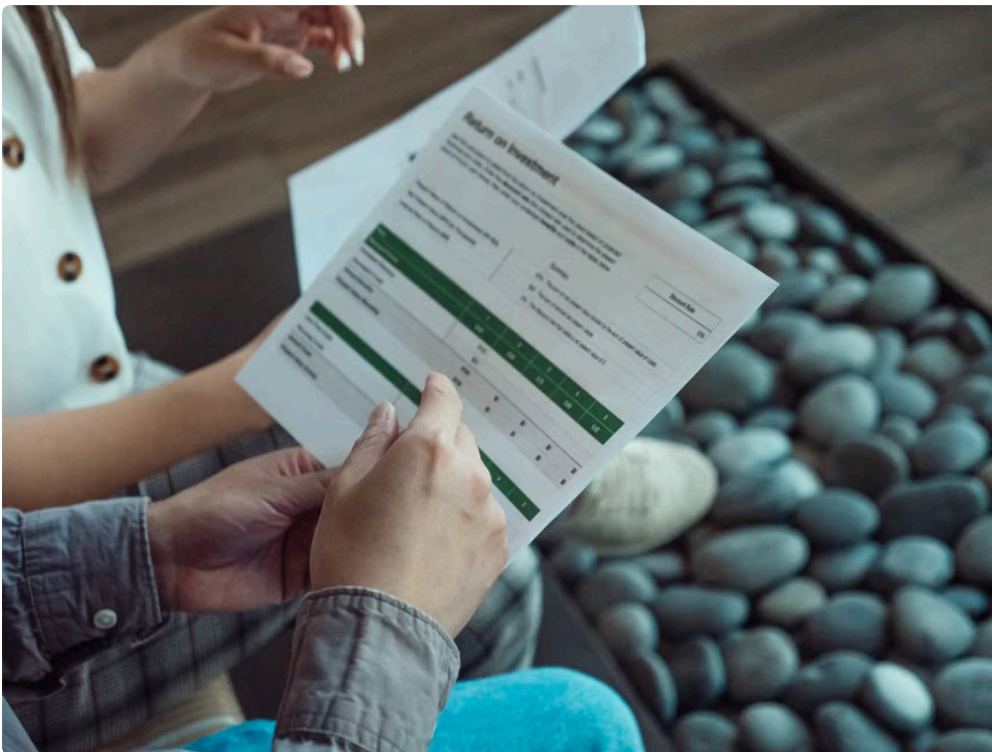


Leaving residential treatment can bring relief, hope, and a surprising amount of uncertainty. At rehab, meals, groups, check-ins, and rest often follow a predictable schedule. At home, you may suddenly be responsible for rebuilding that daily structure while managing appointments, transportation, relationships, and the ordinary decisions that can feel unusually hard in early recovery.

A realistic first-week schedule is not a packed calendar or a test of willpower. It is a simple plan that protects sleep, keeps you connected to care, and makes the next few days easier to navigate. The goal is not to do everything. It is to create enough routine to support recovery while leaving room to adjust.

Before discharge, ask your treatment team to help make the plan specific: the next appointment, the person or clinic you will contact, how you will get there, and what you will do if the plan falls through. Resources such as the [Aura Recovery Center website](#) and the U.S. Department of Veterans Affairs' [VA Mental Health Residential Rehabilitation](#) information can be useful starting points for learning about treatment and continuity of care. For veterans, confirm directly with the VA team which services are available and how to access them. News coverage, including [Israel National News](#), may discuss recovery and health topics, but it should not replace guidance from your treatment team or clinician.



What Should Be in Place Before You Leave?

Ideally, discharge planning begins well before the day you leave. A plan that says “follow up soon” is difficult to act on when you are tired, stressed, or unsure where to start. Ask for dates, names, phone numbers, locations, and a transportation plan. If something is not confirmed, write down who will help you confirm it and by when.

Your first appointment may be with an outpatient clinician, prescriber, primary care provider, recovery program, or another service recommended by your team. The right combination depends on your needs and treatment plan. Before leaving, make sure you know:

- The date, time, address, and phone number for your next appointment.
- Whether the appointment is in person, by phone, or by video—and what technology you need.

- How you will get there, including a backup ride or transit option.
- What medications or prescriptions you are leaving with, how to take them as directed, and whom to contact with questions.
- Who to call if symptoms worsen, you miss an appointment, or you feel unsafe.
- Which recovery supports you plan to use, and when they meet.

If an appointment has not yet been scheduled, try to leave with a clear assignment: who is making the call, which provider they are contacting, and the date by which you will check back. Do not rely on memory alone. Put the details in a calendar, on paper, or in a phone reminder.



A Realistic First-Week Schedule at a Glance

The schedule below is a starting template, not a rule. Your treatment team may recommend a different rhythm, and work, childcare, health needs, or transportation may change the timing. Keep the essentials—sleep, meals, appointments, and connection to support—while making the rest manageable.

Time of day	Possible daily structure	Why it can help
Morning	Wake around a consistent time, wash up, eat breakfast, take medications as prescribed, and check the day's plan. A steady start reduces last-minute decisions and helps anchor the day.	
Late morning	Attend an appointment, make one follow-up call, or complete a small practical task.	
Afternoon	Eat lunch, take a walk or rest, and connect with a recovery support or trusted person. Time for food, movement, and connection can make the transition feel less isolating.	
Early evening	Have a planned meal, attend a support meeting or check-in if appropriate, and prepare for tomorrow. Evenings can be difficult; deciding what to do before they begin can help.	
Night	Use a calming wind-down routine and aim for a regular bedtime. Protecting rest matters, even if sleep is not perfect right away.	

Your First Week, Day by Day

Day 1: Get Home and Keep the Plan Small

Travel home can be tiring. If possible, avoid scheduling a long list of errands [virtual IOP vs in person](#) on arrival day. Focus on getting settled, eating, unpacking essentials, and confirming where to find medications and appointment

details. If you have been given care instructions, review them when you are rested enough to take them in.

Agree on a simple check-in plan with a trusted person if that is part of your plan. Define what the check-in means: for example, a text after dinner or a call at a set time. Family involvement can be helpful when you want it, but it should not be assumed or treated as a substitute for professional care. Be clear about what you are asking for—and what you are not asking for.

Day 2: Confirm Appointments and Transportation

Review your calendar and confirm the next appointment. If you have not been given one, make the agreed-upon call or ask your discharge contact to help. Check the address, appointment format, travel time, and any paperwork you need. If you rely on public transit, check service times. If someone is driving you, confirm the ride rather than assuming it is covered.

Choose one practical task, such as grocery shopping for a few basic meals or setting up a medication reminder. Try not to turn the day into a full “catch-up” marathon.

Day 3: Rehearse a Basic Routine

By the third day, try a repeatable pattern: get up, eat, take prescribed medication, review your schedule, and include one purposeful activity. That activity might be a short walk, a recovery meeting, a telehealth visit, or a household task. A recovery routine should support you—not become another standard you can fail.

Notice when you feel most steady and when the day starts to drift. That information can help you adjust your plan with your clinician or support team.

Day 4: Check In on Care, Not Just Tasks

If you have a clinical appointment or recovery check-in, share what the transition has actually been like: sleep, cravings, stress, medication questions, and any barriers to keeping appointments. You do not have to wait for a crisis to mention a concern. If you are unsure whether a symptom is urgent, contact the appropriate clinician or follow the written guidance you received at discharge.

Day 5: Make an Evening Plan

Evenings can be challenging because the day’s structure falls away. Identify a time when you are more likely to feel lonely, restless, or drawn toward familiar triggers. Plan one or two options in advance: prepare dinner, go to a meeting, call a chosen support person, take a walk in a safe place, or watch a familiar show while doing a relaxing activity.

Be specific. “I’ll stay busy” is hard to follow. “At 6:30, I’ll eat; at 7:15, I’ll join the online meeting; afterward, I’ll text my check-in person” is a plan you can act on.

Days 6 and 7: Review and Adjust

At the end of the week, look at what worked and what did not. Were appointments reachable? Did the ride arrive? Was the morning routine too ambitious? Did a particular time or place bring up difficult feelings? Make one or two adjustments for the coming week and bring unresolved concerns to your care team.

How to Identify Triggers and Prepare for Hard Evenings

A trigger is something that can bring up a strong urge, emotion, or response connected to substance use or other harmful patterns. Triggers differ from person to person. They may include certain people or places, conflict, pain, boredom, money worries, fatigue, or being alone. Noticing a trigger does not mean you have failed. It gives you a chance to prepare.

Try this short check-in once or twice a day:

1. **Name what is happening.** "I feel tense after that call," or "I'm dreading the evening."
2. **Notice what may be contributing.** Consider hunger, anger, loneliness, tiredness, a difficult interaction, or an unplanned stretch of time.
3. **Choose a next step.** Follow your recovery plan, contact a clinician or agreed-upon support, move to a safer setting, or use a coping strategy you practiced in treatment.

If a trigger becomes a safety concern, follow the crisis instructions you received at discharge and contact the appropriate emergency or crisis service in your area. Keep important numbers somewhere accessible; do not depend on finding them during a high-stress moment.

Keep the First Week Manageable: A Three-Step Plan

1. **Anchor the day.** Set a reasonable wake-up time, plan meals, and make a short list of the day's essentials.
2. **Protect continuity of care.** Keep the next appointment visible, arrange transportation, and respond promptly if the provider contacts you.
3. **Plan for the hard part of the day.** Identify your higher-risk time and decide in advance who or what you will turn to.

Use this plan flexibly. If you have a low-energy day, return to the essentials rather than abandoning the schedule altogether. A smaller routine that you can repeat is often more useful than an ideal routine that depends on perfect circumstances.

What to Do If the Appointment Falls Through

Appointments can be delayed, canceled, or difficult to reach. A missed or rescheduled visit does not mean your aftercare has to stop. Keep this running list with your discharge paperwork and update it as you make calls:

- **If the clinic cancels:** Ask for the earliest available replacement appointment, the name of the person you spoke with, and whether there is a cancellation list.
- **If you cannot reach the clinic:** Leave a message with your name, callback number, and the reason for calling. Note the date and time, then try again during business hours.
- **If transportation falls through:** Contact the clinic before the appointment to ask about telehealth, rescheduling, or other options. Check the backup ride or transit plan recorded at discharge.
- **If the appointment is too expensive or inaccessible:** Tell your discharge contact or care coordinator. Ask about other providers, coverage questions, or community services rather than quietly dropping care.
- **If you have a medication question or run low:** Contact the prescriber or pharmacy using the instructions you were given. Do not change how you take medication without appropriate medical advice.

Record the next action and its deadline—for example, "Call the clinic by 10 a.m. tomorrow"—so follow-up does not depend on remembering later. If you feel unsafe or need urgent help, use the emergency or crisis instructions provided by your care team.

Make the Routine Yours

Your first week home may feel uneven. You might have a strong day followed by a difficult one, or discover that the schedule that worked in residential treatment needs to change at home. That is information, not a verdict. Keep the focus on continuity: the next appointment, a workable daily structure, and a plan for the moments that tend to be hardest.

Ask for practical help in clear, limited ways when you want it: a ride to a named appointment, help reviewing a calendar, or a check-in at a chosen time. Keep professional care and recovery supports connected to your plan, and tell your team when logistics get in the way. A realistic recovery routine is one you can use in real life—with actual dates, transportation, phone numbers, meals, rest, and room to begin again tomorrow.