Sam's OATH

What's Hidden Doesn't Heal.

Supporting Someone You Love: A Family Guide

A comprehensive guide for families learning to support a loved one with substance use or mental health challenges without losing themselves in the process.

You Didn't Sign Up for This

Nobody plans for it. You didn't imagine that the person you love - your child, your partner, your sibling, your parent - would struggle with substance use or a mental health condition. You didn't rehearse what to say or how to act. One day things were mostly normal. Then slowly, or sometimes all at once, they weren't.

Maybe it started with missed calls, mood swings, money disappearing. Maybe it was a diagnosis that felt like a foreign language. Maybe it was finding empty bottles, reading texts you wish you hadn't seen, or watching someone you've known your whole life become a stranger in front of you.

However you got here, you're here. And you want to help. That instinct is beautiful and real - and it's also the thing that can break you if you don't learn how to channel it wisely.

This guide is about that: how to show up for someone you love without disappearing yourself. It draws on decades of research, the wisdom of millions of families who have walked this road before you, and the understanding that love alone isn't enough. Love needs skills.

The Three Cs: Where Every Family Should Start

Al-Anon, the support organization for families and friends of people with alcohol use disorders, has been saying three things for over 70 years. They're just as true today as they were then:

You didn't cause it. **You can't cure it.** **You can't control it.**

These three sentences sound simple. Living them is the hardest thing you'll ever do.

You didn't cause it. Parents, especially, carry crushing guilt. "If I had been a better parent." "If I hadn't gotten divorced." "If I had noticed sooner." Substance use disorders and mental health conditions are complex medical issues driven by genetics, brain chemistry, trauma, environment, and a dozen other factors. The National Institute on Drug Abuse estimates that 40-60% of a person's vulnerability to substance use disorder is genetic. You did not create this. No single parenting decision, family argument, or life event did.

You can't cure it. Love doesn't cure diabetes. It doesn't cure depression. It doesn't cure substance use disorders. You cannot love someone into recovery. You cannot research enough, worry enough, sacrifice

enough, or cry enough to make this go away. Recovery is something the person has to choose and work at, with professional support. Your love matters enormously - but it's not medicine.

You can't control it. You cannot watch someone 24 hours a day. You cannot make their decisions for them. You cannot remove every temptation, prevent every relapse, or force them into treatment they don't want. The desire to control is driven by terror - you're afraid of what will happen if you let go. But control is an illusion that exhausts you and often pushes the person further away.

These truths don't mean you're powerless. You have enormous influence. But influence and control are different things, and understanding the difference is where effective family support begins.

Helping vs. Enabling: The Line That Saves Lives

This is the question that keeps families up at night: "Am I helping, or am I making it easier for them to stay sick?"

The distinction matters because it's entirely possible to love someone to death. Not metaphorically. Literally. Families who remove every consequence of substance use - who cushion every fall, pay every bill, make every excuse - can unintentionally remove the natural motivation for change.

Helping is doing something for someone that they genuinely cannot do for themselves, or that supports their movement toward health and recovery.

Enabling is doing something for someone that removes the natural consequences of their behavior, making it easier for the destructive pattern to continue.

Here are specific examples:

| Helping | Enabling | |---------|----------| | Driving them to a therapy appointment | Calling their boss to say they're "sick" when they're hungover | | Researching treatment options and sharing information | Paying their rent so they can spend money on substances | | Attending a family therapy session together | Bailing them out of jail repeatedly with no conversation about treatment | | Listening without judgment when they talk about their struggles | Pretending you don't notice the problem to keep the peace | | Setting a boundary and holding it | Making excuses to other family members for their behavior | | Offering to help them find a counselor | Taking over their responsibilities so they don't face consequences |

The tricky part is that enabling often looks like love. It feels like love. Paying your child's rent feels like protecting them. Calling their boss feels like keeping their life from falling apart. But when you consistently prevent someone from experiencing the consequences of their choices, you're telling their brain: "This pattern is sustainable. Someone will always catch you."

This doesn't mean you should be cruel, withhold all support, or let someone die to "teach them a lesson." That's not what the research says, and that's not what we're suggesting. The goal is to stop supporting the disease while continuing to support the person. That's a nuanced line, and drawing it is an ongoing practice, not a one-time decision.

A practical test: Before you step in to help, ask yourself: "Am I doing this because they genuinely can't, or because I'm afraid of what happens if I don't?" If the answer is fear, pause. Talk to a counselor or a support group before acting.

The CRAFT Method: Evidence-Based Family Support

The CRAFT method (Community Reinforcement and Family Training) was developed by Dr. Robert Meyers and has been studied in multiple clinical trials. It's one of the most effective approaches ever developed for helping families support a loved one into treatment.

Traditional interventions - where the family confronts the person all at once, often with an ultimatum - work about 20-30% of the time (Miller et al., 1999). CRAFT helps loved ones enter treatment 64-74% of the time (Smith & Meyers, 2004). That's a dramatic difference, and it happens because CRAFT works with human psychology instead of against it.

The core principles of CRAFT:

1. Understand the person's patterns. CRAFT teaches you to observe when your loved one uses substances, what triggers it, and what happens afterward. This isn't surveillance - it's understanding. When you understand patterns, you can respond more effectively instead of reacting in panic.

2. Reward non-using behavior. When your loved one is sober, present, engaged - make that experience as positive as possible. Cook their favorite dinner. Be warm and attentive. Plan activities they enjoy. The idea is that sobriety becomes associated with good things, while using becomes associated with the absence of those good things.

3. Allow natural consequences of using behavior. When your loved one has been using, step back. Don't yell. Don't lecture. But also don't clean up, cover up, or smooth over. If they're hungover and miss work, that's their problem to solve. If they spent their rent money, they need to figure it out. You're not punishing them - you're simply not insulating them from reality.

4. Improve your own quality of life. CRAFT explicitly teaches family members to take care of themselves, pursue their own happiness, and build a life that doesn't revolve around the other person's disorder. This isn't selfish - it's strategic. A family member who is depleted, anxious, and resentful is less effective at supporting change.

5. Suggest treatment at the right moment. CRAFT helps you identify the moments when your loved one might be most receptive to treatment - typically when they're experiencing consequences and are not under the influence. You learn to make the suggestion briefly, lovingly, and without pressure, and to have practical options ready (a specific treatment center, a therapist's number, an appointment already researched).

The book "Beyond Addiction: How Science and Kindness Help People Change" by Foote, Wilkens, Kosanke, and Higgs translates CRAFT principles into everyday family language. It's one of the best books available for families, and we recommend it without reservation.

To find a CRAFT-trained therapist, visit the CRAFT website or ask your local treatment providers if they offer family CRAFT sessions.

What Support Actually Looks Like Day to Day

Big gestures matter less than consistent small ones. Here's what effective family support looks like in practice:

Stay connected. Don't disappear. Even when you're frustrated, even when the person has hurt you, maintain contact. A text that says "Thinking about you" takes ten seconds and reminds them they're not alone. Research consistently shows that social connection is one of the strongest protective factors against both substance use and suicide (SAMHSA TIP 39).

Be honest, gently. You don't have to pretend everything is fine. You can say, "I love you and I'm worried." You can share how their behavior affects you using "I" statements: "I feel scared when I don't hear from you for days." Honesty with compassion keeps the relationship real.

Educate yourself. The more you understand about substance use disorders and mental health conditions as medical issues, the less likely you are to take things personally or respond with anger. SAMHSA, NAMI, and the National Institute on Drug Abuse all offer free educational materials. Knowledge replaces fear with understanding.

Have a life outside the crisis. Go to work. See your friends. Keep your hobbies. Exercise. This isn't abandoning your loved one - it's making sure you're strong enough to be there for the long haul. You'll also be modeling healthy behavior, which matters more than you think.

Accept the pace of change. Recovery is rarely linear. There will be progress and setbacks, hope and heartbreak, sometimes in the same week. The person may enter treatment and leave. They may get better and then relapse. This doesn't mean treatment failed or that your support doesn't matter. Brain recovery takes time. According to NIDA, relapse rates for substance use disorders (40-60%) are comparable to relapse rates for other chronic medical conditions like hypertension and asthma. Relapse isn't failure - it's a signal that treatment needs adjustment.

When Substance Use and Mental Health Overlap

More often than not, substance use and mental health conditions occur together. SAMHSA's 2023 National Survey found that approximately 21.5 million adults in the United States had a co-occurring mental health condition and substance use disorder. This is called co-occurring disorders or dual diagnosis.

This matters for families because addressing only one condition usually doesn't work. If your loved one goes to rehab for substance use but their underlying depression or anxiety or PTSD isn't treated, the substance use is likely to return - because the substance was serving a function. It was numbing pain, quieting intrusive thoughts, or creating a sense of normalcy that the untreated mental health condition was destroying.

When you're researching treatment options, look for programs that address both substance use and mental health simultaneously. Integrated treatment has better outcomes than treating them separately (SAMHSA TIP 42).

Watch for these signs of co-occurring conditions: - Substance use that started or escalated after a traumatic event - Mood changes that persist even during periods of sobriety - Anxiety or panic that seems to drive the substance use - Withdrawal from activities, relationships, and responsibilities beyond what substance use alone explains - Expressions of hopelessness, worthlessness, or suicidal thoughts

If your loved one mentions wanting to die, hurting themselves, or not seeing the point of living, take it seriously every single time. Call 988 (the Suicide and Crisis Lifeline) or text 741741 (Crisis Text Line) for guidance on how to respond.

Self-Care for Supporters

We have a separate guide devoted entirely to self-care (see "Taking Care of Yourself While Supporting Someone Else"), but it's important enough to address here too.

Living with or loving someone with a substance use disorder or mental health condition changes you. It rewires your nervous system toward hypervigilance. You learn to read moods, anticipate crises, and manage other people's emotions at the expense of your own. Over time, your world shrinks until it revolves around one person's problems.

This isn't sustainable, and it isn't helpful. Here's the minimum:

Get your own support. Al-Anon, Nar-Anon, NAMI Family Support Groups, or individual therapy. Non-negotiable. You need a space where you can be honest about what you're going through without worrying about how it affects the person you're supporting.

Set at least one boundary. You don't have to set all the boundaries at once. Start with one. Maybe it's "I will not lend money." Maybe it's "I will leave the room if you speak to me with contempt." One boundary, held consistently, is worth more than ten rules you can't enforce.

Move your body. Stress lives in the body. Walk, swim, stretch, dance in your kitchen - anything that gets you out of your head and into your body. The research on exercise for anxiety and depression is overwhelming (Mental Health America).

Sleep. Chronic sleep deprivation impairs judgment, increases emotional reactivity, and weakens your immune system. You cannot support anyone effectively if you're running on four hours of sleep. If anxiety is keeping you awake, that's information - talk to your doctor.

The OATH Journey for Families

The Sam's OATH framework isn't just for people in recovery. Families walk their own version of the same path.

Openness starts the moment you acknowledge what's happening. No more pretending. No more covering up. You see the situation clearly, and you choose to engage with reality instead of running from it.

Authenticity means being honest - with your loved one, with yourself, with your community. It means dropping the performance of "everything is fine" and allowing yourself to be vulnerable. It means admitting you're scared, you're angry, you don't know what you're doing. That honesty is magnetic. It gives other people permission to be honest too.

Togetherness is the recognition that you cannot do this alone. Not the helping, and not the healing. Togetherness means joining a support group, leaning on friends, accepting help, and building a network of people who understand. It also means staying connected to your loved one, even when connection is painful.

Healing doesn't mean everything goes back to the way it was. It means you build something new - a new understanding of your family member, a new relationship with yourself, a new definition of what it means to be okay. Healing is possible whether or not your loved one enters recovery. Your healing doesn't depend on their choices.

What If They Refuse Help?

This is the hardest section to write, because it addresses the reality that many families face: the person you love may not want help. They may not want help today, or this year, or for a long time.

This does not mean hope is lost. But it means adjusting your approach:

Focus on what you can control. You can control your own behavior, your boundaries, your self-care, your education, your support network. Pour your energy there.

Keep the door open. Don't issue ultimatums you won't follow through on. Don't cut the person off completely unless your physical safety requires it. Make sure they know that when they're ready, you'll help them find help.

Prepare for the moment they're ready. Research treatment options now. Know the phone numbers, the insurance coverage, the logistics. When the window opens, it may be brief. Being prepared means you can act fast.

Get comfortable with grief. You may need to grieve the person you knew, the life you expected, the family holidays you imagined. Grief doesn't mean giving up. It means acknowledging what's been lost so far while staying open to what might still be possible.

Consider a professional interventionist. If CRAFT principles and your own efforts haven't led to treatment engagement, a professional interventionist who uses evidence-based, non-confrontational methods may help. Look for someone certified by the Association of Intervention Professionals.

Resources

- **SAMHSA National Helpline:** 1-800-662-4357 (free, confidential, 24/7, English and Spanish) - **Al-Anon Family Groups:** al-anon.org (meetings for families, including online) - **Nar-Anon Family Groups:** nar-anon.org (meetings for families affected by someone's drug use) - **NAMI Family Support Groups:** nami.org/support-education - **CRAFT Resources:** robertjmeyersphd.com/craft.html - **Beyond Addiction (book):** by Foote, Wilkens, Kosanke, and Higgs - **988 Suicide & Crisis Lifeline:** Call or text 988 (24/7) - **Crisis Text Line:** Text HELLO to 741741 - **Sam's OATH:** samsoath.org - community, resources, and connection for families navigating substance use and mental health

Sources

1. SAMHSA National Helpline and Treatment Locator

2. Al-Anon Family Groups

3. Beyond Addiction: How Science and Kindness Help People Change (Foote, Wilkens, Kosanke, Higgs, 2014)

4. CRAFT Method (Smith & Meyers, 2004)

5. SAMHSA TIP 39: Substance Use Treatment and Family Therapy

6. National Institute on Drug Abuse (NIDA)

If You or Someone You Know Needs Help Now

988 Suicide & Crisis Lifeline
Call or Text 988

Free, confidential support 24/7 for anyone in suicidal crisis or emotional distress.

Crisis Text Line
Text HOME to 741741

Free, 24/7 crisis support via text message with a trained crisis counselor.

SAMHSA National Helpline
Call 1-800-662-4357

Free, confidential, 24/7 treatment referral and information service.

Emergency Services
Call 911

If someone is in immediate danger, call 911 or go to the nearest emergency room.

You are not alone. Help is always available.

samsoath.org | What's Hidden Doesn't Heal.