

At Wit's End
The Recovering Parent Trying to Figure
Out Normal Adolescent Behavior
By Peggy L. Ferguson, Ph.D.

When your young adult or adolescent offspring is exhibiting all the symptoms of using again after just leaving the treatment center, there are some things you can do. If in your child's discharge planning, s/he was planning to return to the family home, you, the addict, and the treatment team, probably developed a formal relapse contract before discharge. This contract spells out parental expectations in regard to continuing recovery behavior in exchange for being allowed to live in the family home (and any other benefits identified). If you didn't do that before s/he left treatment, you can still do that. A behavioral relapse contract and its contents is not about punishment. It is about setting and maintaining appropriate structure and boundaries that can assist the newly recovering person to stay on the path to recovery, and once off that path, to return to recovery quickly.

Parents who believe that their child is once again using should consider drug testing him or her to remove all doubt and to cut down on the denial and protestations of innocence. A home test kit for a wide range of drugs can be purchased at your local drug store. Or the parent can send him/her to the local hospital or health department for a urine drug screen. When you confront her/him about using, chances are very good that s/he will deny it. If you have results from a urine screen, it is more difficult for the addict to argue you out of the truth.

If your child is living in the family home, you are probably allowing him/her the use of your house, your car(s), your television, your cell phone, etc., any of which, may have motivational meaning to him/her. If that is the case, with your positive UA, you can construct a behavioral contract that spells out concretely the consequences of future relapse.

A relapse contract should have the following elements:

1. That in exchange for living in the family home, along with room, board, (whatever else is involved), the alcoholic/addict agrees to maintain abstinence from any and all mood altering drugs, including alcohol (with possible exception for psychiatric medications prescribed by a psychiatrist).
2. That if a relapse does occur, the addict agrees to go back to inpatient treatment, a half-way house, or some other therapeutic facility, that you have pre-agreed to.
3. That as a consequence to the present relapse, that s/he will lose privileges to the car, television, cell phone, etc. (whatever you think is appropriate and whatever has meaning to him/her) for a specific amount of time, or until parents have seen a change in behavior and attitude indicating that s/he is once again on a recovery path. (The criteria should be observable behavioral change).

4. That additional structure will be implemented to assist the newly recovering person to regain abstinence and maintain it. Such additional structure could be a specific number of 12 step meetings a week, random urine analyses, a curfew, day treatment, outpatient counseling (whatever you think is appropriate at this time).
5. That should relapse re-occur that the patient may lose his/her privilege to live in the family home.

The parents get to decide what they are willing to live with and what they are not willing to live with. If you have a "bottom line" that says that you will not tolerate an addict in active addiction living in your home, you can put that in your contract. If you cannot uphold this bottom line if and when relapse occurs, it is not a "bottom line", and merely a threat. Threats are not useful and in fact, make matters worse. If you have a bottom line, name it. If not, don't say it. The contract should be written out, signed and dated by all parties. If your "child" is an adolescent, you cannot "abandon" him/her. So, if your child forfeits living in the family home by continuing to drink/use, you must find him/her an alternative place to live. A more structured therapeutic environment, including long term inpatient treatment, halfway house, or other youth facility. If you do not have the financial means for such a facility, a local community mental health or chemical dependency treatment center will have the names and phone numbers of programs that have state contracts and a sliding scale.

Parents can and should begin to go to Al-Anon on a regular basis, and find a sponsor that has dealt with chemical dependency of a child (or adult child). Look for a local "Parents Helping Parents" support group. Look in your local Sunday Paper under clubs, organizations, or meetings. If your local newspaper does not have such a section, call a local chemical dependency treatment center and ask them when and where the meetings are. Or you can always do an internet search and find an Al-Anon meeting that way.

Learn everything that you can about addiction and remember that it is not your fault. All parents feel guilty, regardless of whether they have a chemically dependent child. Remember that you did not cause it, that you cannot control it, and that you cannot fix it. It is up to him or her. Remember too, that alcoholism and other drug addiction is an illness. It is not something that they are deliberately trying to do to destroy themselves and the family.

Learn about family dynamics of addiction and recovery and learn what you can do to stop enabling and allow the addict to suffer the natural, negative consequences of his/her addiction, so that s/he will become motivated to change. You can provide resources that assist him/her in changing (i.e., treatment, ride to meetings, reading materials, etc.), but you cannot make them change. You could also provide them the resources to continue to drink and use, and to continue their downward spiral in addiction (i.e., bailing them out financially, legally, socially, etc.). Although it is harder for family members to stop enabling, it is better for the recovering person's recovery.

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