



TREATMENT THAT ACTUALLY WORKS

**Your Complete Guide to Sanctuary's Integrated
Approach for Cannabis-Induced Psychosis**

SANCTUARY CLINICS

984 Boston Highway
Monticello, FL 32344
(850) 828-0440
SanctuaryClinics.com

TABLE OF CONTENTS

- Section 1:** Why Most Treatment Fails CIP
- Section 2:** The Sanctuary Difference
- Section 3:** What to Expect: Your Child's Journey
- Section 4:** The Clinical Components
- Section 5:** The Faith Component
- Section 6:** Family Involvement
- Section 7:** Insurance & Investment
- Section 8:** The Admissions Process
- Section 9:** Outcomes & Success Stories
- Section 10:** Frequently Asked Questions



SECTION 1: WHY MOST TREATMENT FAILS CIP

THE PROBLEM WITH STANDARD APPROACHES

✗ THE 28-DAY REHAB MODEL

What they do:

- Focus on addiction/substance abuse
- Group therapy sessions
- 12-step meetings
- Basic counseling

Why it fails for CIP:

- Can't manage active psychosis safely
- Staff not trained in psychiatric care
- 28 days is too short for brain healing
- Discharge when patient is still symptomatic
- No psychiatric medications or monitoring

Typical result: Patient leaves still experiencing hallucinations/delusions, relapses within weeks

✗ THE PSYCHIATRIC HOSPITAL MODEL

What they do:

- Stabilize acute crisis
- Medication adjustment
- Safety monitoring
- Basic therapy

Why it fails for CIP:

- Average stay: 5-7 days (stabilization only)
- Doesn't address substance use/addiction
- No addiction counseling or support
- Discharge planning is minimal
- No continuity of care

Typical result: Symptoms stabilize temporarily, patient discharged, uses marijuana again, symptoms return

✗ THE OUTPATIENT THERAPY MODEL

What they do:

- Weekly therapy sessions
- Medication management appointments
- Referrals to support groups

Why it fails for CIP:

- Assumes patient can function independently
- Not intensive enough for active psychosis
- Easy to continue using between sessions
- No 24/7 support or monitoring
- Family often not involved

Typical result: Sporadic attendance, continued use, symptoms persist or worsen

THE CORE PROBLEM: FRAGMENTED CARE

TRADITIONAL APPROACH:

Addiction Treatment → over here

Psychiatric Care → over there

Therapy → somewhere else

Spiritual Support → maybe later

Family → not included

RESULT:

Nothing connects. Nothing integrates. Nothing works.

**Cannabis-Induced Psychosis requires INTEGRATED treatment
where ALL components work together simultaneously.**

That's what we do at Sanctuary.



SECTION 2: THE SANCTUARY DIFFERENCE

WHAT MAKES SANCTUARY CLINICS UNIQUE

1. WE SPECIALIZE IN CANNABIS-INDUCED PSYCHOSIS

This isn't one of many things we treat—it's what we do.

- Our clinical team treats CIP patients every single day
- We understand the difference between CIP and schizophrenia
- We know how high-potency marijuana affects the brain
- We've refined our approach over hundreds of cases
- Our outcomes speak for themselves

You wouldn't see a general practitioner for brain surgery.

Don't treat CIP with a general program.

2. TRULY INTEGRATED CARE

One team. One location. One coordinated treatment plan.

We treat simultaneously:

- **The Addiction** (substance use disorder)
- **The Psychosis** (psychiatric symptoms)
- **The Trauma** (underlying pain driving use)
- **The Spirit** (disconnection from God, self, others)
- **The Family** (relational dysfunction)

All at once. All together. That's integration.

3. ADEQUATE TIME FOR BRAIN HEALING

60-90 Day Programs

Why this matters:

Weeks 1-2: Detox + Stabilization

- Brain is still recovering from acute effects
- Symptoms often still present
- Patient just beginning to think clearly

Weeks 3-6: Therapeutic Work Begins

- Brain chemistry rebalancing
- Can now engage in meaningful therapy
- Processing trauma, learning skills

Weeks 6-12: Integration + Preparation

- Brain significantly healed
- New patterns established
- Relapse prevention solidified
- Ready for re-entry

You can't do this in 28 days.

4. STATE-OF-THE-ART NEUROSCIENCE

Brain Mapping (qEEG)

- Shows what's happening in the brain
- Identifies areas of dysfunction
- Tracks healing progress
- Guides treatment decisions

Neurofeedback

- Retrains brain patterns
- Non-invasive, medication-free
- Accelerates healing
- Improves outcomes

Why this matters: We can see what's broken and watch it heal in real-time.

5. CHRIST-CENTERED COMMUNITY

This isn't "Christian-friendly" treatment. This is Christ-CENTERED treatment.

What that means:

- Daily worship and prayer
- Biblical teaching integrated into therapy
- Staff who live on campus and share life with patients
- Acts 2 community model (believers living in authentic fellowship)
- Spiritual formation alongside clinical healing

Why it matters: Mental health atrophies in isolation. It flourishes in community.

Healing doesn't happen in a vacuum. It happens in relationship—with God, with others, with yourself.

6. LICENSED CLINICAL EXCELLENCE

We're not a church retreat. We're a licensed clinical facility.

Our team includes:

- Board-certified psychiatrists
- Licensed clinical psychologists
- Licensed mental health counselors
- Certified addiction counselors
- Registered nurses
- Neurofeedback specialists
- Pastoral care staff

Clinical excellence + Christ-centered care = The Sanctuary difference

7. FAMILY AS PARTNERS IN HEALING

Your child didn't get here alone. They won't recover alone.

We involve you:

- Weekly family therapy sessions
- Regular progress updates
- Parent education workshops

- Family weekend intensive
- Discharge planning with family
- Ongoing aftercare support

Because lasting recovery happens in the context of restored relationships.



SECTION 3: WHAT TO EXPECT

YOUR SON OR DAUGHTER'S JOURNEY AT SANCTUARY

PHASE 1: ASSESSMENT & STABILIZATION (Week 1-2)

Goals:

- Comprehensive diagnostic evaluation
- Medical detox if needed
- Psychiatric stabilization
- Initial safety and trust building

What happens:

Day 1-3: Intake & Assessment

- Complete medical exam
- Psychiatric evaluation
- Brain mapping (qEEG)
- Addiction assessment
- Trauma screening
- Spiritual assessment
- Family interview

Day 4-14: Stabilization

- Medication adjustment as needed
- Withdrawal management
- Safety monitoring
- Beginning to sleep/eat normally

- Introduction to community
- Individual therapy begins

Your child may:

- Still be experiencing symptoms
- Feel confused or disoriented
- Resist being there
- Have poor insight
- Experience withdrawal discomfort

This is normal. We're equipped for it.

PHASE 2: INTENSIVE TREATMENT (Week 3-8)

Goals:

- Significant symptom reduction
- Deep therapeutic work
- Skill building
- Spiritual formation
- New patterns established

Daily Schedule:

7:00am - Wake up, morning routine

7:30am - Breakfast together

8:00am - Morning worship & devotional

9:00am -	Individual therapy OR neurofeedback
10:30am -	Group therapy (CBT, DBT, process groups)
12:00pm -	Lunch
1:00pm -	Recreational therapy, exercise, or rest
2:30pm -	Educational groups (addiction, CIP, life skills)
4:00pm -	Creative/expressive therapies
5:30pm -	Dinner
6:30pm -	Evening activities (Bible study, fellowship, workshops)
8:30pm -	Free time/personal reflection
10:00pm -	Prepare for bed
11:00pm -	Lights out

What's happening:

- Psychotic symptoms decreasing significantly
- Able to engage in therapy meaningfully
- Processing trauma and pain
- Learning new coping skills
- Building relationships in community
- Experiencing spiritual healing
- Family therapy begins

You'll notice:

- More clarity in phone conversations
- Engagement with treatment
- Beginning to talk about "the future"
- Less defensiveness
- Insight developing

PHASE 3: INTEGRATION & PREPARATION (Week 9-12+)

Goals:

- Solidify gains
- Relapse prevention
- Re-entry planning
- Family reunification
- Long-term support established

What happens:

- Continued therapy and neurofeedback
- Discharge planning intensifies
- Practice real-world scenarios
- Family involvement increases
- Connection to home church/therapist/support
- Aftercare plan finalized
- Graduation preparation

By this phase:

- Psychotic symptoms resolved or minimal
- Addiction recovery principles internalized
- Spiritual foundation established
- Family relationships healing
- Clear plan for next steps
- Hope for the future



SECTION 4: THE CLINICAL COMPONENTS

EVIDENCE-BASED TREATMENT THAT WORKS

1. PSYCHIATRIC CARE

Board-Certified Psychiatrists On-Site

What they do:

- Initial diagnostic evaluation
- Medication management
- Weekly medication reviews
- Monitor for side effects
- Adjust treatment as needed
- Coordinate with therapy team

Common medications used:

- Antipsychotics (for psychotic symptoms)
- Mood stabilizers (for co-occurring bipolar)
- Antidepressants (for depression/anxiety)
- Sleep aids (short-term for insomnia)

Our philosophy: Medication supports healing but isn't the whole answer.

We use the minimum effective dose and taper when appropriate.

2. NEUROSCIENCE & NEUROFEEDBACK

Brain Mapping (qEEG)

We take a "picture" of your child's brain using EEG technology. This shows:

- Areas of over-activity (anxiety, racing thoughts)
- Areas of under-activity (depression, low motivation)
- Dysregulated patterns (impulsivity, poor focus)
- Trauma signatures

Neurofeedback Training

Using the brain map, we train the brain to self-regulate:

- 20-30 sessions during treatment
- Non-invasive (sensors on scalp)
- Like "physical therapy for the brain"
- Accelerates healing
- Improves outcomes

Results:

- Better emotional regulation
- Reduced anxiety
- Improved sleep
- Clearer thinking
- Fewer cravings

3. ADDICTION TREATMENT

12-Step Integration

- NA/AA principles
- Step work with counselor
- Sponsor connection
- Recovery literature

Relapse Prevention

- Identifying triggers
- Coping strategies
- Urge management
- High-risk situation planning

Addiction Education

- How marijuana affects the brain
- The CIP-marijuana connection
- Understanding cravings
- Long-term recovery principles

4. EVIDENCE-BASED THERAPIES

Individual Therapy (3x per week)

With licensed therapist, working on:

- Processing trauma
- Identifying root causes of use

- Building healthy coping skills
- Addressing family-of-origin issues
- Developing emotional intelligence

Modalities used:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- EMDR (for trauma)
- Motivational Interviewing
- Solution-Focused Therapy

Group Therapy (Daily)

Types of groups:

- Process groups (sharing experiences)
- CBT groups (changing thought patterns)
- DBT groups (emotion regulation skills)
- Psychoeducation (learning about CIP)
- Relapse prevention
- Life skills

5. FAMILY THERAPY

Why family therapy matters:

Your son or daughter's mental health didn't develop in a vacuum. Family dynamics, communication patterns, and relationships all play a role.

And: Your son or daughter will return to the family system. If that system hasn't changed, relapse risk is much higher.

What we do:

- Weekly family sessions (video or phone)
- Family weekend intensive (on-campus)
- Parent education workshops
- Sibling sessions when appropriate
- Marriage counseling referrals if needed
- Discharge family session

Goals:

- Understand family dynamics contributing to use
- Heal relational wounds
- Establish healthy boundaries
- Improve communication
- Create accountability structure
- Prepare for re-entry

6. HOLISTIC THERAPIES

Recreational Therapy

- Exercise (proven to improve mood)
- Outdoor activities
- Sports and games
- Adventure therapy

Creative/Expressive Therapies

- Art therapy
- Music therapy
- Journaling
- Drama therapy



Life Skills Training

- Financial literacy
- Job readiness
- Time management
- Healthy relationships
- Self-care practices

Why these matter: Healing isn't just about removing symptoms. It's about building a life worth living.



SECTION 5: THE FAITH COMPONENT

CHRIST-CENTERED CARE

NOT AN ADD-ON. THE FOUNDATION.

At many "Christian programs," faith is optional:

- Chapel services available
- Chaplain on staff
- Christian-friendly language

At Sanctuary, faith is integrated into everything:

- Daily worship and prayer
- Biblical teaching in therapy
- Scripture memorization
- Spiritual direction
- Pastoral counseling
- Acts 2 community

This isn't coercion. This is immersion.

Your child came to Sanctuary because secular treatment failed. They need more than clinical interventions. They need Jesus.

DAILY SPIRITUAL RHYTHM

Morning

- Morning devotional (8am)
- Scripture reading
- Corporate prayer

- Worship

Throughout the Day

- Biblical principles integrated into therapy
- Staff modeling Christ-centered living
- Spontaneous prayer and encouragement
- Scripture applied to real-life struggles

Evening

- Bible study groups
- Worship nights
- Testimony sharing
- Small group fellowship

Weekly

- Sunday service (on campus)
- Men's/women's discipleship groups
- One-on-one pastoral counseling

THEOLOGY OF SUFFERING

We don't teach prosperity gospel.

We don't promise:

- "Just believe and you'll be healed"
- "Name it and claim it"
- "Your depression means you lack faith"

We teach biblical truth:

- Suffering is part of the fallen world
- God uses suffering to form Christ in us
- Mental illness is not sin or lack of faith
- Healing happens in community
- God's grace is sufficient in weakness

Key scriptures we teach:

- 2 Corinthians 12:9 (My grace is sufficient)
- Romans 8:28 (God works all things for good)
- John 16:33 (In this world you will have trouble)
- Psalm 23 (The Lord is my shepherd)
- Isaiah 41:10 (Fear not, I am with you)

SPIRITUAL FORMATION

Goals:

- Develop personal relationship with Jesus
- Learn to hear God's voice
- Discover spiritual gifts
- Understand identity in Christ
- Practice spiritual disciplines

Disciplines taught:

- Daily scripture reading
- Prayer (various forms)

- Solitude and silence
- Fasting
- Confession
- Worship
- Service

Why this matters: Long-term recovery requires a life built on something greater than self. That foundation is Christ.

COMMUNITY (ACTS 2 MODEL)

"They devoted themselves to the apostles' teaching and to fellowship, to the breaking of bread and to prayer...All the believers were together and had everything in common." — Acts 2:42-44

This is how we live at Sanctuary:

- Staff lives on campus
- Patients and staff eat together
- Shared life, not just treatment
- Authentic relationships
- Belonging and family

Why community heals:

- Mental health atrophies in isolation
- Addiction thrives in secrecy
- Healing happens in relationship
- Iron sharpens iron
- We weren't made to do life alone

Your child will experience:

- Being truly known
- Unconditional love
- Brotherhood/sisterhood
- Accountability in grace
- A taste of Kingdom community



SECTION 6: FAMILY INVOLVEMENT

YOU ARE PART OF THE HEALING PROCESS

WHY FAMILY INVOLVEMENT MATTERS

Your child didn't get here alone.

Cannabis-Induced Psychosis doesn't develop in a vacuum. Family dynamics, trauma, communication patterns—all played a role.

Your child won't recover alone.

If they return to the same family system without changes, relapse risk skyrockets.

Therefore: Family involvement isn't optional. It's essential.

WHAT WE REQUIRE FROM FAMILIES

1. Weekly Family Therapy Sessions

- Video or phone (depending on phase of treatment)
- 45-60 minutes
- With licensed family therapist
- All immediate family encouraged to attend

2. Family Weekend (Week 4-6)

- On-campus intensive
- Friday evening through Sunday
- Structured family therapy
- Parent education workshops
- Recreation together

- Worship together

3. Regular Communication

- Weekly progress updates from clinical team
- Response to emails/calls when needed
- Participation in discharge planning

4. Aftercare Commitment

- Continued family therapy at home (if recommended)
- Accountability structure
- Support for outpatient treatment
- Connection to home church

WHAT FAMILIES LEARN

Parent Education Topics:

- Understanding Cannabis-Induced Psychosis
- Brain development and marijuana
- How to talk to your child about mental health
- Setting healthy boundaries
- Enabling vs. supporting
- Relapse warning signs
- How to respond to crisis
- Self-care for parents

Family Therapy Topics:

- Communication patterns
- Conflict resolution
- Roles and boundaries
- Healing relational wounds
- Forgiveness and trust
- Co-dependency
- Family-of-origin issues
- Creating healthy home environment

WHAT IF OUR FAMILY IS BROKEN?

Divorce? Estrangement? Dysfunction? We work with it all.

Common scenarios:

- Parents are divorced
- One parent supportive, one resistant
- Sibling resentment
- Grandparents raising patient
- Guardianship situations
- Complex family trauma

Our approach:

- We meet you where you are
- We work with whoever is involved
- We address dysfunction directly but compassionately

- We help set realistic expectations
- We focus on what CAN heal

The goal isn't a perfect family. The goal is a healthier family.

FOR PARENTS: COMMON FEARS

"Is this our fault?"

No. You didn't cause your child's CIP. But family dynamics may have contributed to their vulnerability or use.

The question isn't "whose fault?" The question is "what do we do now?"

"Will they ever forgive us?"

Healing takes time. Family therapy creates space for honest conversations, processing hurt, and rebuilding trust.

Many families experience deeper, more authentic relationships after treatment than before.

"What if we can't afford it?"

We work with you. Insurance, payment plans, scholarships. We've never turned away a committed family.

"What if they won't stay?"

We build trust and engagement. Most patients who initially resist end up grateful.

"What if it doesn't work?"

No guarantees. But CIP is one of the most treatable conditions we see—when treated properly.

The real risk is NOT trying.



SECTION 7: INSURANCE & INVESTMENT

UNDERSTANDING THE FINANCIAL SIDE

THE REAL COST OF NOT TREATING CIP

Before we talk about what treatment costs, consider what NOT treating costs:

Financial costs:

- Ongoing outpatient therapy: \$150-300/session x 52 weeks = \$7,800-15,600/year
- Psychiatric appointments: \$200-400 x 12 = \$2,400-4,800/year
- Medications: \$100-500/month = \$1,200-6,000/year
- Emergency room visits: \$1,000-5,000 per visit
- Psychiatric hospitalizations: \$1,000-2,000/day
- Lost productivity (can't work/function)
- Supporting adult child indefinitely

Personal costs:

- Watching your child's life slip away
- Living in fear of the next crisis
- Marriage stress
- Impact on siblings
- Your own mental health suffering
- Years lost to "what if?"

Potential cost:

- Progression to schizophrenia (lifetime condition)
- Disability
- Incarceration
- Homelessness
- Suicide

The question isn't "Can we afford treatment?" The question is "Can we afford NOT to?"

SANCTUARY'S INVESTMENT

60-Day Program: Approximately \$60,000-75,000

90-Day Program: Approximately \$85,000-105,000

What's included:

- All meals and housing
- 24/7 medical monitoring
- Psychiatric care
- Individual therapy (3x/week)
- Group therapy (daily)
- Family therapy (weekly)
- Neurofeedback (20-30 sessions)
- Brain mapping
- All medications
- Recreational therapy
- Pastoral care

- Educational groups
- Life skills training
- Discharge planning
- 12 months aftercare support

What's NOT included:

- Personal items
- Travel to/from facility
- Outside medical appointments (if needed)

INSURANCE COVERAGE

We are in-network with most major insurance plans including:

- Blue Cross Blue Shield
- Cigna
- Aetna
- United Healthcare
- Tricare
- And many others

Typical coverage:

- Insurance may cover 50-80% of treatment costs
- Out-of-pocket: \$10,000-40,000 (depending on plan)
- Deductibles, co-insurance, out-of-pocket maximums apply

We verify benefits before admission:

- **Call us: (850) 828-0440**
- We'll contact your insurance
- Provide you a benefits breakdown
- Explain your expected out-of-pocket cost
- Answer all financial questions

PAYMENT OPTIONS

For out-of-pocket costs, we offer:

1. Payment Plans

- Pay over time
- Flexible terms
- No interest in many cases

2. Medical Financing

- Third-party financing companies
- Loan options for medical expenses
- Various term lengths

3. Scholarships

- Limited need-based scholarships available
- Application process
- Typically cover 10-25% of costs

4. Creative Solutions

- Family loans
- Church fundraising
- Retirement account withdrawals (penalty-free for medical)
- Home equity loans
- Personal fundraising (GoFundMe, etc.)

We work with you. If you're committed, we'll find a way.

IS IT WORTH IT?

What families say:

"We spent \$50,000. But we got our son back. We'd have spent ten times that if we had to."

"Our insurance covered most of it. The out-of-pocket was less than we'd spent on years of failed treatment."

"We took out a home equity loan. Best investment we ever made."

"Sanctuary was expensive. Schizophrenia would have cost us everything."

The value of Sanctuary isn't just treatment. It's:

- Your child's future
- Your family's peace
- Your child's potential realized
- Relationships restored
- Hope recovered

Can you put a price on that?



SECTION 8: THE ADMISSIONS PROCESS

HOW TO GET YOUR SON OR DAUGHTER TO SANCTUARY

STEP 1: INITIAL CALL (850) 828-0440

When you call, we'll:

- Listen to your son or daughter's story
- Ask clarifying questions
- Determine if Sanctuary is the right fit
- Explain our program
- Answer your questions
- Verify insurance benefits
- Discuss next steps

What we need to know:

- Current symptoms
- Substance use history
- Previous treatment attempts
- Current medications
- Medical history
- Family situation
- Level of urgency

This call typically takes 30-60 minutes.

It's free. Confidential. No obligation.

STEP 2: PRE-ADMISSION ASSESSMENT

If Sanctuary seems like a fit, we'll:

- Send you intake paperwork
- Request medical records
- Schedule pre-admission call with clinical team
- Finalize insurance verification
- Provide admission date options

Timeline: Usually 2-7 days

Crisis situations: Can expedite to 24-48 hours

STEP 3: TRANSPORTATION

Getting your child to Sanctuary:

Option 1: Family Transport

- Most common
- You drive or fly with your son or daughter to Florida
- We're located in Monticello, FL (30 min from Tallahassee airport)

Option 2: Professional Transport

- For resistant or high-risk patients
- Licensed transport companies
- Safe, non-confrontational
- Additional cost (\$2,000-5,000 depending on distance)
- We can arrange this

Option 3: Intervention Specialist

- For patients in denial or refusing treatment
- Professional interventionist works with family
- Guided conversation
- Higher success rate
- We can connect you with specialists

STEP 4: ADMISSION DAY

What happens:

Arrival (Usually 10am-2pm)

- You and your son or daughter meet admissions team
- Final medical evaluation
- Psychiatric assessment
- Tour of facility
- Settling into room

Family Meeting (1-2 hours)

- Review treatment plan
- Set goals
- Answer questions
- Discuss communication protocol
- Say temporary goodbye

First 24 Hours

- Medical monitoring
- Getting acclimated
- Meeting other patients
- Introduction to daily schedule
- First therapy session

COMMON ADMISSION SCENARIOS

Scenario 1: Voluntary & Cooperative

"I know I need help. I'm scared but willing."

Process:

- Smooth admission
- Patient engages quickly
- Family can relax knowing they're safe
- Treatment begins immediately

Scenario 2: Ambivalent

"I'll go, but I don't think I need it."

Process:

- Patient may be resistant initially
- Staff builds trust and engagement

- Most become cooperative within 1-2 weeks
- Treatment effectiveness increases as insight develops

Scenario 3: Resistant/Forced

"I'm not going. You can't make me."

Process:

- May require intervention or professional transport
- Safety protocols in place
- Staff experienced with resistance
- Focus on building trust from day one
- Most patients grateful within a month

Note: For adults (18+), they must consent to treatment OR be under guardianship. We can guide you through guardianship process if needed.

Scenario 4: Crisis Admission

"We need help NOW. It's an emergency."

Process:

- We can admit within 24-48 hours if beds available
- Call immediately: (850) 828-0440
- We expedite paperwork and insurance
- If currently in psychiatric hospital, we can transfer directly
- Transportation can be arranged quickly

WHAT IF THEY WANT TO LEAVE EARLY?

For adults (18+):

Patients can technically leave AMA (Against Medical Advice) unless under guardianship.

However:

- We work hard to build trust and engagement
- We involve family in encouraging them to stay
- We help them see the value in completing treatment
- Most who want to leave early change their mind after talking it through

For minors or those under guardianship:

Parents/guardians determine length of stay.

WHAT IF MY SON OR DAUGHTER HAS CO-OCCURRING CONDITIONS?

We treat co-occurring conditions including:

- Depression
- Anxiety
- ADHD
- Trauma/PTSD
- Bipolar disorder
- OCD
- Eating disorders (mild-moderate)

We CANNOT treat:

- Active violent behavior
- Severe eating disorders requiring medical hospitalization
- Severe developmental disabilities
- Dementia/cognitive decline

If you're unsure if your child is a fit, call us. We'll tell you honestly.



SECTION 9: OUTCOMES & SUCCESS STORIES

WHAT RESULTS LOOK LIKE

SANCTUARY'S OUTCOMES FOR CIP

Among patients who complete 60-90 day treatment:

Symptom Resolution:

- 85% report complete resolution of psychotic symptoms
- 12% report significant improvement (occasional minor symptoms)
- 3% continue to struggle with persistent symptoms

Abstinence Rates:

- At 6 months: 78% completely abstinent from marijuana
- At 12 months: 68% completely abstinent
- At 24 months: 61% completely abstinent

Functional Outcomes at 12 months:

- 71% employed or in school
- 82% living independently or with family (not institutionalized)
- 69% report improved family relationships
- 74% actively involved in church/spiritual community
- 64% participating in ongoing therapy

Quality of Life:

- 88% report significant improvement in quality of life
- 79% report feeling hopeful about future
- 81% would recommend Sanctuary to others

WHY OUR OUTCOMES ARE BETTER

Compared to industry standards:

Traditional 28-day rehab:

- 40-60% relapse within 6 months
- Minimal symptom resolution
- Poor long-term outcomes

Psychiatric hospitalization only:

- 70% readmission within 1 year
- Symptoms return quickly
- Revolving door pattern

Outpatient care only:

- 30-40% completion rate
- Limited symptom improvement
- High dropout rate

Sanctuary's integrated approach:

- 60-90 day duration = adequate time for brain healing
- Simultaneous treatment of addiction + psychosis
- Family involvement = system change
- Christ-centered community = foundation for recovery
- State-of-the-art neuroscience = optimized healing
- 12-month aftercare = continued support

SUCCESS STORY #1: MARK'S STORY

Before Sanctuary:

- Age 23
- 4 years heavy marijuana use (concentrates, daily)
- Experiencing paranoid delusions, hearing voices
- Convinced the government was tracking him
- Dropped out of college
- Living in parents' basement
- No job, no friends, no hope
- Two previous psychiatric hospitalizations (discharged still symptomatic)
- Outpatient therapy unsuccessful

***"I thought my life was over. I couldn't trust anyone.
The voices told me everyone was lying to me!"***

At Sanctuary:

- 90-day program
- First 2 weeks: Detox and stabilization, very paranoid
- Weeks 3-8: Symptoms gradually decreased, engaged in therapy, processed childhood trauma
- Weeks 9-12: Symptom-free, making plans, reconnected with family

After Sanctuary:

- 18 months post-discharge
- Zero marijuana use
- No psychotic symptoms
- Re-enrolled in college
- Working part-time
- Active in church
- Restored relationship with parents

"Sanctuary gave me my life back. I didn't think I'd ever be normal again. Today I'm thriving."

SUCCESS STORY #2: JESSICA'S STORY

Before Sanctuary:

- Age 19
- Started smoking marijuana at 15
- By 18, using high-potency dabs multiple times daily
- Developed severe anxiety, then paranoia
- Visual hallucinations (seeing shadowy figures)
- Convinced her food was poisoned
- Stopped eating, lost 30 pounds
- Parents terrified, didn't know what to do

***"Our daughter was disappearing before our eyes.
We thought we'd lost her forever!"***

— Jessica's mom

At Sanctuary:

- 75-day program
- Initial resistance, didn't think she needed help
- Week 3: First breakthrough in therapy, admitted she was scared
- Week 5: Hallucinations stopped
- Week 8: Began to laugh again
- Family therapy: Healing deep wounds with parents

After Sanctuary:

- 2 years post-discharge
- Abstinent from all substances
- Back in college, straight A's
- Healthy weight
- No symptoms
- Strong faith
- Close relationship with family

"I can't believe how far I've come. I actually have a future now!"

— Jessica

"Sanctuary didn't just save our daughter. They saved our whole family!"

— Jessica's dad

SUCCESS STORY #3: DANIEL'S STORY

Before Sanctuary:

- Age 27
- 10+ years marijuana use
- Diagnosed with "schizophrenia" by multiple psychiatrists
- On antipsychotics for 3 years
- Still experiencing symptoms
- Multiple hospitalizations
- Unable to work
- Isolated, depressed, hopeless

At Sanctuary:

- 90-day program
- Brain mapping revealed trauma signatures
- Comprehensive assessment: Re-diagnosed as CIP, not schizophrenia
- EMDR for childhood trauma
- Neurofeedback for brain healing
- Gradual medication taper (under psychiatric supervision)

After Sanctuary:

- 14 months post-discharge
- Off all antipsychotics
- No psychotic symptoms
- Working full-time as graphic designer

- Engaged to be married
- Leads worship at his church

***"I was told I'd never work again, never have a normal life.
Sanctuary proved them wrong!"***

A NOTE ON "SUCCESS"

Not everyone's outcome is perfect.

Some patients:

- Relapse and need to return to treatment
- Continue to struggle with symptoms
- Don't follow through with aftercare
- Experience setbacks

But here's what's true:

1. Early intervention = dramatically better outcomes

2. Completion of full program = higher success rates

3. Family involvement = better long-term results

4. Ongoing support = reduced relapse risk

And this: Every single family who completes treatment at Sanctuary leaves with:

- Understanding of CIP
- Tools for managing it

- Support system in place
- Hope for the future
- Relationship with Jesus
- Even if the path isn't linear, they're not alone.



SECTION 10: FREQUENTLY ASKED QUESTIONS

YOUR QUESTIONS ANSWERED

Q: How do I know if my son or daughter has Cannabis-Induced Psychosis vs. schizophrenia?

A: This requires proper diagnostic evaluation, but here are key differences:

Cannabis-Induced Psychosis (CIP):

- Onset clearly related to marijuana use
- Symptoms began during or shortly after period of heavy use
- Symptoms improve with abstinence (may take weeks-months)
- May have used high-potency products (dabs, concentrates, edibles)
- Younger age of use (teens/early 20s)

Schizophrenia:

- Onset usually independent of substance use
- Symptoms persist even with prolonged abstinence
- Often genetic/family history component
- Negative symptoms prominent (flat affect, social withdrawal)
- Progressive decline in functioning

THE KEY: Abstinence plus time. If symptoms don't significantly improve after 6-12 months of complete abstinence, it may be schizophrenia.

At Sanctuary, we do comprehensive diagnostic assessment to determine which diagnosis fits.

Q: What if my son or daughter has been diagnosed with schizophrenia but we think it's CIP?

A: Call us.

Many young adults are misdiagnosed with schizophrenia when it's actually CIP. This happens because:

- They're using marijuana while symptomatic (can't tell what's substance-induced)
- Not enough time abstinent to assess
- Family history is overweighted in diagnosis
- Psychiatrists assume permanent condition

We've seen this dozens of times.

Our assessment will determine:

- Is this true schizophrenia?
- Is this CIP misdiagnosed as schizophrenia?
- Is this both? (possible)

Either way, we can treat it.

Q: Can you treat my son or daughter if they refuse to go?

A: It depends.

If your child is 18+:

- They must consent to treatment OR
- You must have legal guardianship

If your child is under 18:

- Parents can place them in treatment
- We're experienced with resistant teens

For resistant adults:

- We recommend professional intervention
- We can connect you with interventionists
- Professional transport may be needed
- We can guide you through guardianship process if necessary

Call us. We'll help you navigate this.

Q: What if my son or daughter wants to leave early?

A: For adults (18+) not under guardianship:

They can technically leave AMA (Against Medical Advice).

However:

- We work hard to build trust and engagement
- We involve family in encouraging them to stay
- We help them see the value in completing treatment
- Most who want to leave early change their mind after talking it through

For minors or those under guardianship, parents/guardians determine length of stay.

Q: Can we visit?

A: Yes, with limitations:

First 2 weeks: Phone calls only (patient needs to focus on stabilizing)

Weeks 3+: Weekly phone/video calls

Family Weekend (week 4-6): In-person visit

Week 8+: Additional visits may be appropriate

This structure protects the therapeutic environment and allows patient to focus on healing.

Q: What if my son or daughter has co-occurring conditions (depression, anxiety, ADHD, trauma)?

A: We treat co-occurring conditions. In fact, most CIP patients have underlying:

- Depression
- Anxiety
- ADHD
- Trauma/PTSD

Our integrated approach addresses all of it simultaneously.

Q: Will my son or daughter be on medication forever?

A: Not necessarily. For true CIP:

- Medication may be used short-term (weeks to months)
- Purpose: stabilize symptoms while brain heals

- Many patients taper off medication after treatment
- Some need ongoing medication for co-occurring conditions

This is determined individually with the psychiatrist.

Q: What if my son or daughter uses marijuana again after treatment?

A: Relapse is a risk for any addiction. If it happens:

First use doesn't mean failure. We equip patients with:

- Relapse prevention skills
- Support network
- Accountability structure
- Plan for what to do if relapse occurs

Our aftercare team stays involved for 12 months post-discharge.

However: For someone with CIP, marijuana use puts them at very high risk for psychotic symptoms returning. Ongoing abstinence is critical.

Q: Is this a lockdown facility?

A: No. This is a residential treatment center, not a locked psychiatric hospital.

Safety measures:

- Staff on-site 24/7
- Grounds are monitored
- Patients can't leave campus without permission
- No cell phones (reduces temptation to arrange substance use)

But it's therapeutic, not punitive. The environment is:

- Comfortable and home-like
- Structured but not rigid
- Supportive and safe

Q: What's the difference between Sanctuary and [other Christian program]?

A: Most "Christian programs" are:

- Faith-based addiction treatment (not psychiatric)
- OR psychiatric care with optional chapel
- Standard 28-30 day timeline
- General dual-diagnosis (not CIP-specific)

Sanctuary is:

- Specialized in CIP specifically
- Licensed clinical psychiatric facility
- True integration of clinical + faith (not add-on)
- 60-90 day minimum (adequate time for brain healing)
- Staff lives on campus (Acts 2 community)
- State-of-the-art neuroscience

We're not just Christian-friendly. We're Christ-centered clinical excellence.

Q: What if insurance doesn't cover it all?

A: We work with you. Options include:

- Payment plans
- Financing
- Scholarships (limited, need-based)
- Creative solutions (family loans, fundraising)

We've never turned away a family who was committed to making it work.

Call us. Let's figure it out together: (850) 828-0440

Q: What happens after discharge?

A: Comprehensive aftercare including:

First 90 days:

- Weekly video check-ins with therapist
- Connection to local resources (therapy, psychiatrist, support groups)
- Connection to home church
- Family involvement continues
- 24/7 crisis support

Months 3-12:

- Monthly check-ins
- Ongoing support as needed
- Alumni group participation
- Continued access to clinical team

Ongoing:

- Alumni community (lifelong)
- Annual alumni weekend
- Always welcome to reach out

We don't say goodbye at discharge. We stay connected.



SECTION 10: TAKE THE NEXT STEP

THREE WAYS TO MOVE FORWARD

OPTION 1: ASK THE SPECIALIST

Not ready to commit but have questions?

Join our free live Q&A every Wednesday at 11am ET.

Get your specific questions answered:

- "Is Sanctuary right for my son or daughter?"
- "What if they refuse to go?"
- "How do I talk to them about this?"
- "What does a typical day look like?"
- "How do I know if they're ready for discharge?"

Register: SanctuaryClinics.com/ask-specialist

OPTION 2: SCHEDULE A CONSULTATION

Ready to discuss your son or daughter's specific situation?

Call: (850) 828-0440

We'll:

- Review your son or daughter's history
- Answer all your questions
- Explain the admissions process
- Verify insurance coverage
- Create a plan

Free. Confidential. No obligation.

OPTION 3: BEGIN ADMISSION PROCESS

Ready to move forward now?

Call: (850) 828-0440 and say:

"I'm ready to start the admission process for my child."

We can often admit within 24-48 hours if needed.

THE CHOICE IS YOURS

You have three options:

1. Do Nothing

- Hope it gets better on its own
- Risk progression to schizophrenia
- Watch your child's potential slip away
- Live with "what if?" forever

2. Try Something Else First

- Standard rehab (likely won't work for CIP)
- Outpatient therapy (not intensive enough)
- Wait and see (window is closing)
- Repeat what hasn't worked

3. Get Specialized Treatment at Sanctuary

- Integrated care designed for CIP

- Adequate time for brain healing
- Christ-centered community
- Clinical excellence
- Real outcomes
- Your child's future restored

TIME IS THE VARIABLE YOU CAN'T GET BACK

Remember:

- 50% of untreated CIP cases progress to schizophrenia
- Window for optimal intervention: 6-12 months
- Early treatment = dramatically better outcomes
- Every week matters

The families who regret Sanctuary are the ones who waited too long.

Don't be one of them.

FINAL WORD FROM DAVID HOSKINS

"I've dedicated my life to treating Cannabis-Induced Psychosis because I've seen what's possible when families get the right diagnosis and the right treatment in time.

I've watched hundreds of young adults walk through our doors in crisis—hallucinating, paranoid, barely functioning—and walk out 90 days later clear-headed, hopeful, and equipped for life.

I've seen families on the brink of collapse find healing together.

I've seen faith restored, relationships reconciled, and futures reclaimed.

This is what we do. This is why Sanctuary exists.

Your child's story doesn't have to end with 'schizophrenia'!

Cannabis-Induced Psychosis is often reversible when you get the right care in time.

The window is open. But it won't stay open forever.

Let us help you."

— David Hoskins, Founder, Sanctuary Clinics

YOUR CHILD'S FUTURE DOESN'T HAVE TO BE DEFINED BY THIS CRISIS

Cannabis-Induced Psychosis is often reversible.
But you have to act now.



SANCTUARY CLINICS

**Specialists in Cannabis-
Induced Psychosis**

(850) 828-0440

SanctuaryClinics.com

**984 Boston Highway
Monticello, FL 32344**

FREE Q&A

Ask The Specialist

Every Wednesday • 11am ET

Register:

SanctuaryClinics.com/ask-specialist

FREE CONSULTATION

Call anytime: (850) 828-0440

COMPLETE VIDEO SERIES

Get all 5 videos: SanctuaryClinics.com/cip-videos

TESTIMONIALS

"Sanctuary gave us our son back."

"I thought my life was over. Today I'm thriving."

"Best decision we ever made."

**THE WINDOW IS 6-12 MONTHS
DON'T WAIT**

CALL TODAY