Helping Families Cope with Substance Dependence

The negative consequences associated with alcohol and drug dependence are well documented; however, less attention is given to the consequences that are experienced by the family members and friends of substance abusing individuals. Without proper coping mechanisms, the stress of caring for a loved one who is struggling with addiction can result in chronic medical and psychological health problems, significant financial burden, and an overall reduction in quality of life.^{1, 2, 3} Thankfully, a number of resources and care models have emerged to empower family members affected by substance dependence, offering strategies that allow these family members to better care for themselves, and, as a result, better support their loved ones.

Emphasizing Healthy Coping Over Labeling and Blame

Historically, researchers and practitioners have sometimes treated those who loved or supported substance abusing individuals insensitively, which has turned many people away from seeking the help they need. Women supporting individuals with alcohol or drug use disorders have been unfairly generalized as suffering from codependency, accused of enabling addiction behavior, and/or assumed to have a history filled with neglect or abuse.⁴ Male supporters are less often assumed to be codependent, but their unique struggles have been largely ignored in the literature.⁴ Social tendencies toward blaming parents of substance abusing children have led to recurring themes of isolation and stigma among mothers, fathers and grandparents of adolescents and adults who have substance dependence issues.⁵ While it is not to say that psychopathology is nonexistent among families affected by substance dependence, the vastness and diversity of families affected have shown that many people do not meet preconceived stereotypes (it is estimated that 90-100 million adult family members are impacted by substance use disorders worldwide3).^{1, 4} This awareness has led to a call for therapeutic and supportive interventions that do not focus on trying to pathologize (or diagnose) family and friends of substance abusing individuals but instead offer healthy coping strategies for anyone dealing with



the stress and grief that accompany addiction. As a result, today's families have multiple options for compassionate support services that rely upon evidence-based strategies for motivation and education.

Support Resources for Families

Families have access to a wide array of support services to learn coping strategies for the stress of caring for a substance-abusing person, as well sharing and communicating with others who are going through similar experiences. Perhaps one of the simplest and most cost-effective strategies is attending community-based support groups (sometimes called "mutual aid") specifically geared toward friends and family members of people suffering from addiction. Twelve Step support groups such as Al-Anon, Nar-Anon, and Adult Children of Alcoholics (ACoA) are open at no cost to anyone who wishes to attend. Meeting locations and times can easily be found on each organization's website (see "Questions and Controversies" section), and instructions are provided to anyone who wishes to start a new group in an underserved area.^{7,8} Special support groups are available for teenagers who have been impacted by someone else's substance dependence, and these programs often include online meetings and chat options, in addition to traditional in-person meetings.9

For family members who wish to work with a professional counselor or a primary care physician in



a one-on-one setting, a number of intervention models that focus on educational strategies for healthy coping have been specifically developed for people with loved ones who are chemically dependent. There are three main foci of family member treatment interventions:

- Programs that aim to help substance abusing individuals by working directly with their loved ones (e.g. Pressures to Change and Community Reinforcement and Family Training),
- (2) Programs that combine family members and substance abusing individuals in joint therapy sessions (e.g. Behavioral Couples Therapy and Social Behavior and Network Therapy), and
- (3) Programs that offer therapeutic assistance solely to loved ones who have been directly affected by addiction (e.g. Behavioral Exchange Systems Training).¹⁰ Modern therapeutic interventions specifically for family members are based on the stress-strain-coping-support model, which assists family members with healthy coping strategies, rather than focusing on the diagnosis and/or treatment of any psychological disorders that may be present among loved ones affected by another person's chemical dependence.¹

Even if time or financial resources are scarce, brief interventions can be extremely helpful; research has found that families who participate in even brief, one-session interventions with a professional counselor or trained primary care physician can experience significantly lower stress.¹⁰

Summary

Friends and family members of substance abusing individuals often experience significant stress related to the addictions of their loved ones. Whether by participating in community groups with others affected by addiction, by attending one-on-one therapeutic sessions to learn healthy coping strategies, or by a combination of both, many friends and family members can reduce their stress and improve their daily lives.

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The Hazelden Betty Ford Foundation, a national nonprofit organization founded in 1949, is a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs.

Avera's mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. If you think you may have problems paying part of your bill, contact your local business office or billing staff. We can discuss payment options that may be available to you.

Family Recovery

Regardless of the choices the young person makes, parents, siblings and other family members have their own recovery. Step One for family members is, "We admitted that we were powerless over our child's (sister's/brother's) disease and behaviors, and our attempts to control it made our lives unmanageable."

Stick with the facts

Be supportive instead of rejecting; curious instead

of judgmental. Approach conversations with the spirit of wanting to understand their thoughts, feelings or decisions, rather than assuming they're making poor choices, they're not working their recovery, etc. Approaching them with this stance is less threatening and more likely to promote communication, rather than causing them to feel defensive and blamed, which shuts down communication. It also sends the message that you believe they are capable of working their own recovery and running their own lives.

Imagine what would happen if you treated the person in recovery as an esteemed colleague. People tend to respond positively to respect. (If you treat someone like a 3-year-old brat, they may act like a 3-year-old brat, i.e., self-fulfilling prophesy.)

Let crises happen

Example 1. If you are asking me for an answer right now, it is "no." If you give me some time to think about it, it is "maybe."

Example 2. Karen's example of coming home after work, teenager rushes in and asks for \$50 right now to attend concert with friends. Karen considers running all over to accomplish this, but then realizes that this "crisis" does not have to be her crisis.

Be consistent. Once boundaries and rules are established for the young person, make sure to follow through with consequences. If a curfew is set for 11 p.m., and the consequence of breaking the curfew is that the young person doesn't go out for a week afterward and curfew is set at 10:30 p.m. thereafter follow through! Mean what you say and say what you will do.



Stay focused. Example: the young person in recovery comes home one hour late for curfew; how would they divert your attention away from their being late? "But I was IN the driveway, and this is technically part of our home. And Mary was late last week, and you didn't do anything — that's not fair!!" Your response could be simply re-stating your purpose: "I'm sorry, Johnny — this conversation is about you, you're late, and these are the consequences."

Live in the present. There is endless opportunity to mull over the past and worry about the worst possible scenarios in the future and nobody can stop you from doing that. Meanwhile, you lose the now which is all we will ever have.

Promoting good communication

Instead of giving silent treatment or slamming doors, consider using words to describe your feelings. Be accountable for how you feel, think and act by using "I" language. We call this the "Assertiveness Formula."

EXAMPLES:

"I feel scared when you hang out with friends who use drugs because it is a relapse risk. I want you to have sober friends."

"I feel frustrated when you don't take the garbage out because it was our agreement. I want you to be responsible and follow the agreement."

Hard Data and Tough Love

Drug testing in early recovery can help to foster lasting change for young people.

For adolescents and young adults returning home after addiction treatment, drug testing can be an effective tool in preventing relapse and promoting lifelong recovery. The greatest risk of relapse occurs during the first weeks and months following treatment. Drug testing, especially within that high-risk period, can help parents and young people keep the facts on the table, the lines of communication open, and the process of recovery moving forward.

Experts at the Hazelden Betty Ford Foundation specialize in the prevention, assessment and treatment of addiction and co-occurring disorders among adolescents and young adults ages 12–25. Jennifer Stowe, MA, a recovery coach with Hazelden's Connection program, provides counsel and support for young people new to recovery and their families. Drug testing is one of the recovery accountability and support resources Stowe sometimes recommends to the families she coaches.

Where truth meets consequence.

Drug testing provides parents with indisputable, black-and-white data about their son's or daughter's use. But it's what parents do with that information that matters. "Drug testing in isolation isn't going to be impactful. It needs to be tied to consequences," Stowe explains. In other words, what are parents



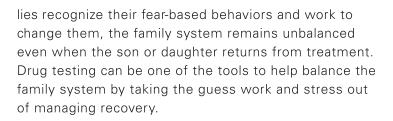
prepared to do with the information they gather? While setting specific boundaries and consequences is a matter for each family to determine in its own way, follow-through from parents is a must, says Stowe. Parents need to be emotionally prepared to carry out established consequences and to back each other up as a united front against addiction. "If parents don't use that information to enforce consequences and advance change, all they've done is collect data," says Stowe.

Catching trouble early on.

Like other chronic diseases such as diabetes, asthma and hypertension, addiction to alcohol and other drugs often involves cycles of relapse and remission. With addiction, many of the thought and behavior patterns that lead to relapse can be difficult to detect — denial, dishonesty, isolation, rationalizing. As part of a relapse prevention plan, drug testing provides parents with a clear signal of trouble so a young person's slip doesn't have to evolve into full-blown relapse before it's recognized. According to Stowe, "Monitoring and accountability initiatives combined with therapy and participation in recovery support groups and activities are important components of a family's recovery plan."

Help to balance family roles.

Addiction throws families off balance and into crisis mode. Family members typically carry the burden of addiction by developing unhealthy survival skills to cope with the stress — the parent who needs to control others, the sibling who needs to be perfect, and the spouse who hangs onto anger and resentment. For parents, addiction can have a polarizing effect as one parent unwittingly assumes the role of "protector" — making excuses, caretaking or softening consequences — and the other assumes the role of "persecutor" blaming, denying or overreacting. "Parents don't realize how they've been triangulated by addiction," says Stowe. With addiction, everyone in the family needs help and support, not just the recovering addict. Unless fami-



Ripple effect of recovery.

So while drug testing is one tool, the family has to make other changes to manage their own recovery. A common slogan in recovery circles is "one day at a time." This wisdom applies to family members as much as recovering addicts. Addiction doesn't happen overnight, and neither does recovery. Healing from addiction — for the addict and the family — involves thinking differently. Reacting differently. Behaving differently. Living differently. "Families are in pain and shock. They don't know where or how to start to make things better," says Stowe. She often advises parents to focus on changing one behavior at a time. For example, a parent might decide to work on her communication skills by choosing to step away rather than react impulsively when a conversation becomes emotionally charged. In changing that one pattern of behavior, the parent models self-care, self-awareness, respect and clear communication. One small change can create a ripple effect of hope and healing for the entire family.

United against addiction. Hundreds of young people find freedom from addiction every year through Hazelden Betty Ford Foundation's programs for adolescents and young adults, and parents often serve as powerful change agents in that process. But reaching out for help isn't easy for families, and the path to healing isn't always clear. That's why the Hazelden Betty Ford Foundation provides extensive help and support for parents and other family members. Learn more today by visiting HazeldenBettyFord.org/Youth or by calling 855-348-7032.



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