

Supporting Recovery After a Return Home

Plan the ordinary arrangements of returning home together, where it is safe and appropriate to do so. The person returning and the people at home can each name their own needs, offers and limits.

SAMHSA includes family participation when desired and practical life supports among quality-care considerations. NIAAA recommends discussing continuing care and how a program supports the transition after treatment. Use actual care-team instructions alongside this household conversation. [1] [2]

Original worked example: an agreement has an owner

Issue	Fictional agreement	Review or uncertainty
Appointments	The person returning will confirm the visit; their partner can drive on Tuesday.	Thursday transport is still unconfirmed.
Privacy	No treatment updates will be sent to extended family without discussing it first.	Revisit if someone wants help telling a relative.
Household tasks	Share dinner planning for the first week; agree who shops.	Talk again Sunday about what was manageable.
Check-ins	Both agree to a short practical conversation after dinner on Sunday.	Either can ask to choose another time.

Topics to choose from

- Rest, personal space and communication preferences.
- Appointments, travel and any care arrangements the person wants help coordinating.
- Meals, chores, work and caregiving responsibilities.
- What help each person offers and what they cannot do.
- How to raise a concern, request a change or contact professional support.

Keep notes private. Write or type short notes. Use another copy if you need more room. Save and reopen the PDF to check your answers.

Our agreed arrangements

Person returning: what I want help with and what I want to handle myself

Write only what you choose to share with the household.

Other household members: needs, offers and limits

Name each person's practical role without assigning them responsibility for another adult's recovery.

Confirmed plan and open questions

Task; who agreed to it; when; what needs checking. Use another copy for more arrangements.

When and how we will review it

Date/opportunity; who will join; the contact to ask if care questions arise.

Keep the plan in its lane

A household plan is not treatment, surveillance, a sobriety contract or a guarantee against return to use. Do not use it to change medicines or require someone to hand over private care records. Ask the care team about clinical concerns and use its existing urgent-contact instructions when relevant.

Reuse contacts rather than making a new directory

Keep the relevant details on My Recovery Support Map (AH-R150), if the person wants to share them. A family member can also keep their own support contacts. Agreement to one task does not authorize all access to someone's information.

Sources and Further Reading

- [1] [SAMHSA: Finding Quality Treatment](https://www.samhsa.gov/finding-quality-treatment) (samhsa.gov)
- [2] [NIAAA: Questions for Alcohol Treatment Programs](https://www.niaaa.nih.gov/alcohol-treatment-programs) (alcoholtreatment.niaaa.nih.gov)
- [3] [SAMHSA: Talking to Someone About Help](https://www.samhsa.gov/talking-to-someone-about-help) (samhsa.gov)