

Perspective for Parents of Young Addicts In Relapse
By Peggy L. Ferguson, Ph.D.

It is not easy being the parent of a young person with addiction issues. Parents typically spend a lot of time and energy trying to figure out what to do about their young person's "problem" long before they ever discover that they are dealing with addiction. Much of the problem solving deteriorates to a point of tug of war over the chemical, with the parent believing the addicted loved one is deliberately trying to destroy his/her life along with other family members'. The addicted young person simply sees the parents' problem solving behavior as control.

The latest crisis creates an opportunity to get the addicted young person into some sort of treatment and parents breathe a premature sigh of relief. All parents want to believe that their "child" will be the exception and will be able to maintain abstinence from the beginning of his/her recovery efforts. They also usually expect that as the young person abstains from mood altering drugs, that s/he will once again be the responsible, respectful, grateful, and loving person that the family once knew and loved.

The family does not usually anticipate that the newly sober young person may continue to struggle with the developmental issue of dependency vs. independency conflicts, as they try to develop a new identity in recovery. Parents are often baffled by the angry, resentful, or rebellious behavior. They often find it incomprehensible that a "sober" person would harbor anger or resentment toward them. Parents often have the hidden expectation that simple abstinence would immediately produce maturity and healthy living skills in their addicted loved one.

It is easy to confuse the dreaded symptoms of impending relapse with the emotional immaturity that may still be present. However, when a young person in recovery begins to let up on his/her recovery activities (skipping meetings and counseling appointments, exercise, meditation, etc.) and is moving toward relapse, parents may notice a return to "negative, uncooperative attitudes" or lying, manipulation, dishonesty. The young person is probably hurling themselves into relapse when they are once again actively seeking out the very people that they used to get high with. Addicts are typically in the relapse process some time before they return to using.

Parents, in response, often find themselves in relapse, returning to trying to make the addict change their inappropriate behavior and attitudes. They are so focused on trying to control the addict's day to day behavior that they lose their perspective and are taken by surprise when the addict returns to using. They may play down the addict's drinking, preferring to think, "it's only alcohol, not meth". Their own denial does not let them see the drinking as actual relapse. Often, parents do not want to engage in conversation that they fear will lead to confrontation. They are naturally angry when they do recognize relapse in the

process and try to warn, give feedback or instruct. Their words are ignored, or arguments occur as their child seems to belligerently run faster toward relapse. The addict and the parents have returned to the dynamics of active addiction.

As the addicted young person returns to more and more old behavior, with relapse imminent, the parents may also relapse, and begin to blame each other or the professionals working with their loved one. After all, “someone” ought to be able to talk some sense into this kid! The parent has once again taken responsibility for the young person’s recovery. They have may started playing detective, lecturing, nagging, etc. By the time the young addict relapses, the family member perceives that they have been doing more the addict’s recovery than the addict. They get angry and not only give up on the “control”, but abandon the good parenting and support that they have been giving.

In relapse, parents will often detach with anger, rather than love, and withhold continuing help needed by the young person. Parents often see relapse as a catastrophic failure rather than a return of symptoms of a chronic disease—much like blood sugar returning to abnormal levels after a lapse in new diet, exercise, and medication regimens. When you have a relapse with diabetes, you don’t stop going to the doctor or taking your medicine, you step up those intervention to regain your health.

When a young person relapses in their path toward recovery, the parent who is still working his/her own program and practicing good parenting will encourage the young addict to stay in counseling (or perhaps step up their attendance or go to a higher level of care), to go to more meetings, to work more closely with a sponsor, and to do the things they had been doing in their better recovery days. The parent, instead of grilling the addict to find out what they are doing/not doing, can instead make themselves more available. When parents take a responsibility “to” vs. responsibility “for” approach in parenting the addict, everyone benefits. Parents have responsibility “to” continue to parent the young addict by providing feedback, encouragement, support, and verbalized expectations. Most families with young people in recovery benefit from a behavioral contract where the expectations and consequences are spelled out. These are things that parents do to be responsible to the addict. When parents are being responsible for the addict’s recovery, they usually get back into a power struggle and a tug of war over the chemical or other undesirable elements. Taking responsibility for the addict’s sobriety is not helpful.

When parents are able to keep their own perspective about addiction being a chronic disease that carries a high probability that their child will relapse, they can be proactive in their approach and assist their child to return to recovery. The behavioral contract can be revisited, The parent, child, and counselor can work together to identify what happened and what the appropriate next steps should be. When relapse is approached in this manner, their relapse is more

likely to be shorter. Relapse can be used as a therapeutic event, where the addict can gain insight and renew his/her efforts toward sustained recovery.

If the young person has been in relapse some time before it is discovered, instead of returning to the old struggle for control, family members can use any crisis to intervene and offer appropriate professional help. Discovery of the relapse can itself be a crisis. The ultimate goal is for the young person to take responsibility for his/her own recovery and to travel his/her own path to become the best person s/he can ultimately be.

Very few young people get and stay clean and sober over a lifetime from the first recovery attempt. Like their older counterparts, young people typically try to do it their own way a number of times, before achieving long term sobriety.

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