## Perspective for Parents of Young People in Substance Use Disorder Relapse

## By Peggy L. Ferguson, Ph.D.

It's challenging to navigate the role of a parent when faced with a young person dealing with substance use disorder. Parents often invest considerable time and energy grappling with how to address their child's challenges, only to realize later that substance use disorder is at the root of the issue. Unfortunately, much of the problem-solving process devolves into a tug-of-war over substances, with parents perceiving the substance using loved one as intentionally jeopardizing their life and the well-being of the family.

When a crisis arises, there's an opportunity to guide the young person toward treatment, and parents may prematurely breathe a sigh of relief. Every parent hopes their child will defy the odds, maintaining abstinence from the outset of their recovery efforts. There's an expectation that as the young person refrains from mood-altering substances, they will seamlessly revert to the responsible, respectful, grateful, and loving individual the family once knew.

However, families may not anticipate that the newly sober young person might struggle with the developmental challenges of negotiating dependency versus independence conflicts while forging a new identity in recovery. Parents may be bewildered by hateful displays of anger, finding it hard to comprehend why a "sober" individual would harbor such emotions. There's an implicit expectation that mere abstinence should instantaneously usher in maturity and healthy living skills in their loved ones.

It's easy to be confused about whether you are seeing the signs of impending relapse or emotional immaturity. When a person in recovery

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starts neglecting essential activities like meetings, counseling appointments, exercise, and meditation and trends towards relapse, parents may observe a return to negative attitudes, uncooperativeness, lying, manipulation, and dishonesty. The individual may be on the brink of relapse when they actively seek out old acquaintances involved in substance use, a process that precedes the actual return to substance use.

In response, parents often inadvertently revert back to old behavior, attempting to control their child's behavior and attitudes. Their intense focus on day-to-day control clouds their perception of the warning signs of impending relapse. Denial may lead parents to downplay the severity of the situation, preferring to believe that "it's only alcohol, not meth," preventing them from recognizing the drinking as a genuine relapse. Communication also becomes an impediment to practice new recovery support behavior. Talking to your loved one about exhibiting relapse behavior becomes challenging for parents who fear confrontation and anger when acknowledging relapse. They frequently ignore the words of those who muster the courage to warn, provide feedback, or give instructions, resulting in arguments as the young person defiantly heads toward relapse. The family dynamic reverts to the patterns of active addiction.

As the young person indulges in old behaviors, approaching relapse, other old non-therapeutic behavior may emerge in the parents — blaming each other or the professionals involved in their child's recovery. Once again, the parent feels responsible for the young person's recovery, resorting to detective work, lecturing, and nagging.

By the time the person with a substance use disorder relapses, the family identifies that they have done more the for their loved one's recovery than the person with a substance use disorder themselves. Frustrated and disappointed, they abandon both control and the supportive parenting they had provided. During a relapse, parents often detach with anger rather than love, withholding the essential support needed by the young person. They fail to view relapse in terms of a chronic illness—similar to

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blood sugar returning to abnormal levels after a lapse in diet, exercise, and medication for diabetes. One should apply the same approach to substance use disorder as they would to a diabetes relapse, instead of giving up.

When a young person relapses in their journey towards recovery, a parent who maintains their commitment to personal growth and practices effective parenting will encourage their floundering child to stay in counseling, attend more meetings, work closely with a sponsor, and engage in beneficial activities. Instead of interrogating, lecturing, and shaming their child, parents can make themselves more available, while continuing to maintain expectations of recovery and adherence to behavioral boundaries.

Taking a "responsibility to" approach in parenting a person with a substance use disorder, rather than a "responsibility for" approach, proves beneficial. Parents have an obligation to continue supporting the young person in recovery by providing feedback, encouragement, and setting clear expectations with consequences outlined in the behavioral contract. This proactive approach fosters a more constructive relationship. When parents maintain a perspective that addiction is a chronic illness with a high likelihood of relapse, they can adopt a proactive stance and assist their child in returning to recovery. Revisiting the behavioral contract

and collaboratively identifying what went wrong and the appropriate next steps with the help of a counselor can be crucial. Approaching relapse in this manner provides a more constructive path forward.

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