



# Family role in recovery

The positive impact of family support  
on recovery from addiction

*"This is getting out of control"*

*"I'm sorry I let you down"*

*"I've got my life back"*

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# Stage of addiction cycle: Denial

A person denies they have a problem with excessive drinking or drug use, ignores any detrimental impact on their own health, blames others for negative impact on their family or circle of friends.

Behaviour can be challenging.

*"Everybody does it"*

*"I can handle it"*

*"It's you that has the problem, not me"*

## Impact on primary carer and families

- Carer tends to feel responsible, frustrated, angry, guilty, helpless and hopeless. These feelings can change from day to day.
- The focus tends to be increasingly on the problem and the carer begins to lose own identity and time for self.
- Many carers feel unable to discuss the issues with others.

## Support

- Confirm that denial of behaviour of the person is a recognised stage in the addiction cycle.
- Reassurance that carer's feelings in response to the denial are normal. Support carer to understand they cannot force the person to change and discuss ways to raise the issue constructively.
- Discuss with carer, what other people in the life of the person have influence or authority to assist moving the person from denial to recognition of their problem.
- Help the carer to recognise the importance of their own wellbeing, to find time for themselves and to manage emotions.
- Discuss coping strategies – what works for carer and members of the family to reduce stress.
- Encouragement to set boundaries and to make small changes that will be helpful to them and may make a difference to the person requiring care.
- Look with carer at the main issues affecting them and how they would like these to change: health, social and economic wellbeing.
- Introduce options for one-to-one and peer group support

## Carer and family contributions to recovery

Improved understanding of the stage of addiction, improved confidence and ability to manage the caring role will make carer more reflective and authoritative in their behaviour and enable them to maximise positive influence on the person with the addiction.

Calmer and more solution-focused behaviour towards the person, clearer establishment of boundaries, consistent messages, less nagging, less collusion are all positive drivers to support the person to recognise their own responsibility to move from self-denial to recognise that they need to acknowledge a problem.

## Stage of addiction cycle: Contemplation

A person begins to recognise that they have a problem and at times considers the need for change. This recognition can lead to emotions like fear and guilt as they begin to see the effect their lifestyle has had on themselves and others around them.

Behaviour remains challenging.

*"This is getting out of control"*

*"I'm tired of living like this"*

*"I need help"*

### Impact on primary carer and families

- Carer tends to feel anxious, hopeful and fearful.
- Carer can grasp at straws, hopes fluctuate as cared for may move back and forward between contemplation and denial. This can be one of the most stressful periods for the carer.
- Disappointment features strongly and carer struggles, may 'let it out' on the person requiring support rather than managing continued reassurance.

### Support

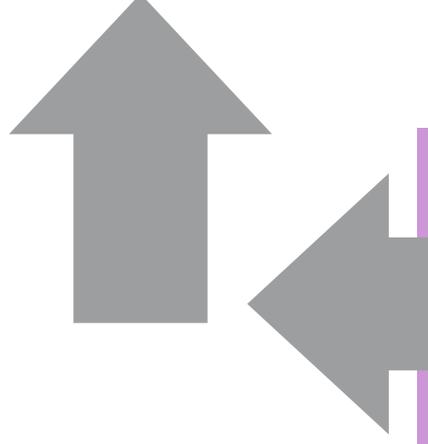
- Strengthen the carer's understanding of this stage of the addiction cycle.
- Discuss again, who in the life of the person with the addiction can help to support this stage. Discuss with carer, what other people in the life of the person have influence or authority to assist moving the person from denial to recognition of their problem.
- Reinforce that the cared for has to take responsibility themselves but carer might use this time to learn of all avenues of support, e.g. signpost to Recovery Hubs etc, to offer support to take action etc.
- Boundaries continue to be important and should not be relaxed just because of slight signs of hope. Importance not to let person 'off the hook' because they talk about good intentions.
- Still very important as is making time for self. Introduce options for one-to-one and peer group support.
- Continue to look at outcomes carers would like to achieve for themselves.

## Carer and family contributions to recovery

Carer's awareness of appropriate support for cared for helps them know where to go for help. Carer can pass on appropriate service information and offer support to attend.

Carer's better understanding of the cycle of addiction means that they are more aware of cared for person's emotions and in a better place to support them emotionally.

# The addiction cycle



## “I feel really bad”

“I’m sorry I let you down”

The person starts using substances again. Old negative and manipulative behaviours set in, coping mechanisms set in and they feel they have failed.

**IMPACT:** Carer feels angry, desperate, like walking away from the situation.

**SUPPORT:** Address both carer and cared for feelings, discuss carers’ options and coping mechanisms, support them to avoid conflict and arguments, reinforce carers wellbeing.

### CARER CONTRIBUTION TO RECOVERY:

Carer recognises support available to them and how cared for is feeling which may reduce relapse time and help move back into recovery process.

**RELAPSE**

## “Everybody does it”

“It’s you that has the problem, not me”

A person denies they have a problem, blames others for negative impact on their family or circle of friends.

**IMPACT:** Carer feels responsible, frustrated, angry, guilty, helpless, hopeless.

**SUPPORT:** Reassure that reaction is normal, discuss coping strategies and carer wellbeing, individual and peer support.

### CARER CONTRIBUTION TO RECOVERY:

Understanding of stage of addiction calmer, more solution-focussed, able to manage caring role and establish boundaries.

**DENIAL**



## “I need help”

“I’m tired of living like this”

A person begins to recognise that they have a problem and considers change. This can lead to emotions like fear and guilt as they see the effect their lifestyle has on themselves and others.

**IMPACT:** Carer feels anxious, hopeful and fearful. Can

**ION**

## RECOVERY



## COMTEMPLAT

be most stressful time for carer.

**SUPPORT:** Understanding the stage of addiction cycle, boundaries, time for self, find out about other support for self and cared for.

### CARER CONTRIBUTION TO RECOVERY:

Better understanding enables carer to support cared for emotionally, pass on appropriate support information and offer support to attend.



## “I feel better”

**“I want to do something with my life”**

The person has achieved the goal they have set and has entered a stable period. Fear lessens as they learn to put in place better routines and healthier coping strategies.

**IMPACT:** Carer feels hopeful but still anxious.

**SUPPORT:** Reassure carer and address their feelings, encourage carer to look at relationship with cared for and how to handle difficult situations that may arise.

### CARER CONTRIBUTION TO RECOVERY:

Recognition of change in family relationships allows re-integration into family life, increasing likelihood of sustained recovery.

## MAINTENANCE

## “I want my life back”

**“I’m going to do this”**

The person moves from thought to action. They start to make positive changes to their life style There will be fear of failure about how they are going to cope without substances they have relied on.

**IMPACT:** Carer feels hopeful but anxious that hopes will be dashed.

**SUPPORT:** Encourage carer to provide support that works for them and cared for, each small step is a success.

### CARER CONTRIBUTION TO RECOVERY:

Carer comfortable with what support they are willing to give; carers understanding of recovery process very beneficial for cared for.

## ACTION



## Stage of addiction cycle: Action

The person moves from thought to action. They start to make positive changes to their life style either on their own or through treatment services. This stage involves both physical and psychological withdrawal symptoms. There will be fear of failure and concern about how they are going to cope without substances they have relied on.

*"I'm going to do this"*

*"I hope it works"*

*"I want my life back"*

### Impact on primary carer and families

- Carer feels hopeful but also very anxious and fearful that their hopes will be dashed. Aware of positive moves towards recovery while at the same time anxious about how to give appropriate support.

### Support

- Encourage carer to provide support as appropriate, making their own decisions about what they are both comfortable with. Help them to think through what will work for them and the cared for in this respect.
- Encourage them to see that recovery is a process and each small step is to be celebrated; where there are slips these can be built into recovery process. If cared for is trying to reduce their usage, ensure carer is aware of withdrawal symptoms.
- Continue to look at outcomes carers would like to see for themselves.

## Carer and family contributions to recovery

Carer will have thought through what support they are willing to give, therefore they will not be resentful about having something imposed on them. This will mean family environment is more calm during crucial phase. Carer's encouragement and understanding of the recovery process can be very beneficial in the process itself.

## Stage of addiction cycle: Maintenance

The person has achieved the goal they have set (controlled use or abstinence) and has entered a more prolonged stable period. Fear lessens as maintenance continues and they learn to put in place better routines and healthier coping strategies. They may participate in mutual aid and recovery groups.

*"I've got my life back"*

*"I feel better"*

*"I want to do something with my life"*

### Impact on primary carer and families

- Carer feels hopeful but still anxious and fearful that their hopes will be dashed. The longer recovery continues the more hopeful carer becomes.

### Support

- Encourage carer to look at their relationship with cared for at this stage and how it might change appropriately.
- Recognise that while cared for moves into recovery this can be the stage where carers own resources flag and they allow themselves to feel emotions they had submerged (e.g. anger, resentment). Work with carer around this – reassurance, allowing them to address feelings in a safe environment.
- Encourage carer to anticipate situations which lead to unhelpful behaviours by the cared for or themselves, discussing how they might avoid these or how to handle differently.

## Carer and family contributions to recovery

Open recognition of change in relationship balance can be very positive at this stage, allowing better re-integration into family life and therefore increasing the likelihood of sustained recovery.

## Stage of addiction cycle: Relapse

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The person starts using substances again. Old negative and manipulative behaviours set in, coping mechanisms set in.

Internally they feel they have failed and are angry and disappointed with themselves. They also feel that having previously achieved their goal or controlled use or abstinence this new denial stage may be shorter than the previous one.

Cared for may go straight back to “denial phase”. They feel disappointed, angry and a failure. They can choose to either try again or continue to use.

*“I’m sorry I let you down”*

*“I feel really bad”*

*“Why?”*

### Impact on primary carer and families

- Carer feels bereft, desperate, angry and hopeless. Carer may feel like walking away from the situation.

### Support

- Allow carer time to share how they feel reassure them that this is normal. Discuss their options at this stage, while encouraging them not to make major decisions while emotions are high. Discuss appropriate coping mechanisms, stressing that conflict and arguments will not improve the situation but will make carer feel worse.
- Address fact that cared for will feel guilty and bad about this; encourage carer to acknowledge this with cared for. Reassurance that relapse can be part of the recovery cycle; cared for can learn from it and move back into recovery.
- Reinforce importance of carer looking after themselves.

## Carer and family contributions to recovery

Carer will have been helped to think through what support is now appropriate for them and will have an understanding of how bad cared for is feeling.

Openness and acknowledgement of shared pain may reduce relapse time and help cared for move back into recovery process, using relapse to build into future recovery process.

## Summary

Traditionally, family care and support did not feature in the discourse on addiction services. It took a long time to acknowledge the impact of addiction on the wider family and friends and to develop services to support them. Today the impact of addiction on families is better understood and they are offered support to meet their own needs. However, too often families are seen only as victims of the addiction cycle (and thus as 'service users').

This paper seeks to identify the positive contribution that some family members are able to make. Although family relationships are complex, relatives can often be an enormous asset as positive and crucial contributors to individual's recovery. To do this they need to be supported to maximise their resilience and, where possible, to be involved as partners in the recovering addicts' care and support.

Carers go through a journey of recovery alongside the addicts for whom they care and we hope to reflect the experience of carers as their family member moves through the stages of the recovery journey. It also describes their needs for support and the contribution which they may be able to make to the progress of the addict him or herself.

Each situation is unique, but from hundreds of carer experiences and reports gathered by VOCAL's Family Support Addiction service, we recognise many shared experiences and common aspirations reported by carers. This paper seeks to contribute to the EADP collaborative's process of reappraising addiction services in Edinburgh: priority should be given to educating and strengthening families' resilience both to meet their needs and to provide care and support to the recovering addict.



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