

Help! My Addict Is Coming Home From Treatment.

Helping vs. Enabling

By Peggy L. Ferguson, Ph.D.

Family members are often just as stymied about what to do with the clean and sober alcoholic/addict after treatment as they were about how to get them to treatment. It is a whole new ball game and no one knows the rules. If family members participated in a family program or in sessions with the patient's counselor, chances are good that the enabling, the inappropriate caretaking, and the struggle for control on the family member's part was pointed out. These behaviors, which are survival behaviors, are now declared to be "off limits". "Detachment" is recommended. The addict, it is pointed out, is in charge of his/her own recovery.

So, what is a family member supposed to do now? Most spouses or parents of recovering alcoholics/addicts continue to have major concerns or fears about whether their significant other is ready to come home and whether they have enough new sobriety skills to weather early recovery trials.

Family members have heard about "bottom lines" and may be questioning whether they can demand that the addict in relapse move out. There is a whirl of conflicting thoughts and concepts about what to do and what not to do. Family members are expected to stop enabling, but to offer support and help. The difference between "enabling" and "helping" may be confusing. It may be something that family members continue to have difficulty understanding. Yet understanding the difference is crucial in being able to change how they respond to the recovering person.

The questions come up, "Do we pay for a car, insurance, and a place to live? Should we help get him caught up in bills so that he is not so stressed and can focus on recovery? He's an adult; can we set a curfew, or dictate who he can run around with? Do we enter into a behavioral contract with an adult?" These questions do not have universal, standard answers. What may be help to one recovering person, could be enabling to another.

One thing to keep in mind when trying to figure out the answers to these questions, is that family members not only have the right, but have the responsibility to decide what they are willing to tolerate in their own homes. If a family member is offering temporary shelter to an adult child, or even to an adolescent returning home after treatment, it is appropriate to lay out the boundaries and expectations for the recovering person to be allowed to live in the family home. Expectations regarding continuing abstinence from all mood altering drugs, (including alcohol) attending meetings, continuing care, avoiding old drinking/using friends, etc. are frequent expectations that are best verbalized and possibly included in a written behavioral contract.

A general rule of thumb to help you determine if you are enabling or helping is to look at what the addict is doing. A family providing a place to live to a recovering person who is doing everything they can to stay clean and sober on a day to day basis is probably

"helping". A family providing a place to live to someone who is not engaged in recovery activities or who has already relapsed is probably "enabling". If the recovering person is following treatment team suggestions and you are observing changed attitudes and behavior consistent with recovery, the assistance you give is probably "helpful".

Family members need to understand the nature of defenses of addiction to assist in the addict's recovery process and to take care of their own recovery. Family members that buy into the continuing distortions in thinking of the addict, might be assisting in the relapse process. Thirty days in inpatient treatment is not a cure. In fact, this period is an interruption of the momentum of the disease and a "beginning" of recovery. Unfortunately some addicts and family members leave inpatient treatment with their defenses still in place. Until an addict fully accepts that he really is an addict, and accepts responsibility for keeping his addiction in check through continuous abstinence, relapse is probable.

A person leaving treatment may think that she has learned her lesson and will never drink/use again and therefore, not in need of continuing care or twelve step meetings. Some people leaving treatment may believe that since they went to treatment for opioids (for example), that they don't have a problem with alcohol and can drink without negative consequences. These themes in faulty thinking can persist into post-treatment or can re-occur after discharge as part of the relapse process. To provide money and other support, while holding your breath, hoping that they won't relapse, is "enabling".

Family members benefit from fully comprehending the difference between taking "responsibility for" and being "responsible to" their chemically dependent significant other. Being "responsible to" supports recovery and being "responsible for" supports continuing active addiction.

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