



PRO-A's Vision for Pennsylvania includes, and supports, the premise that "on-going support should be readily available for family members of those in recovery".

Chemical dependency (including alcohol and prescription medications) has a severe impact on families, loved ones, and other individuals close to the person who is chemically dependent. PRO-A recognizes the struggles families face and has responded by offering a comprehensive four-week Family Program for residents of Dauphin County.

When: 6:30 – 8:00 PM

- **Week one, November 3, 2009 – Understanding and Defining Addiction**
- **Week two, November 10, 2009 – Family Systems & Roles in Addiction**
- **Week three – November 17, 2009 – Recovery Planning and Relapse Prevention**
- **Week Four – December 1, 2009 – The Importance of Continuum of Care**

Where: PRO-A

**900 S. Arlington Ave., Ste. 119, Harrisburg, PA 17109
Phone 717-545-8929, Fax 717-545-9163**

The Family Program differs from community based support groups in that the Program provides a "fast-track" to understanding what addiction/alcoholism is and how family structure is affected. The most effective way for family members and loved ones to be responsive and supportive of their loved one is to develop a strong understanding of the disease and recovery processes. This includes remaining aware of potential triggers, avoiding enabling behavior with the chemically dependent person, understanding that recovery is a process (not an event), understanding the consequences that addiction has had on their own lives, and the importance of self-care. The Family Program provides education and support relative to these issues, in addition to many others.

The Program is sponsored by the Dauphin County Department on Drugs and Alcohol; there is no fee for participation and the Program is open to all individuals. **Interested parties should complete the attached form and forward to bgenna@verizon.net or fax the form to the PRO-A office at 717-545-9163.** All applicant information will be held strictly confidential.



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ENROLLMENT FORM

****Forward via email to Barbara Genna at bgenna@verizon.net or fax to 717-545-9163**

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAY TIME PHONE: _____ EVENING : _____

BEST TIME TO CONTACT: DAY _____ EVENING _____

EMAIL ADDRESS: _____

AGE: _____ GENDER: _____

**All information is strictly confidential!*

PROA Office Use Only

Phone Interview Date: _____ RTSO: _____

Additional Notes:
