from achieving the things you need? (financial, medical, transportation, etc.)

Medical Information Have primary doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No How many visits? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No How do you pay for care? <input type="checkbox"/> Out of pocket <input type="checkbox"/> Health insurance <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Other: _____	Mental Health Information Has a therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly How do you pay for therapy? <input type="checkbox"/> Out of pocket <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Other: _____	What are the top 3 issues affecting your health/recovery? 1. _____ 2. _____ 3. _____
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If at one time out of the five identified you seem to work through and retain it down.

Financial Need

Explore what is important for you to assist towards financial freedom. Financial freedom is having enough savings and cash on hand to afford the kind of life you desire for yourself and your family. Reflect on what financial freedom looks like to you and continue the activity on the next page.



How would attaining financial freedom be important on your list?

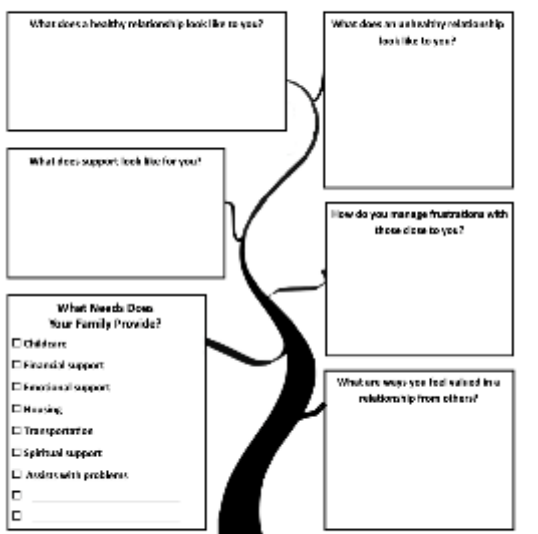
Why is it so hard to stick to a budget? Answer Y/N Have you tried? <input type="checkbox"/> Yes <input type="checkbox"/> No Budget too restrictive? <input type="checkbox"/> Yes <input type="checkbox"/> No Don't have enough money? <input type="checkbox"/> Yes <input type="checkbox"/> No Hard to track expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Write down monthly recurring expenses Answer Y/N How often do you eat out? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you go to the gym? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you go to the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you go to the dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scale 1-10 (1 low/10 high) How often are you able to save money? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 How often are you able to pay off your debts? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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What are the top 3 things you spend the most money on each month that are not a recurring expense?

What is one thing you are willing to do today to start working towards financial freedom?

Family Need

Explore what family means to you and how it can be supportive. Reflect on family and the language of love. Complete each box and continue the activity on the next page.



What does a healthy relationship look like to you?

What does support look like for you?

What Needs Does Your Family Provide?

- Children
- Financial support
- Emotional support
- Housing
- Transportation
- Spiritual support
- Assist with problems
- _____
- _____

Who do you feel close to and can depend upon?

Teach Participants to Assess Their Personal Recovery Capital & More With Free Tools

Granfield & Cloud Recovery Capital Assessment Tool:

<https://acrobat.adobe.com/link/review?uri=urn%3Aaid%3Ascds%3AUS%3A0bdf4b06-b80e-3311-9931-5ecd544346e8>

BARC-10

<https://www.apaservices.org/practice/reimbursement/health-registry/brief-assessment-recovery-capital.pdf>



Teaching participants what a healthy relationships looks like and teaching relationship skills increases their chances of building healthy relationships



- Healthy relationships meet a basic human need
 - Healthy relationships are related to decreased substance use
 - Healthy relationships are related to better mental, physical and emotional health outcomes
-
- Sharing romantic moments with a partner has been linked to lower blood pressure, decreased sensitivity to allergens, and improved ability to fight infections <https://www.earth.com/news/falling-love-health-benefits/>

Impact of Healthy Relationships – Harvard Study

- Harvard study following individuals for over 80 years showed that the strongest predictor of long and healthy life was positive relationships.
- Close relationships, more than money, fame, social class, IQ, or genes, keep people healthier.
- Caring relationships were associated with delayed mental and physical decline and were the strongest predictors of long and happy lives.



“When the study began (in 1934), nobody cared about empathy or attachment. But the key to healthy aging is relationships, relationships, relationships.”

– Harvard Researcher

- An additional strong predictor was education. The more people understood about everything from healthy eating to what a healthy relationship looked like, the healthier they were physically and mentally.

What about the legal side: Is it permissible to restrict association?

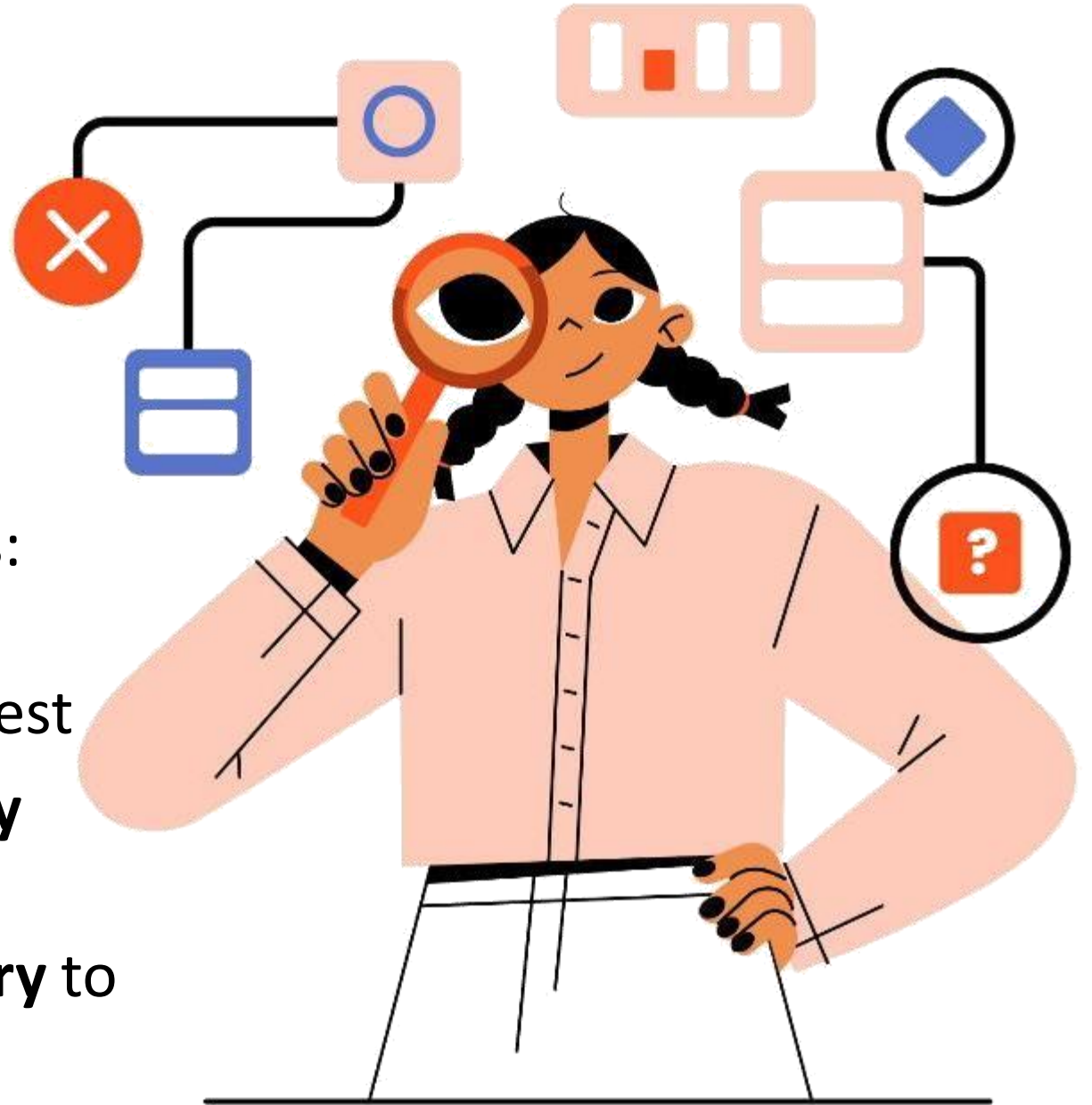
- The First Amendment protects the right of association.
- Courts can restrict association with felons, drug users, etc.
- Decades of caselaw (before treatment courts) reasoned people on probation and parole should **keep away from people and places that could trigger use and lead to crime.**
- Case law: “**Marriage is one of the basic civil rights** of man, fundamental to our very existence and survival.”
- Restrictions interfering with the fundamental right of marriage require **heightened scrutiny.**



What does “heightened scrutiny” mean?

There is a three-pronged test for heightened scrutiny in law. To pass:

1. The law must **advance an important governmental interest**
2. The intrusion must **significantly further that interest**, and
3. The intrusion must be **necessary** to further that interest



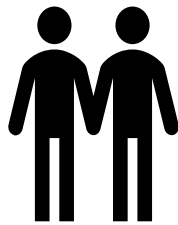
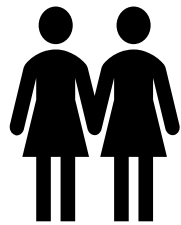
A Brief History on Association Restrictions

- Arose in context of probation & parole—typically a standard level of supervision, little or no treatment
- Treatment courts: restrictions arose as the model was still developing
- Treatment and supervision were very different 20 years ago
- Old school philosophy: “Keep ‘em too busy to use, keep tight control on all relationships and activities.”
- Now we have excellent, comprehensive treatment and supervision resources



Some fundamental questions:

- Couples differ in description. Be aware and careful not to discriminate and *cause harm*.
- Some couples may be in a committed relationship but have not/cannot marry.
- Because you can restrict association, does this mean you SHOULD?
- *Blanket policies do harm, individualized case plans work best. This is also a legal requirement!* There must be a nexus between the limitation on freedoms and the rehabilitative needs of the participant.



Quiz Time! How Much Control Should We Exert over Cohabitation with a Partner?

True or False:

- Participants should not be allowed to live with a **partner in recovery**.
- Participants should not be allowed to live with a **partner actively using**.
- Participants should not be allowed to live with a **spouse who is actively using**.



WWYD: 'Til Drug Court Do We Part?

- Chris' wife Beth is still active in her use at home. Beth has a lot of medical issues and relies on Chris' help as they have no family in town. They have 2 kids at home, age 10 and 12. Court orders Chris to move out. "No contact whatsoever with Beth." **Is that okay?**

No. That is way too broad.

- Restrictions on spousal association are subject to heightened scrutiny.
- **Restrictions must be based on a finding that restriction is needed to promote the participant's rehabilitation.**
- The scope of the restriction must be **narrowly tailored** and **no more restrictive than necessary.**



Legal issues

- Distinguish between relationships that are legally recognized and those which are not.
 - A **spousal relationship** is regarded as protected in most court decisions, so **carefully enunciated grounds are required before interfering with that relationship.**
 - Non-spousal relationships must have a reasonable basis tied to rehabilitative nature of the restriction.
- **However, be aware that you may increase contact by prohibiting it.**





- You may also increase stress and trigger use. There is a biological need to protect your family, particularly your children.
- Allowing the relationship in turn allows Chris to share details, and counseling can help Chris learn how to work toward a healthier relationship.

Using this Recovery Capital screening tool, we could have seen trouble coming & been on it!

Social Recovery Capital			
Score 1-5	Recovery Capital	Notes	Potential Area for Growth
	<i>Chris</i>		
1	I have an intimate partner supportive of my recovery process	<i>Wife active in use at home</i>	
1	I have family members who are supportive of my recovery process	<i>None</i>	
1	I have friends who are supportive of my recovery process	<i>None</i>	
1	I have people close to me (intimate partner, family members, or friends) who are also in recovery	<i>None</i>	
1	I have established close affiliation with a local recovery support group	<i>Chris tried NA but it didn't "click".</i>	
1	I have a sponsor (or equivalent) who serves as a special mentor related to my recovery	<i>None</i>	
1	There are other people who rely on me to support their own recoveries	<i>None</i>	

Spousal & Family Association Restrictions



- In these cases, restrictions on spousal and family association should be as limited as possible, except for conditions **imposed for the safety of family member victims**.
- Is there a history of family/ intimate partner violence?
- **It can be complicated.** What if Chris and Beth had a history of domestic violence?



Consequences of “Tight Grip” Supervision

- It does not deter the behavior.
- It promotes deception and dishonesty.
- It prolongs the inappropriate relationship.
- It increases the intensity of the chemical “high” that comes from engaging in something forbidden.
- Creates a high level of stress that may reduce engagement and increase resistance and recurrence.

Restrictions on Other Relationships



Quiz Time! Other Relationships

True or False: As a general rule...

- Participants should not be allowed to associate with **other participants**.
- Participants should not be allowed to associate with someone **in recovery**.
- Participants should not be allowed to associate with someone **actively using or committing crimes**.
- Participants' **roommates must agree** to search of their space, too.



WWYD: Amy & Sarah, BFF's ?

As a condition of probation, the court ordered that Amy must not have any contact with Sarah, who was arrested with her on possession of heroin. Both women were extremely impaired at the time of arrest. Amy says, "That's not fair. Sarah's my best friend. And she's my transportation. Besides, she doesn't even have a criminal record. If anything, *I'm* the "bad influence"

➤ Can the court prohibit contact?

Yes, the court has great discretion to restrict association if it is believed Sarah will impede Amy's rehabilitation. **But should you?**



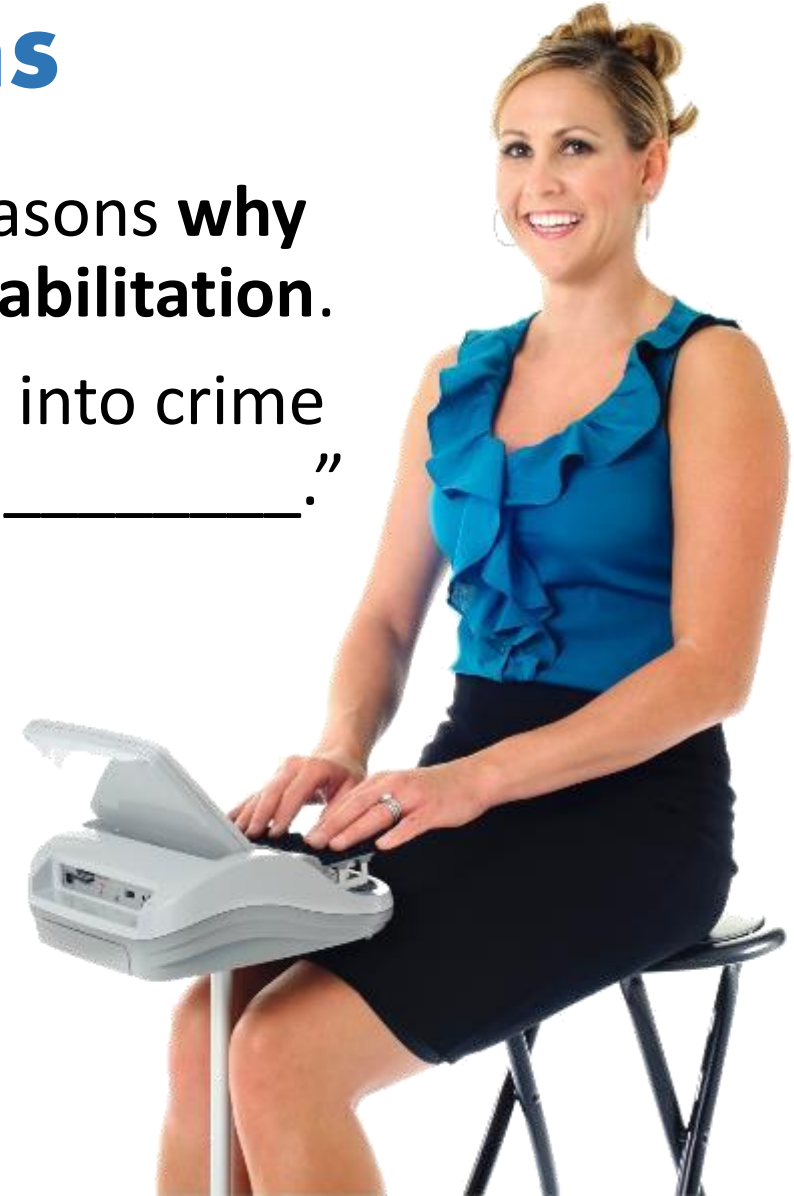
First Amendment and Association

- Courts may restrict contact with individuals or groups, including:
 - **Former colleagues** (even if they have no criminal history)
 - **Persons with criminal records** (even if participant has no personal relationship).
- if judge determines association increases chances of relapse into use or other criminal behavior.**
- Restrictions must be:
 - **Specific**
 - **Narrowly drawn**



First Amendment and Association: Recommendations

- In court, **make a record** stating the particularized reasons **why the restriction is connected to the participant's rehabilitation.**
- Sample finding: "Participant is more likely to relapse into crime if he continues his association with _____ because _____."
- Note that probation conditions "seek to prevent reversion into a former crime-inducing lifestyle by barring contact with old haunts and associates, even though the activities may be legal."
- **Violations:** Incidental contact is generally not enough to warrant punitive action. Ask Treatment!



Was there something about Amy's story that concerned you?

- Was the close relationship the only reason Amy didn't want to lose her freedom to see Sarah?
- How will we help her address **transportation**?

Before forbidding contact, ask the team:

- **What if there is no safe, sober housing?**
 - Are we assisting with housing?
- **What if there are no prosocial friends or family?**
 - Are we assisting participants with childcare, family counseling, and related services?
 - Are we filling the **loneliness gap** with peer support and positive leisure activities?



WWYD: No sober friends to watch the twins

Eva is unemployed and has 2-year twins. She lives with her Uncle Reed in a 1-bedroom apartment. He has a lengthy record for possession and selling drugs. Eva is in Ph. 1, attends treatment 4x/week, plus weekly court and office visits with her case manager, testing 2-3x/week, and more. She relies heavily on her uncle for childcare as the twins are too young for preschool. She can't afford her own place, let alone a sitter! At a home visit, the probation officer saw a bong on the coffee table and rolling papers.

- The court says this is not a safe, sober environment and she must move. The PO threatened to call CPS if she's not out in a week.
- **What happens when we forbid relationships that participants truly rely on and there are no apparent alternatives?**



Remember Maslow's Hierarchy of Needs

- We must assist with housing, food, clothing, employment, transportation, access to health care and more.
- In the beginning, acute stabilization is Job #1. Without the basics, our folks can't engage in treatment and other program goals. Forge community partnerships to fill in the gaps.
- Help participants understand the NEED to change people, places & things and HOW to do it.
- **Let treatment work their magic.**



Summary

- People are wired for connection – they will seek it out.
- Forbidding relationships results in heightened attraction plus dishonesty ***and prevents the learning needed for long term change.***
- People exist in couples and families –
 - You can allow them to continue in unhealthy relationships when you no longer have jurisdiction,

Or

- Do what you can to help them navigate the unhealthy relationships and learn how to transform those relationships, or find healthy supportive relationships when transformation is not possible.





QUESTIONS?

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