Sam's OATH

What's Hidden Doesn't Heal.

Taking Care of Yourself While Supporting Someone Else

A guide for family members and caregivers on recognizing burnout and building sustainable self-care practices while supporting a loved one.

The Person Nobody Asks About

When someone in a family is struggling with substance use or mental health, all the attention flows in one direction. The phone calls are about them. The therapy appointments are for them. The worrying is about them.

And somewhere in the middle of it all, there's you. Getting up every day, holding things together, managing the fear, fielding the crises, and answering "I'm fine" when people ask how you're doing.

You're not fine. And that's not a criticism - it's recognition. The role you're in is one of the hardest things a human being can do, and you've probably been doing it without much support, without much sleep, and without anyone asking what you need.

This guide is for you. Not for the person you're supporting. For you. Because you matter - not just as a caregiver, not just as a support system, but as a human being whose well-being counts.

Recognizing Caregiver Burnout

Burnout doesn't announce itself. It creeps in gradually until one day you realize you can't remember the last time you felt like yourself.

Dr. Christina Maslach, who pioneered burnout research, identifies three components: emotional exhaustion, depersonalization (feeling detached from others and from your own life), and a reduced sense of personal accomplishment. In family caregiving situations, these show up in specific ways:

Emotional exhaustion looks like: - Feeling drained before the day even starts - Crying easily, or feeling unable to cry even when you want to - Emotional numbness - going through the motions without feeling anything - Overwhelming fatigue that sleep doesn't fix - A sense that you have nothing left to give

Depersonalization looks like: - Feeling resentful toward the person you're supporting (then feeling guilty about the resentment) - Withdrawing from friends and activities that used to bring you joy - Going through your day on autopilot - Feeling disconnected from your own identity beyond "the one who holds things together" - Not caring about things you used to care about

Reduced personal accomplishment looks like: - Feeling like nothing you do makes a difference -

Questioning whether your support is even helping - Comparing yourself to other families and feeling like you're failing - Losing confidence in your own judgment and decisions - A pervasive sense of helplessness

If you recognize yourself in these descriptions, you're not weak or selfish. You're depleted. And depletion is not a character flaw - it's the natural consequence of giving more than you're receiving over an extended period.

The Caregiver Action Network reports that family caregivers experience depression at twice the rate of the general population. NAMI's research found that family members of people with serious mental health conditions report significant impacts on their own physical health, finances, daily activities, and relationships. This is real, measurable harm - not just "stress."

The Oxygen Mask Principle

You've heard it on every flight: "Put on your own oxygen mask before assisting others." It's a cliche, and it's also the most important thing in this guide.

Here's why it matters beyond the metaphor: when you're depleted, you become a worse caregiver. Your judgment deteriorates. Your patience evaporates. Your ability to set healthy boundaries - which is one of the most important things you can do for your loved one - disappears. You become reactive instead of responsive. You make decisions from fear and exhaustion instead of clarity and love.

Taking care of yourself isn't selfish. It's strategic. It's the thing that allows you to be present, effective, and sustainable in supporting your loved one for the long haul.

And here's the part nobody says out loud: you deserve care simply because you're a person. Not because it makes you a better caregiver. Not because it helps your loved one. Because you matter, full stop. Your needs aren't less important because someone else's needs are urgent.

Many family members have spent so long in the caregiver role that they've lost touch with this basic truth. You are allowed to want things for yourself. You are allowed to experience joy even while someone you love is suffering. You are allowed to take a break, take a vacation, take a nap.

Daily Self-Care Practices (Real Ones)

Generic self-care advice - "take a bubble bath," "practice gratitude" - can feel tone-deaf when you're dealing with a loved one's substance use or mental health crisis. Here are practices that actually work for families in your situation, based on what caregivers and clinicians report as effective.

Morning Anchoring (10 minutes)

Before you pick up your phone, before you check on anyone else, take ten minutes for yourself. This isn't optional - it's the foundation.

- **Body check.** Sit or stand still for two minutes. Notice where you're holding tension. Shoulders? Jaw? Stomach? Breathe into those spots. You don't have to fix it - just notice. - **Intention setting.** Ask yourself: "What is the one thing I can control today that will make me feel like a person?" Not what you can do for someone else - what you can do for you. Maybe it's a 20-minute walk. Maybe it's calling a friend. Maybe it's reading for pleasure. Put it on your calendar like an appointment. - **News and phone boundary.** Don't start your day by reading texts from last night, checking for crisis updates, or doom-scrolling. Give yourself at least ten minutes of quiet before you plug back into the world's demands.

Movement (Non-Negotiable)

Exercise isn't a luxury for caregivers - it's medicine. The research is unambiguous: regular physical activity reduces symptoms of depression and anxiety, improves sleep quality, reduces inflammation, and improves cognitive function (Mental Health America).

You don't need a gym membership or a training plan. You need to move your body for at least 30 minutes most days. Walk. Swim. Stretch. Ride a bike. Dance. Do yard work. The specific activity matters far less than the consistency.

If you're thinking "I don't have time," consider: you probably spend 30 minutes or more each day managing, worrying about, or recovering from your loved one's behavior. You can reclaim 30 minutes for your physical health. Your body is the vehicle that carries everything else - including your ability to care for someone.

The "Not About Them" Hour

Every day, you need at least one hour that has absolutely nothing to do with your loved one's condition. Not

researching treatment. Not attending meetings about them. Not talking to family about the latest incident. One hour that is entirely yours.

Read a novel. Watch something funny. Work on a project. Cook something you enjoy. Call a friend and talk about their life, your interests, literally anything other than the crisis.

This isn't denial. It's preservation. Your brain needs regular breaks from hypervigilance to function. Think of it like sleep for your emotional system.

Evening Processing (15 minutes)

Before bed, do a brief emotional inventory. Not to solve anything - just to acknowledge where you are.

- What am I feeling right now? (Name it. Even "I don't know" is a valid answer.) - What did I do for myself today? - What am I carrying that isn't mine to carry?

Write it down if that helps. Speak it out loud to a partner, a friend, or even an empty room. The point is to move feelings from inside your body to outside your body, even briefly. Unexpressed emotions accumulate, and that accumulation is what creates burnout.

Sleep Hygiene

If anxiety is keeping you up at night - and it probably is - address it directly:

- Set a "phone down" time at least 30 minutes before bed. No crisis monitoring from bed. - If your loved one tends to call or text late at night with non-emergency issues, silence their notifications after a certain hour. If it's a genuine emergency, they can call 911 or 988. - Talk to your doctor if you've been unable to sleep well for more than two weeks. Sleep deprivation is a medical issue, and treating it will improve everything else. - Consider whether a low-dose, short-term sleep aid might be appropriate. This is worth discussing with your doctor, not something to tough out.

Finding Your Own Support System

Self-care isn't just individual practices. It's also about building a network of people who understand what you're

going through and can hold space for you.

Professional Support

Individual therapy. You don't need to be in crisis to see a therapist. A therapist experienced with family members of people with substance use disorders or mental health conditions can help you process emotions, develop coping strategies, and maintain boundaries. Look for therapists who specialize in family systems, codependency, or caregiver support.

EMDR or trauma-focused therapy. If you've experienced traumatic events related to your loved one's condition (overdose scares, violence, chronic unpredictability), you may benefit from trauma-specific treatment. Living in a state of constant crisis creates genuine trauma responses in family members.

Peer Support

Al-Anon and Nar-Anon. These free peer support groups have been helping family members for decades. The power of sitting in a room (or on a Zoom call) with people who truly understand your experience cannot be overstated. Many family members say their first Al-Anon meeting was the first time they felt understood. Meetings are widely available, including online, and you can attend as many as you want. Visit al-anon.org or nar-anon.org.

NAMI Family Support Groups. Led by trained family members who have their own lived experience, these groups focus specifically on supporting family members of people with mental health conditions. They offer both education and emotional support. Visit nami.org/support-education.

NAMI Family-to-Family. This free, 8-session educational program covers mental health conditions, treatment options, communication skills, self-care strategies, and advocacy. Over 500,000 family members have taken this course and rate it exceptionally highly.

Online communities. If in-person meetings don't work for your schedule, there are reputable online communities for family members. Look for moderated groups affiliated with established organizations (NAMI, Al-Anon, SMART Recovery Family & Friends) rather than unmoderated social media groups.

Personal Relationships

Don't isolate. This is the single biggest risk for family members. The shame, exhaustion, and preoccupation with the crisis can cause you to withdraw from friendships and social activities. Fight this tendency actively.

Identify your "safe people." You need at least two or three people you can be completely honest with - not people who will judge, fix, or gossip, but people who will listen, validate, and show up. If you don't have these people, a support group can become that space while you rebuild.

Be honest about what you need. "I don't need advice right now. I just need someone to listen." "I need to talk about something other than my family situation today." "I need help with [specific practical task]." People want to help but often don't know how. Tell them.

When Self-Care Feels Impossible

Some days, self-care feels like a cruel joke. Your loved one is in crisis, the phone is ringing, the money is running out, and someone is telling you to go for a walk? Really?

Those are the days it matters most, and also the days when you need to scale it down to the absolute minimum. On the worst days, self-care might look like:

- Drinking a glass of water - Stepping outside for two minutes of fresh air - Texting a friend: "Hard day. Don't need to talk. Just wanted someone to know." - Going to bed at a reasonable hour even though everything feels unresolved - Eating an actual meal instead of surviving on coffee and anxiety

Minimum viable self-care is still self-care. The goal isn't perfection - it's not abandoning yourself completely.

Dealing with Specific Emotions

Anger

You're allowed to be angry. Angry at the substance. Angry at the mental health system. Angry at the person you

love for the chaos their condition has created. Anger is a normal, healthy response to an unfair situation.

What matters is what you do with it. Anger expressed as aggression damages relationships. Anger suppressed turns into resentment and health problems. Anger channeled - into exercise, into advocacy, into honest conversation, into setting boundaries - can be powerful.

If your anger feels out of control, or if you find yourself saying or doing things you regret, that's a sign you need more support, not less.

Grief

You may be grieving, even though nobody has died. This is called ambiguous loss - grieving someone who is physically present but psychologically absent, or grieving the life and relationship you expected to have.

This grief is real and valid. It deserves acknowledgment and space. The Compassionate Friends (compassionatefriends.org) and GriefShare (griefshare.org) offer support for complex grief situations.

Guilt

We addressed guilt extensively in our boundaries guide, but it bears repeating here: guilt is the background noise of every family member's experience. Guilt for not doing enough, guilt for doing too much, guilt for feeling angry, guilt for feeling happy, guilt for wanting your own life.

Notice the guilt. Name it. Then ask: "Is this guilt telling me I've done something wrong, or is it just the background hum of an impossible situation?" Most of the time, it's the latter.

Hope and Despair

These two will take turns. Some days you'll see a glimmer - a good conversation, a day of sobriety, a moment of the person you remember - and hope will surge. Other days the bottom will fall out again and you'll wonder if anything will ever change.

Both are real. Neither is the whole story. What helps is holding a long view: recovery is possible, relapse is common, and the journey is measured in years, not weeks. The National Institute on Drug Abuse reports that people who remain in treatment for adequate periods (which varies by individual and condition) have

significantly better long-term outcomes. Change is possible. It just may not be happening on your timeline.

The OATH Journey for You

Your own OATH journey as a family member is just as real as your loved one's:

Openness means being honest with yourself about how you're doing - really doing. No more "I'm fine." Openness also means being willing to receive help, not just give it.

Authenticity means allowing yourself the full range of your emotions without judgment. You can love someone and be furious at them. You can support someone and also need a break. You can hope for the best and prepare for the worst. All of these are authentic, and none of them cancel each other out.

Togetherness means reaching out instead of retreating. Joining a support group. Calling a friend. Accepting a meal from a neighbor. You've been the strong one for so long - Togetherness means letting other people be strong for you sometimes.

Healing is what happens when you stop waiting for the other person to get better before you allow yourself to be okay. Your healing can begin right now, today, regardless of where your loved one is in their journey. You don't need their permission, their recovery, or their acknowledgment. You just need to start.

Resources

- **NAMI Family Support Groups:** nami.org/support-education - **NAMI Family-to-Family:** nami.org/support-education/mental-health-education/nami-family-to-family - **Al-Anon Family Groups:** al-anon.org - **Nar-Anon Family Groups:** nar-anon.org - **Caregiver Action Network:** caregiveraction.org (1-855-227-3640) - **Mental Health America:** mhanational.org - screening tools and resources - **SMART Recovery Family & Friends:** smartrecovery.org/family - **SAMHSA National Helpline:** 1-800-662-4357 (free, confidential, 24/7) - **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. NAMI: Family Members and Caregivers
2. Caregiver Action Network
3. Mental Health America: Caregiver Support
4. SAMHSA: Behavioral Health and Family Caregivers
5. Al-Anon Family Groups
6. Maslach & Leiter, The Truth About Burnout (1997)

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.