

Achieving Recovery from Alcohol and other Drugs: Information for Families, Partners and Friends

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Introduction

This handout provides information for friends and family members of an individual in an addiction treatment program. Even though your loved-one's life will be changing as a result of not using drugs and alcohol, it may take time for other people in the individual's life to notice the changes. Many times, people with substance use problems have treated their loved ones poorly and have lied about their substance use while they are in the middle of their addiction. Family and friends may not realize that their loved one is beginning to change. Part of the recovery process is developing a support system that can help individuals through the challenging task of moving beyond alcohol and drugs. Family, friends and partners will play a critical role in helping your loved one achieve long-lasting recovery from alcohol and other drugs. This chapter provides information for families and friends on how they can help.

The first point for a family member, partner or friend to know is that you can make a difference in helping your loved one recover from alcohol or drugs. Regardless of how long your loved one has been abusing alcohol and other drugs, you can help the individual achieve long-lasting recovery.

Information on Addiction, Treatment and Recovery

Before learning how you can help your loved one through the recovery process, it may help if you read the following points about addiction, addiction treatment, and the recovery process.

- Alcohol and other drugs, such as cocaine, heroin, marijuana and crystal-meth (also known as methamphetamine) provide individuals with rewarding feelings and experiences. Individuals learn quickly that alcohol and drugs can provide immediate rewards. Relapse usually occurs because individuals remember and desire the rewarding aspects of alcohol and other drugs, even when they will experience harsh consequences for the relapse.
- Research from neuroimaging studies has shown that the human brain is permanently altered by extensive use of alcohol and other drugs, particularly from illicit drugs such as cocaine, heroin, and methamphetamine. These changes include an increase in physiological arousal for the drugs, which leads to an increase risk of relapse. In other words, it becomes more and more difficult to avoid drugs after the brain has developed a physiological drive for the drugs. Individuals who started abusing alcohol or others drugs in their teenage years are more vulnerable to these physiological changes to the brain. This is why

individuals who begin their drug addiction patterns earlier in life have a more difficult time achieving recovery.

- People who relapse on alcohol or other drugs can and often do recover from their addiction over time. Relapse is usually not an indication that addiction treatment has failed or even that the person wants to return to abusing alcohol and drugs, but that they have not yet mastered their recovery plan. The goal of treatment is to help individuals acquire more days of abstinence than using alcohol or drugs. Research has shown that individuals can increase their chances of recovery by accumulating more and more days of sobriety, despite experiencing one or more relapses over time. That said, it is important to help the individual return to treatment as soon as a relapse has been identified or reported by the person.
- Smoking cigarettes can increase an individual's risk of relapse during and after treatment. Cigarettes are a common relapse trigger for other drugs that are associated with cigarette smoking, such as alcohol and marijuana. It is now recommended that people quit cigarette smoking at the same time as they learn how to abstain from other drugs. People who quit smoking cigarettes during treatment (or don't smoke at all) have better recovery rates compared to those who continue to smoke cigarettes after treatment. Cigarette smoking can also lower the impact of many medications, including medications used to manage depression, anxiety, or psychotic disorders. Over 50% of all individuals who enter or complete addiction treatment will die from smoking cigarettes, not from alcohol or other drugs (or natural causes).
- Addiction treatment helps individuals develop the skills needed to abstain from alcohol and other drugs. Unfortunately, addiction treatment will not cure your loved one of his or her addiction. Once an individual has developed an addiction to alcohol or other drugs, he or she will always be addicted to these drugs.
- Recovery is an ongoing process, not a destination. Your loved one will always be at risk of relapsing on alcohol or drugs, even if he or she completes treatment. The good news is that individuals can learn to lower their risk of relapse.
- Individuals who complete addiction treatment are more likely to achieve sustainable recovery over time. In other words, addiction treatment can help your loved one achieve long-lasting recovery.
- Alcohol and marijuana are both drugs that can be addicting. Alcohol is still the most commonly abused drug in the United States and is the third

leading killer in the United States (cigarettes & other forms of tobacco and diabetes are the number one and two killers in the United States). Marijuana has many dangerous side effects, including increased risk of cancer (similar to cigarettes, but the risk is higher in marijuana), impairments to thinking and memory, increase risk of paranoia and delusions, and increased risk of depression and anger. More information on marijuana can be reviewed at:

<http://www.drugabuse.gov/PDF/InfoFacts/Marijuana09.pdf>

- Individuals who have an addiction to illicit drugs, such as heroin, cocaine, marijuana or crystal-meth are at higher risk of abusing other drugs, such as alcohol or prescription medications. This is why we recommend that people don't drink alcohol in place of cocaine or other drugs even if the person has not had a problem with alcohol in the past. Prescription drugs can still be used effectively for treating medical or psychiatric conditions, such as for pain or anxiety, but your family member, friend or partner needs to inform his or her doctors about their addiction before proceeding with treatment.
- Individuals in a court-based program are not allowed to drink alcohol, even if they never had or don't think they have a problem with alcohol. Drinking alcohol is a violation of court rules and can lead to a jail sanction or removal from the court-program. In addition, many over-the-counter cold medications contain alcohol, such as NyQuil. Your loved one needs to avoid all medications that contain alcohol (the court will not accept NyQuil as an excuse for testing positive for alcohol).
- Remind your loved one to talk to his or her probation officer about any changes to his or her medications while he or she is in a court-based program (or ordered into treatment by a court). Many prescribed medications can show up on a urine test as a controlled/illicit substance, such as narcotic pain medication (e.g., medication given after surgery or for a seizure disorder), anti-anxiety medications (e.g., tranquilizers), and medications used for attention deficit disorders. It is important to inform the PO of any of these medications in case your loved-one's urine test comes back with a positive result.
- Medications developed for addiction treatment are highly effective at reducing the risk of relapse. Methadone, Buprenorphine and Naltrexone are effective for treating heroin and other forms of addiction to opiates (e.g., narcotic medications are also referred to as opiates). Methadone and Buprenorphine are narcotic medications that require a special license to administer by a doctor, but Naltrexone is a non-narcotic blocker (blocks or lowers the desire for opiates or alcohol) that can be prescribed by any physician. Naltrexone and Acamprosate are effective for treating

alcohol addiction. More information about these medications can be found by using the links below.

Drugs for treating opiate addiction:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.82676>

Naltrexone:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.51510>

Acamprosate:

http://kap.samhsa.gov/products/manuals/advisory/text/0401_acamprosate.htm

Supporting Your Loved-One in Recovery

Family and friends can help a loved one in recovery, but they can also inadvertently maintain the person's addiction. When you are helping a person achieve recovery, you are providing recovery support. When you are helping an individual maintain their addiction, you are enabling them. Below is a description of recovery support and enabling.

Recovery Support

Recovery support is defined as helping an individual live a life without alcohol and illicit drugs. Your loved one can achieve recovery if he or she finds that recovery is more rewarding than alcohol or other drugs. Behaviors and activities associated with recovery support include:

- Asking your loved one what he or she likes to do that does not require drinking or drugging activities, such as taking the kids to the park, playing volleyball, attending church or going to the movies.
- Helping your loved one participate in activities that don't require or promote alcohol or the use of other drugs (e.g., attend activities with the person, provide transportation, or assist in helping the person achieve the activity)
- Talking to your loved one about creating activities that would conflict with drinking or drugging (e.g., have your loved-one attend a family function on a Friday night that does not require drinking; play cards, go fishing/hiking, go to the movies or cook dinner together with your loved one during times when he or she has relapsed in the past)

- Participating in your loved one's treatment planning process. Ask if you can help with the treatment plan or implement recovery-based activities. Help your loved one make a 12-step (e.g., AA) meeting or attend a church service on Sundays. Provide baby-sitting so your loved one can attend an AA meeting or a counseling session.

Enabling-Supporting Alcohol and Drug Use

Family members and friends usually don't intend on supporting their loved one's ongoing use of alcohol and drugs, but some of your behaviors or responses to your loved one could be supporting their addiction or undermining their attempts at recovery. We use the term enabling to describe behaviors that allow a person to continue drinking or drugging. Enabling can occur directly by providing alcohol or other drugs to your loved one or indirectly, by protecting your loved one from the natural consequences of his or her alcohol or drug use.

Enabling can have short-term benefits to a family member or partner because you can avoid conflict or protect your loved one from the consequences of his or her drug use (e.g., legal or economic consequences). The problem is that enabling will lead to ongoing alcohol and drug use. Below is a list of behaviors associated with enabling.

- Providing someone with alcohol or other drugs
- Drinking alcohol or using other drugs around your loved one
- Providing money to someone so that they can purchase alcohol or other drugs
- Purchasing alcohol and drugs for your loved one so he or she will not leave the house looking for drugs
- Lying or making excuses to a probation officer or employer to cover for your loved-one's drug use, such as indicating that your loved one is sick when he or she is actually hung-over or dope-sick
- Taking over your loved one's neglected duties when he or she was drinking or drugging
- Paying for your loved one's bills because he or she used their own money to purchase alcohol and other drugs
- Paying lawyer fees or bailing the person out of jail from an arrest resulting from his or her drug use
- Helping to conceal your loved ones alcohol or drug use/relapse from friends, family members, employers, or court staff
- Asking family members and friends to remain silent about your loved-ones alcohol or drug use patterns
- Avoiding discussing a loved one's alcohol or drug use patterns, even when you know it is a problem

- Minimizing your own pain or hurt that resulted from your loved-ones alcohol or drug use.
- Reassuring your loved one that his or her alcohol or drug use is not a problem, even when you know or feel that his or her drug use is a problem.

Rewarding Recovery and Undermining Alcohol and Drug Use

Enabling can undermine a person's attempt at recovery, but you can help an individual achieve recovery by promoting behaviors that conflict with alcohol and other drugs. The goal is to promote activities and behaviors that can replace drinking and drugging. As noted above, alcohol and other drugs provide individuals with rewarding experiences, such as feeling relaxed, social, comfortable, happy, funny, numb, tranquil, or euphoric. In addition, people use alcohol and other drugs to feel courage or attractive, eliminate feelings of depression or anxiety, forget about being lonely, suppress painful memories, or reduce physical pain. You can help your loved one find other ways of achieving the rewarding feelings that he or she acquires through alcohol and other drugs. In other words, people who are addicted to alcohol and other drugs want to feel the same things that you feel, but they often struggle to feel happy, relaxed or social without alcohol or other drugs. Recovery occurs when an individual can feel love, intimacy, joy and other pleasurable feelings or can manage anxiety, depression, painful memories and other unpleasant feelings through behaviors and activities that don't require alcohol and other drugs.

The goal of treatment as well as your support, therefore, is to help your family member learn how to enjoy life without alcohol or other drugs. The following pages contain strategies and activities you can do with your family member that can promote recovery while avoiding enabling.

Before you review the steps you can take with your loved one, it may help to understand human behavior as it relates to alcohol and other drugs. As humans, we are motivated to pursue rewarding activities and avoid activities and behaviors that lead to unpleasant or punitive experiences.

There are four basic responses to human behavior and include:

- **Positive reinforcement:** the most effective strategy for helping individuals learn new, healthy behaviors is to provide them with a reward after they complete the activity, such as taking your loved one out to his or her favorite restaurant after completing a college course or passing the GED exam. Positive reinforcement is simply giving (or adding) something pleasant to an individual after they complete a positive behavior. Positive reinforcement is used to increase the likelihood that a behavior will occur in the future. Most people who are addicted to alcohol and other drugs

are drawn to the rewarding effects of euphoria or high energy that come from smoking, snorting, drinking or injecting a drug. A person can lower their desire for drugs, for example, if he or she can find other activities that can achieve the same rewarding outcome, such as laughing with friends or feeling relaxed in the evening.

- **Negative reinforcement:** another effective technique for motivating individuals to learn new behaviors is to remove an undesirable outcome after they perform a desirable behavior. Negative reinforcement is taking away something unpleasant (e.g., restrictions) after an individual completes a positive behavior. Court-based programs use negative reinforcement techniques, such as providing individuals with more freedom of mobility if they can abstain from alcohol and other drugs for 90 days or more. Family members can use negative reinforcement to give back desired items to your loved one who lost these items when he or she was drinking or drugging. Examples of negative reinforcement include:
 - Allowing your adult child access to a car after he or she maintains a job for four weeks or completes residential treatment
 - Allowing your loved one more time with family members if he or she can abstain from alcohol or other drugs
 - Allowing your loved one to move back home after he or she completes the treatment phases of the program

The key is to make sure you don't remove the restrictions until your loved one performs a desired behavior that will promote recovery. Individuals who continue to use alcohol to relieve/alleviate symptoms of anxiety or depression are drawn to the negative reinforcement of the drug. Individuals can lower their need for alcohol or marijuana if they can learn other ways of managing anxiety, such as through meditation, lowering intake of sugar and caffeine, talking to friends, getting a back rub, or taking a warm bath at night.

- **Punishment.** Punishment is what people associate with the criminal justice system, such as giving someone a fine for speeding or incarcerating a person for drinking and driving. Punishment is given after a person performs an undesirable behavior. Punishment is used to decrease the likelihood that a behavior will occur in the future. A common punishment technique used by courts is to give individuals one or more days in jail for using alcohol or other drugs. Punishment is effective at decreasing the likelihood of an undesirable behavior reoccurring in the future, but punishment is not effective at helping individuals learn new and rewarding behaviors. Punishment alone will not help an individual achieve recovery. Only rewarding experiences will

help individuals learn new behaviors. Alcohol and drug use can lead to multiple outcomes that can be punitive to individuals. For example, becoming violently ill or paranoid after using heroin can be viewed as punishment. Researchers in the addiction treatment field use the term natural consequences to describe the punitive outcomes of alcohol and drug use that are self-inflicted; i.e., individuals become aware that their own alcohol or drug usage is leading to punishment. An important goal of treatment is to help individuals understand the connection between their drug using behaviors and the natural consequences; i.e., punishment, associated with their drug using behaviors.

- **Other negative consequences:** Other natural or negative consequences occur when you remove a desirable outcome or experience from an individual after they perform an undesirable behavior. Removing a person's drivers' license, instituting a curfew or reducing a person's range of movement are forms of negative punishment used by the courts. Family members frequently use negative punishment in response to a loved one's ongoing alcohol or drug usage. For example, taking away a person's car, reducing access to family members, or asking the person to leave the house are all forms of negative punishment. Natural consequences of alcohol and drug use can include loss of money, employment and loved ones. Again, an important goal of treatment is to help individuals see; i.e., learn, the connection between their alcohol and drug using behaviors and the natural consequences of the behavior, such as loss of wealth, cognitive functioning, self-esteem, health, stable housing, and social support. It is important for family members to allow their loved one to feel the natural consequences of his or her alcohol and drug usage. People are less likely to use alcohol and other drugs if they begin to see that their drug using behavior leads to many natural, negative consequences and fewer rewarding outcomes. Natural consequences are useful in lowering alcohol and drug usage, but they are not useful in helping your loved one learn new behaviors that promote recovery. Again, your primary goal is to help your loved one find rewarding ways of enjoying recovery as well as allowing your loved one to feel the negative consequences of his or her ongoing alcohol and drug usage.

There are two additional aspects of learning that can help you develop an effective recovery plan with your loved one. As humans, we frequently select rewarding behaviors that are close in proximity (i.e., likely to occur immediately) despite the knowledge of a subsequent punishment that may follow the same behavior, particularly if the reward is significantly closer and more predictable than the punishment. This tendency of selecting immediate rewards despite subsequent punishment explains why millions of Americans over-eat and over-spend with credit cards. It also explains why your loved one

may relapse despite the consequences of getting caught, such as being placed in jail. Relapse usually occurs because your loved one needed the rewarding experience that occurs with using alcohol and other drugs. You can help a family member or friend break the cycle by helping the person acquire the rewarding experiences of drinking and drugging through other behaviors, such as learning how to have a fun time without alcohol.

In addition, we learn faster if the outcome occurs close to the behavior. For instance, we are more likely to repeat a behavior if the reward is given immediately after the behavior occurs. Praising your loved one after the person helps out with the household chores is an effective form of learning because the praise is given within seconds or minutes of the behavior. As noted before, one of the reasons that alcohol and other drugs are highly addicting is because the pleasurable reward connected to the behavior of drinking, smoking, intravenous injection, or snorting of the substance occurs rapidly after the behavior. Individuals can feel euphoric within seconds of smoking cocaine or shooting heroin and within minutes of consuming alcohol or marijuana.

The same principle of providing the outcome soon after the behavior occurs holds true for punishment as well. We are less likely to repeat a behavior if the punishment is delivered immediately after the behavior occurs.

It is also important to note that any delay in providing feedback to an individual will decrease the learning potential of the outcome or even undermine learning altogether. For example, praising someone on Wednesday for a household chore that the person completed on Monday will probably not encourage the person to increase the behavior in the future. The same is true for punishment. Any delay in delivering punishment will lower the learning value of the punishment and could inadvertently punish a positive behavior.

Finally, punishments and rewards are administered only once after the behavior occurs. Be careful to not repeat the punishment or reward multiple times for one action. A common problem for individuals in the early phases of recovery is to have family members punish them multiple times for behaviors that occurred in the past. The most common form of punishment delivered by a family member is shaming. Shaming occurs when we define an individual as being less than a person or redefine the individual as their worst behavior. Instead of noting that the behavior was harmful or hurtful, shaming implies that the person is harmful or hurtful by choice; in other words, the person is inherently bad. Examples of shameful statements can include (with non-shaming examples):

- “You are a drug addict who wants to use drugs” as opposed to, “you have an addiction to alcohol and drugs and it is difficult for you to quit”
- “You are a bad mother who chooses drugs over your kids” as opposed to, “your addiction stopped you from being a good mother”

- “You are a prostitute or a whore” as opposed to, “your addiction led you to compromise your body and your principles”.
- “You are a drug dealer” as opposed to, “you sold drugs to support your addiction”
- “You are a liar and a thief” as opposed to, “you lied and stole to support your addiction”

Shaming is often applied repeatedly for one event, such as reminding and shaming a loved one multiple times for stealing money two years ago. Reminding someone multiple times of an event that occurred years ago is a way of delivering multiple punishments for one behavior or one event. Constant shaming of a family member or any form of repeated punishment for past behaviors is not only ineffective in altering behavior, it can undermine recovery because the punishment is being administered while the person is in treatment or when they are not drinking or drugging. In other words, shaming and other forms of punishment are often administered while a person is trying to work on his or her recovery. If you punish individuals while they are working on their recovery, they are more likely to stop the recovery-based activities (for the same reason you will stop an activity that is being punished).

The two rules of learning are simple to follow: 1) reward a desired behavior once and quickly after the behavior occurs and 2) punish the undesirable behavior once and quickly after the behavior occurs. You can use punishment more than once, but only if the behavior reoccurs, but don't punish someone more than once for a single undesirable act.

Below are the strategies that you and your family member, partner or friend can work on together.

Step 1: Take care of yourself first. Before helping your loved one in the recovery process, make sure you are ready and emotionally capable of helping the person. Here are some simple rules for you:

- Love is always unconditional, but your help can be conditional based on your loved one's progress in treatment and recovery. Always remind your loved one that you love the person regardless of his or her substance use patterns, but that your help is conditional and based on the person's ability to stay on the path of recovery.
- It is okay if you don't trust your loved one; the loss of trust is a natural consequence of addiction. Tell your loved one up front what you can and cannot do to help. When talking to your loved one, be sure to use the “I” statement when letting him or her know how you can help. For instance, it is okay to say: “I have limited trust right now for you, but I still love you” or “I want you to recover, but I am hurt and angry right

now”. Avoid blaming your loved one for how you feel, simply tell the person how you feel with the “I” statement. All your feelings are valid, but you can avoid punishing your loved one by simply reminding the person that you are still feeling hurt, scared, angry or distrusting.

- Keep up your support for yourself while you are supporting a loved one in the process of recovery; in others words, don’t go it alone. Ask other family members or friends to help you as well as your loved one.
- If it doesn’t feel right, don’t do it. It is okay to say no to your loved one when you feel distrustful of their actions. Again, be sure to let your loved one know how you feel using the “I” statement, such as: “I feel uncomfortable about this....” or “I’m feeling very anxious about helping you do this...”. When in doubt, ask for help or feedback from family members, friends, or treatment providers.
- Finally, be honest and open with your loved one. Again, tell your loved one everything you can do as well as everything you cannot do or provide. Please feel free to reach out to treatment staff, but be sure that you tell your loved one in advance if you are going to talk to treatment staff. Reassure your loved one and keep the person informed of all your conversations about him or her. It is important that your loved one views you as an advocate for recovery and not for punishment.

Step 2: Ask your loved one what he or she likes about alcohol and other drugs. In order to help a person replace the rewarding aspects of alcohol and other drugs, you need to know what the person likes about alcohol and other drugs. Good questions to ask include:

- When are you most likely to use alcohol or other drugs?
- Where are you mostly likely to use alcohol or other drugs?
- Who are you with when you use alcohol or other drugs?
- What do you like about using alcohol and other drugs?

Step 3: Find out how you can make recovery pleasurable (at least as pleasurable as alcohol or other drugs). Find out what your loved one enjoys doing or would like to try in the future that does not require alcohol or other drugs.

Step 4: Set up a plan that promotes recovery and avoids punishing recovery. A recovery plan is a set of activities that increases the chances of recovery and decreases the risk of relapse. Below are guidelines for setting up a recovery plan with your loved one.

- Be a partner in your loved one’s recovery process. Work with the person on activities that he or she wants to attempt.

- Focus on the present or future, but not the past. Don't ask your loved one to make up for past mistakes; we cannot change the past, but we can change the future. Dwelling on the past usually results in shaming, which is a form of repeated punishment. It is okay to ask for financial repayment from the past, but focus on how the person can pay you back in a productive manner.
- Select recovery-based activities or goals that are measurable. A measurable activity can be observed by you or other members of your family; observed through documentation (e.g., payment of a bill, copy of a college transcript, or certificate of completion for a GED or vocational course); or reported by a staff member or another family member (e.g., John did attend the AA meeting on Friday night)
- Focus on rewarding positive behaviors and select rewards that are valued by your loved one. In other words, ask you loved one what he or she would like as a reward. Remember to provide the reward after a recovery-based behavior or activity has occurred (and not before). For example, you may want to provide your loved one with financial support, which can be helpful. However, to make sure you are rewarding a recovery-based behavior and not enabling addiction, be sure to provide the financial support after your loved one achieves a recovery-based activity. Set up a plan with the person to encourage activities that promote recovery, such as getting back to work, staying in treatment until completion, or participating in drug-free activities with family members.
- Ask your loved one to list all his or her relapse triggers and how you can help the person avoid using alcohol or other drugs when a trigger is observed. You can work with your loved one and a counselor in treatment to develop a list of triggers.
- Avoid messages and indirect statements that can undermine your loved one's recovery. As noted previously, you will likely feel some hesitation, anxiousness, or distrust of your loved one's intentions in the early phases of his or her recovery. This is normal and expected, but be careful that your distrust or concerns don't become translated into subtle messages of failure or despair for the person. Table 1 provides a list of possible negative messages that can undermine your loved one's recovery.

Table 1: Subtle Negative Messages by Family Members

What a family member might say	What the family member means	What your loved one hears
"You're staying clean, aren't you?"	"I am worried about you using drugs again"	"I don't trust you."
" Staying sober is your	"You are in charge of	"I don't want to help

responsibility”	your decisions” “I can’t control your behavior”	you”, “Don’t ask me for help”
“Next time you get into trouble...”	“I have been disappointed before and don’t want to get my hopes up”	“I don’t think you can succeed in recovery.” “I know you will mess up again”
“I have to take care of your children while you are in treatment”	“I will help you in your recovery by taking care of your children while you are in treatment”	“You are a bad parent for using alcohol or drugs and now I have to take care of your children”

It is okay and normal for you to feel frustrated with your loved one or to feel burdened by the person as a result of his or her ongoing addiction. It is also okay to say that you are feeling burdened (honesty of emotions is part of the recovery process). Nonetheless, when communicating to your loved one, simply note your feelings using the “I” statements and remind your family member that you would rather do it this way if he or she can achieve recovery. For example, you can say:

- I’m still very worried about you and your potential for a relapse, but I’m relieved and hopeful now that you are staying in treatment.
- I’m still feeling angry about having to watch your children, but I want you to stay in treatment for you and your children. You are helping your children by staying in treatment.
- I’m too afraid of giving you money right now, but I want to help you look for a job. I do appreciate all your hard work toward recovery.

Keep reminding your loved one that you want the person to stay in treatment and on the path of recovery. It is okay to note that temporarily raising/taking care of your loved one’s children, assisting in rent/housing, or transportation is a burden, but you would rather have this burden than the one of watching your loved one destroy themselves through alcohol or other drug addiction.

If you can’t refrain from saying something negative to your loved one, try and avoid communicating with the person when you are feeling angry or resentful. Again, remember the first rule of providing recovery support, which is to only help as much as you can. If you can’t help or avoid punishing your loved one for past behaviors, it is okay to avoid the person until you are emotionally ready to help in the recovery process.

Step 5: Plan for a relapse as part of the recovery plan. Most individuals will be vulnerable to relapse for many months if not years after they begin the recovery process. Treatment providers will usually help your loved one plan for a relapse through a relapse-prevention plan. In addition, you can help your loved one develop a family-support plan for a relapse. Although we hope your loved one

never experiences a relapse, most individuals will experience one or more relapses after they leave treatment.

- Individuals who enter addiction treatment require, on average, three to four episodes of treatment before achieving full recovery.
- Nearly 70% of individuals who will enter an addiction treatment program this year will have had at least one prior addiction treatment episode.
- Between 50% and 80% of individuals who complete treatment will relapse within 90 days of leaving treatment.
- Most individuals who relapse can quickly return to recovery with continuing care.

Planning for a relapse can include setting up guidelines or rules for your loved one if he or she begins drinking or drugging again (e.g., you cannot come home if you start drinking again, you cannot drive the car, I will not let you borrow money, or you or I will call your counselor for help). Also, establish a series of steps, such as setting up call numbers for a sponsor, counselor, or other individuals who can begin working with your loved one to return to treatment or find other forms of support.

Step 6: Help your loved one access resources that can sustain his or her recovery over time. Research has shown that individuals who voluntarily use self-help programs, such as AA, NA, or faith-based programs are more likely to sustain their recovery over time. In addition, employment is one of the best indicators of success for sustaining recovery; therefore, help your loved return to work during and after treatment.

Recommended Resources for Additional Information

Resources on addiction and treatment

- *Treatment Approaches for Drug Addiction*, which can be reviewed or downloaded at <http://www.nida.nih.gov/PDF/InfoFacts/Treatment08.pdf>
- *Understanding Drug Abuse and Addiction*, which can be reviewed or downloaded at <http://www.nida.nih.gov/PDF/InfoFacts/Understanding08.pdf>

The following three books can be purchased at any book store (or ordered at the bookstore). You can also acquire these publications on line through amazon.com or other online retailers. All three books can also be purchased on the used-book market as well.

- Meyers, R. & Wolf, X. (2003). *Getting Your Loved One Sober: Alternatives nagging, pleading and threatening*. Center City, MN: Hazelden.
- Volpicelli, J. & Szalavitz, M. (2000). *Recovery Options: The Complete Guide: How you and your loved ones can understand and treat alcohol and other drug options*. New York: John Wiley & Sons.

For women attempting to recovery from both addiction and a traumatic experience or Post Traumatic Stress Disorder (PTSD)

- Najavits, L.M. (2002). *A Woman's Addiction Workbook: Your guide to in-depth healing*. New Harbinger Publications.