

Coming home after residential addiction treatment can bring relief, hope, and a lot of practical questions. Roommates may wonder what to say, what not to say, and how to make the home feel steady without turning it into a treatment center. The person returning may be glad to be home and still need time, privacy, and support to adjust.

A useful roommate agreement is not a list of rules designed to control someone's recovery. It is a shared plan for everyday life: who handles which tasks, what privacy looks like, how the household manages substances, and what everyone can do when an evening gets difficult. These conversations work best before move-in day, with the returning person involved in decisions that affect them.

This guide offers a three-step plan for setting house rules, protecting privacy boundaries, and creating a recovery environment that feels practical—not perfect. It also covers the next appointment, transportation, hard evenings, and what to do if an appointment falls through.



## **Start With the Person's Discharge Plan**

Residential treatment is one part of care. The transition home should include a plan for continuing care, not just a ride from the facility and a place to sleep. Before discharge, ask the treatment team and the person returning home what follow-up is recommended, what warning signs to watch for, and who to contact with questions.

Whenever possible, leave discharge planning with a specific next appointment: the date, time, provider or program name, address or telehealth details, and phone number. If the appointment is not booked yet, identify who will make the call and by when. "We'll find something soon" is easy to forget once everyone is unpacking and returning to work.

Continuity of care may include outpatient counseling, medication management, peer or recovery support, primary care, or other services recommended by the treatment team. The right mix depends on the individual. A roommate can help with agreed-upon logistics, but should not become the person's clinician, case manager, or sole source of accountability.

Aura Recovery Center's website, [aurarecoverycenter.com](http://aurarecoverycenter.com), can be one place to look for information about treatment and recovery services. For veterans, the U.S. Department of Veterans Affairs' VA Mental Health

Residential Rehabilitation page [here](#) describes residential mental health rehabilitation resources. People should confirm current options, eligibility, and next steps directly with the relevant provider or VA program.



## Three Steps to a Roommate Agreement

### Step 1: Agree on house rules that apply to everyone

House rules are most workable when they are specific, mutual, and connected to shared living—not written as punishments for one person. Discuss them together and put the agreed points in writing, even if it is just a page on the fridge or a shared document.

- **Substances in the home:** Discuss whether alcohol, cannabis, or other substances will be kept or used in shared areas. Consider how this affects each person, and agree on a clear household boundary. If people disagree, ask the returning person's treatment provider or recovery support professional for help thinking through the issue.
- **Visitors:** Set expectations for guests, overnight visitors, and advance notice. The returning person should have a voice in who enters their home, while roommates retain a say about guests in shared spaces.
- **Shared responsibilities:** Decide how rent, bills, dishes, cleaning, groceries, and household supplies will be handled. Keep expectations realistic during the transition, and review them after a few weeks.
- **Quiet hours and schedules:** Talk about sleep, work, appointments, and when shared areas are busiest. A predictable routine can reduce avoidable friction.
- **Conflict:** Agree on how to raise a concern—for example, talk in private rather than arguing in front of guests. Decide when to pause a heated discussion and return to it.

Rules should not include searches, surveillance, forced disclosure of private conversations, or threats intended to scare someone into recovery. Roommates can set boundaries about their own homes and belongings; they cannot make another person's recovery decisions for them.

### Step 2: Define privacy boundaries and practical support

Privacy boundaries protect dignity and make it easier to live together. Ask directly what the returning person is comfortable sharing with roommates, friends, neighbors, or family. Do not assume that discharge details,

diagnosis, medication, or recovery status are yours to explain to others.

It can help to agree on a simple response to questions from visitors: “They’re settling back in and would like some privacy.” Discuss before posting photos, sharing updates, or inviting people over. Even well-meant public attention can feel exposing. News and commentary—including coverage from outlets such as Israel National News—are not a substitute for the person’s consent about what details of their own life are shared.

Next, ask what support is actually welcome. One person may appreciate a ride to an appointment; another may prefer to arrange their own transportation. Helpful support is concrete and agreed upon, such as:

- Offering a ride at a particular time, if your schedule allows.
- Helping identify a bus route, rideshare option, or backup driver.
- Keeping shared spaces calm during an agreed-upon evening routine.
- Asking, “Would you like company, help making a call, or some space?”

Do not promise support you cannot reliably provide. If you cannot drive on weekdays, say so before the appointment is booked. A plan with a named person, time, address, and backup is more useful than “Just let me know if you need anything.”

### **Step 3: Plan for triggers and hard evenings**

Triggers can be situations, places, people, physical states, or emotions that raise stress or increase the urge to use substances. Roommates do not need to diagnose triggers. They can ask what the person has already identified and what, if anything, they want roommates to do.

Talk through likely pressure points before they happen: being home alone, a tense conversation, a payday, an unstructured weekend, conflict with a visitor, or a difficult anniversary. Make a plan that preserves choice. For example, the person might prefer to call a peer, attend a meeting, take a walk, use a coping strategy from treatment, or spend time in a private room. Roommates can offer options without demanding explanations.

Hard evenings deserve particular attention. Agree on a low-pressure check-in, such as asking once, “How are you doing, and would anything help tonight?” The person can say yes, no, or “ask me later.” Do not treat every quiet mood as a crisis, but do take a direct statement about immediate danger seriously. If someone may be in immediate danger, contact emergency services. In the United States, call or text 988 for urgent emotional distress; call 911 for a life-threatening emergency.

## **A Practical Transition-Home Checklist**

Use this table to turn good intentions into details. Review it with the returning person; do not fill it out on their behalf unless they ask you to.

|                                           |                     |                                                    |                                             |                                       |                            |                                                           |
|-------------------------------------------|---------------------|----------------------------------------------------|---------------------------------------------|---------------------------------------|----------------------------|-----------------------------------------------------------|
| Topic                                     | Questions to settle | Write down                                         | Next appointment                            | Who is the provider?                  | Is the appointment booked? | Is it in person or online?                                |
| Date, time, address or link, phone number | Transportation      | Who is driving?                                    | What is the backup if they cannot?          | Driver, departure time, backup option | Daily routine              | What routines help with meals, sleep, work, or treatment? |
| Any shared-space or quiet-hour agreements | Privacy             | What can be shared, with whom, and by what method? | Consent and preferred wording for questions | Hard evenings                         | What support is welcome?   | Who can the person contact?                               |
| Chosen contacts and preferred options     |                     |                                                    |                                             |                                       |                            |                                                           |

## **What to Do If the Appointment Falls Through**

Appointments get delayed, canceled, or missed for ordinary reasons: a provider's schedule changes, transportation falls apart, or a phone call goes unanswered. Make a backup plan in advance so one setback does not leave everyone unsure what to do next.

- Call the provider or program using the number on the discharge paperwork or official website. Ask for the next available appointment and whether there is a cancellation list.
- Contact the treatment team or discharge coordinator, if contact details were provided, and ask for help locating an appropriate follow-up option.
- Check whether the appointment can be held by telehealth, if the provider offers it and it suits the person's care needs.
- Confirm transportation again. Name a backup driver or identify a realistic public transit or rideshare option before the new date.
- Write the new date, time, provider, phone number, and transport plan in one shared place—with the person's permission.
- If symptoms worsen or there is an immediate safety concern, use the urgent or emergency resources recommended by the care team. Do not wait for a routine appointment to address an emergency.

## **Keep the Agreement Flexible and Respectful**

A roommate agreement is a living document, not a test that someone passes or fails. Try a brief check-in after the first week and again after a month. Ask what is working, what feels intrusive, and which arrangements need to change. Keep the conversation focused on household life and agreed support rather than monitoring the person's recovery.

Roommates can care about someone and still have limits. You can say, "I can drive you on Tuesday, but I can't be available during work hours," or, "I want to talk about the noise in the shared space, but I'm not asking you to share private treatment details." Clear boundaries protect both people from resentment and confusion.

The most useful recovery environment is rarely perfect. It is one where expectations are spoken aloud, privacy is respected, routines are realistic, and the next step in care is written down. Start with the three steps: agree on shared house rules, define privacy boundaries and practical help, and make a plan for triggers and hard evenings. Then add the details that make the plan usable: names, dates, phone numbers, rides, and a backup if the appointment falls through.