

10 Effective Tips to Help Your Loved One Seek Treatment for a Substance Use Problem

When an individual is in the throes of struggling with substance problems, chaos becomes a regular part of life for both the individual (also known clinically as the identified patient, or "IP"), and his or her family. As mental health clinicians, we spend a great deal of time working with desperate family members in their journey to help the IP to enter treatment. The families we work with experience a confluence of emotions including sadness, guilt, hopelessness, anger, frustration, and fear. When we first meet with these families it is clear that they have exhausted many of their coping mechanisms and resources to influence the IP in the direction of change. At this point, pleading, threatening, arguing, confronting and avoiding have all been tried with limited success. Unfortunately, and in addition, family members can be struggling with their own mental health issues including anxiety, depression, substance use issues, and trauma in part due to and/or exacerbated by the stress.

Feeling alone, stigmatized, and devastated, families are left with many questions. "How did my loved one get to be like this?" "What could I have done differently?" "Why does he/she continue to hurt themselves and us so recklessly?" "Am I an enabler?" "Should I just cut the person off or administer tough love?" "What is their rock bottom?" While many families are convinced that the IP "doesn't want to change," we regularly point out that although a part of them might desire change, they may not feel they have the skills to do so currently.

In spite of such tragedy, we feel incredibly lucky and privileged as clinicians to work with these inspiring and resilient families because individuals and families can and do change! While good outcomes are attainable over time, it is imperative for families and the IP to recognize that the management of substance use disorders is a process like any other chronic medical condition (e.g., diabetes, hypertension and obesity).

Regrettably, there is an abundance of misinformation available to the general public regarding the treatment of substance use disorders. Reality television shows often portray dramatic and provocative "interventions" that claim to result in radical change. Unfortunately, these types of approaches rarely work and can serve to alienate and shame the individual, often leaving him or her with lower self-esteem, self-hatred and hopelessness. To make matters even more complicated, the person being confronted is often under the influence of a substance leaving them very

fragile, impaired, disinhibited, defensive, and demonstrating poor judgment with an inability to comprehend the nature of the intervention.

In this post, we provide 10 tips that may increase the likelihood of getting your loved one to engage in treatment (or change of any sort!) while keeping you as healthy as possible.

1. Your own self-care is essential.
2. Establish your own personal limits.
3. Avoid terms that carry stigma such as "addict," "enabler" and "co-dependent."
4. Learn to communicate in a nonjudgmental way. Explain to the IP that this struggle is different for everyone, and that there are any number of paths to change that could be helpful.
5. Recognize strengths of the IP. Validate their experience. Acknowledge that their substance use behaviors do not define who they are as a person.
6. Make a commitment to addressing your own issues (seeking your own treatment) with the IP. Own your piece of the struggle.
7. Empathize with the dilemma of ambivalence that the IP faces.
8. Respond effectively to this ambivalence and subsequent reluctance to change from the IP. Understand their point of view. Stay away from threats. Invitation works better.
9. Seek outside consultation from a clinician you trust. Learning how to communicate with the IP in the most optimal way takes time. Learn to control the way you deliver a message.
10. Suggest the first visit to a mental health provider be simply "an initial consult to find out what treatment options exist." The focus of the consult could be managing stress and anxiety and not necessarily addiction per se.

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