MODULE #8: How Do I Get My Loved One Into treatment?

Treatment is key. Wait for a wish or a dip

You may be quick to tell me that your Loved One's been to treatment and it didn't work. This is important so please listen carefully:

Treatment is the best answer we have for a substance problem.

People who try to quit smoking try on average 7 times before succeeding. Quitting drugs or alcohol is also a process and may take several treatment episodes before there is any traction.



A little further on in this module I talk about the specifics of treatment and what you can do to help make it a success.

Two things need to happen to stop using drugs or alcohol:

One, there needs to be a moment of willingness, not 100% willingness necessarily, but some willingness on the part of your Loved One to listen and to consider recovery.

And, two, the message of recovery needs to be in front of your Loved One at the moment they are willing. Treatment will provide that message.

So willingness and the recovery message need to line up. In this module, we teach you how to notice moments of willingness and how to respond with some carefully chosen words and treatment options at the ready.

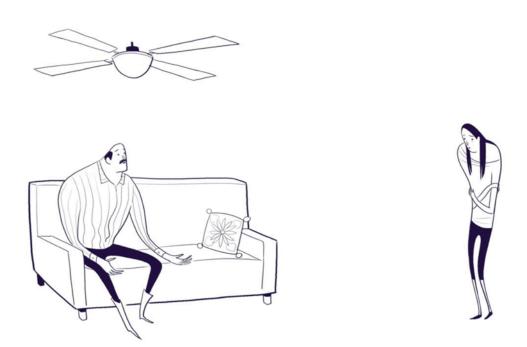


It's everything we've been talking about.

- You create that bridge between the two of you.
- You empathize and show respect.
- You stop the negative talk, add in positive talk, and listen to what your
 Loved One is saying.
- You make requests. You don't dominate.
- You take care of yourself, which helps you stay calm and patient.
- And you understand that getting sober and clean is a process.



Doing even only a few of these things to the best of your ability will help **your Loved**One open up to you, to be more likely to say when it hurts, and to ask for help.



By following the strategies laid out in these segments, you've set the stage for your Loved One to come towards you and to talk to you.

To this we add 2 more strategies: A) looking for a wish or a dip, what we call change talk, and B) having a planned conversation about treatment.

A wish or a dip.

It may be hard for you to imagine, but there are moments in your Loved One's life when they want to change. You may not be aware of it.



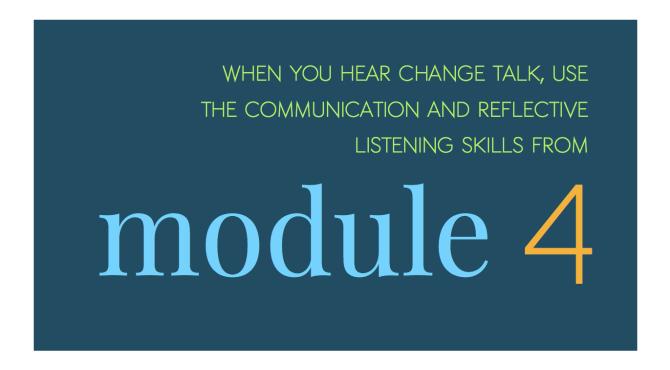
Perhaps it happens at 3 in the morning when your Loved One wakes up from passing out, and can't get back to sleep because of the alcohol still coursing through their veinsthings look bleak. In those moments, they clearly see how the alcohol or drug is to blame. Maybe they even see the need for help. Their willingness to examine their use is brief and fleeting, but it does happen.

By now, you've improved how you communicate with your Loved One, and they are more willing to talk with you. You're doing everything to allow your Loved One to open up to you and to share that moment they just had in the middle of the night. It will come out as a wish or a dip.

If it's a **wish** you'll hear talk about the need to improve their life, such as a comment about getting healthy, joining a gym, or a desire for something that is currently out of reach, like school, a driver's license, a vacation.

Or perhaps it's a **dip**: something dampens their outlook. Perhaps something happened to your Loved One that caused them embarrassment or shame. Maybe the boss smelled alcohol and said something. Perhaps the talk is about feeling sad or anxious. This is what we call Change Talk. This is your Loved One 's own motivation for change poking through.

Be on the lookout for Change Talk: a wish or a dip.



For instance





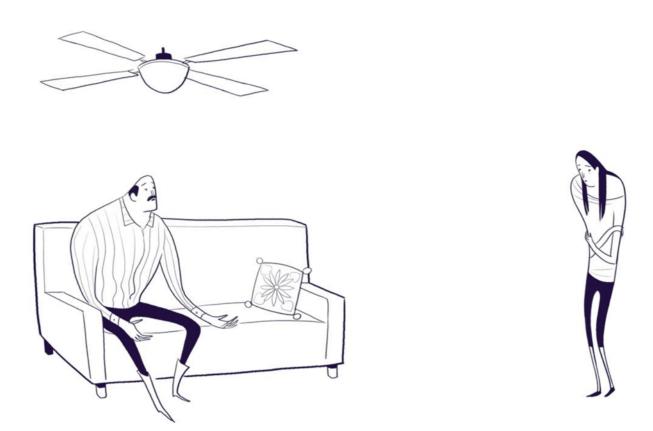
"Your boss smelled alcohol on you? It makes sense that you're embarrassed by it. I know you've been struggling with the drinking, and we both depend on your job. I love you and can see what you've been going through. Maybe it's time to add more help to cut back the drinking. I've been given the name of a counselor who works with professionals. He takes our insurance and has openings. What do you say we call him? How about you go just once, and see if you like him. Here's his number. If you leave a message, he'll call you back."

Or ...



"I hear you, you'd like to try school again. I love that you don't give up. I've seen you struggle with things and your pot use is making it harder. There is a career coach who works with young people, I think adding in some help can get you to your goal of going back to school."

Or ...

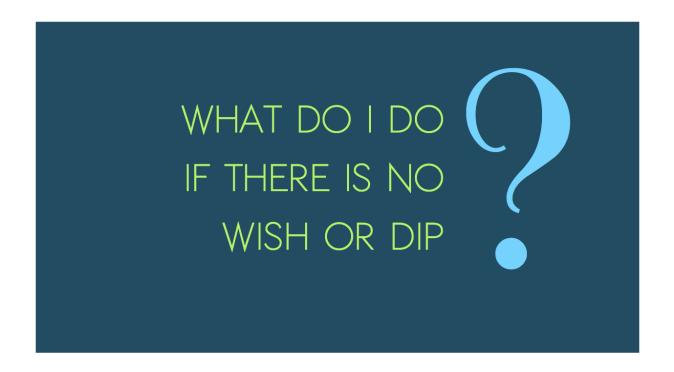


"So you're saying you feel anxious and depressed. It makes sense to me. The percocets and the booze can do that. Thank you for being willing to talk to me about it. I think you are at a crossroads. It's time to choose how you want to live your life. If you're ready, I have figured out a couple options for getting you help. Would you be willing to sit down with me and look at what I've come up with?"

So, ideally you wait for a wish or a dip. The rest of the time you avoid talk of treatment, help, or anything of this nature. Families caught up in addiction can sound like a broken record on this topic and the Loved One simply stops listening. When you do talk about treatment, make it count.

Or a planned conversation.

I'm often asked ... "What do I do if there is no wish or dip?"



What if they don't open up to me and ask for help. It's important to give this program a little time to work. Patience is hard when your Loved One isn't doing well or is in some danger, but it's important to lay the groundwork over 6 to 8 weeks, improving your communication, reinforcing non-use and discouraging use.



If you're still not seeing an opening, the next thing to try is the **planned talk**. The planned talk uses the same language as the wish or dip, but it's a serious moment around the kitchen table.

I like the planned talk less because it's your timing at work not your Loved One's. So, if possible, I prefer you prepare the ground by figuring out treatment and patiently wait for your Loved One to approach you or to make statements that are a wish or a dip. Yet the planned talk can be very persuasive if done right. Here are some pointers:

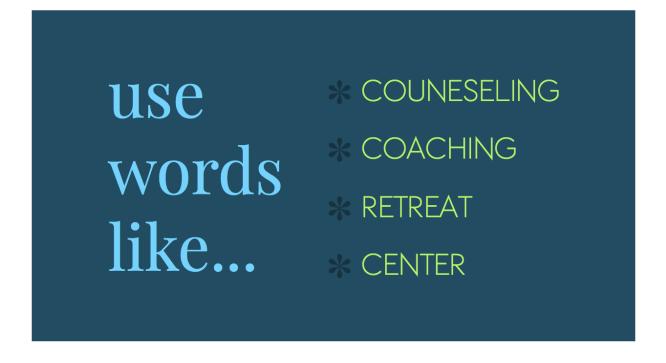
Set up the talk for a time when you are both in decent moods and, if possible, when your Loved One is not using or at least not very high.

AA has this acronym HALT, which stands for hungry, angry, lonely, tired. Set up a time to talk when these are not present.

You want to think about who should be at the table: a favorite aunt, a sibling? The question to ask is who will be seen as sympathetic, supportive, or influential.

If you're the one always talking to your Loved One, think about having your spouse or your Loved One's favorite aunt do the talking. It will help get their attention.

Script it out, I mean it. Write out what you want to say. Think of the positive communication skills we learned in module 4 or of the examples I used earlier. Remember, it's a request, not a demand.



avoid * TREATMENT
words * REHAB
like... * THERAPY

Rehearse it. I mean this too, it helps to hear yourself say it a few times. Practice it with your partner, a friend or counselor. This is important because you don't want to slip into negative talk.

Prepare for refusal. **Remember**, **this isn't a time to push your point**. You will have more opportunities. If your Loved One says "no," thank them for listening to you. Tell them you'll talk another time.

I just want to loop back to staying safe. Once again, the suggestions I am making are designed to be gentle and respectful. Should your Loved One start to get angry, **use**De-escalation Talk and Reflective Listening. Any push back on the part of your Loved One, back down.

The is how the wife of an alcoholic I worked with did it...



She baked a cake and made some tea and greeted her husband at the door. He was coming from work so she was almost positive he hadn't started to drink. She asked him to join her tea party. She loaded him up with tea and cake and said:



"I hate that I don't want to have sex with you. Only recently has there been any closeness at all. I don't want any more weekends like the last one. We aren't enjoying each other. I think we're both isolated and lonely. I want us connected again. I want you. That isn't possible with your drinking. I have a list of places that help professionals who have problems with drinking. Will you take a look at it with me?"

Using leverage

Finally, consider using leverage.

Implicit in the example of the wife I just gave is that she will leave her husband if he doesn't do something about his drinking. This use of leverage was not made lightly. She knew from the start that if her husband decided to continue drinking, she could not stay married to him.

This is a natural consequence of continued drinking. In our earlier discussion on natural consequences, we used the example of asking your Loved One to leave the house should they remain unwilling to address their substance use. If you are ready and serious about dissolving a marriage or throwing your Loved One out of the house, then you can use it as leverage to get your Loved One to accept treatment. **But do so carefully.**

You'll want to use the same positive communication techniques we've been discussing.

"I want us to work......I want to stay living together......and yet I can't continue to do this. I am inadvertently supporting your alcohol/drug use. I love you and I can't continue to have you living here and using. Please consider these options for help. When you're able to stay sober you can come back."

Getting your Loved One to accept treatment may not happen the first time you ask. If you decide to use leverage, and your Loved One says "no," back down for a couple weeks. **Give them 2-3 weeks before following through on the leverage**, but *you must follow through on the leverage*. The reason for the waiting period is because in my experience Loved Ones often reconsider during this period.

Key Observations Exercise 21 (under "Learn" in the main menu) helps you write this script requesting treatment. Write it early and have it and treatment options ready. In this way you will be able to pounce when you hear a wish or a dip. If you're going to use leverage, search yourself to make sure you can follow through with it if needed.

Unpacking the world of alcohol and drug abuse treatment

So let's talk treatment.

When developing your list of treatment options, **consider what your Loved One is most likely to accept.** Add in what you feel is needed if that is different, and always include some self-help options.

self-help options...

- * ALCOHOLICS ANONYMOUS
- * RATIONAL RECOVERY
- * SMART RECOVERY
- * LIFE-RING SECULAR RECOVERY
- * SECULAR ORGANIZATION FOR SOBRIETY
- * WOMEN FOR SOBRIETY

If you've looked into treatment before you know that it is confusing, that it can be difficult to access, and that it is without guarantee. The confusion comes from the different and often contradictory philosophies about what works, with most of the country's programs following the principles of AA's 12 steps, and a smaller number following more scientifically derived approaches, such as Community Reinforcement Approach or Cognitive Behavior Therapy.

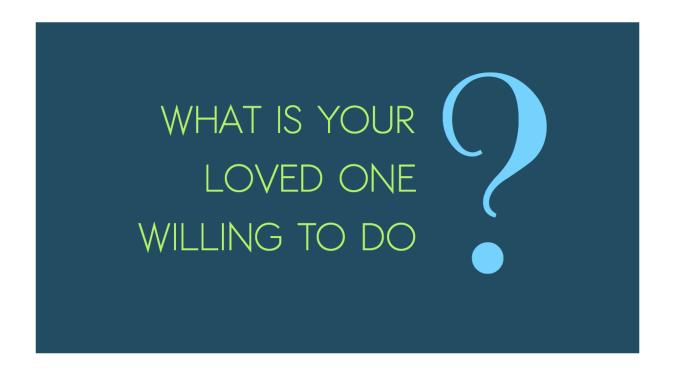
treatment can be difficult to access because of...

- * INSURANCE LIMITATIONS
- * WAIT LISTS
- * CRITERIA FOR ADMISSION
- *** OUT-OF-POCKET COSTS**

Out-of-pocket costs for treatment are a huge barrier for many. And, yes, there are no guarantees that anything your Loved One does is going to work. In fact, few programs follow clients out of treatment to collect information about how they did after discharge.

WHAT KIND OF
TREATMENT IS
BEST FOR YOUR
LOVED ONE

There are several factors to consider. First off,



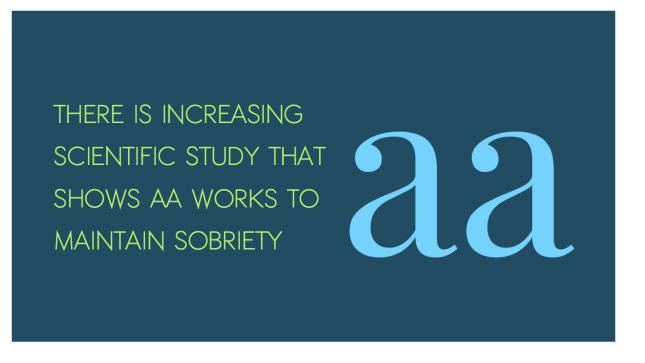
You may think inpatient treatment followed by a halfway house is best, and we might agree with you, but if your Loved One refuses to take time from their job, then treatment in the community on an outpatient basis may be the best we can hope for, for now. If this is the case, we suggest you talk about an inpatient program as an option for the future, should treatment in the community fail.

Can you get a verbal agreement from your Loved One that if they should falter with outpatient care, they will consider more intensive levels of care?

WILL THEY AGREE TO TRY A MORE INTENSIVE LEVEL OF TREATMENT IF OUTPATIENT CARE FAILS

This isn't binding of course, but at least the conversation and agreement has been had.

Choosing a treatment philosophy depends on what may have worked before, or perhaps your Loved One's stated dislike for certain programs. For instance, some people will point to "the god thing" in AA as a barrier. In my experience, there is a difference between someone who has never been exposed to AA, who brings up "the god thing" as an example, and someone who has spent time in AA meetings or AA-type programs and still has a problem with AA. Do not rule out AA if your Loved One has no firsthand experience.



As you may already be aware, getting clean and sober is easier than staying clean and sober.

Since most programming in this country follows the philosophy of AA, these programs usually require that clients attend meetings while in treatment. For those who simply have knee jerk reactions against AA, this extended period of attendance at AA meetings can serve to turn around someone's negative thinking about AA.

scientific approaches...

- * MEDICATION
- * PSYCHOLOGICAL TREATMENTS

Scientifically derived approaches are those that include medication, like campral, naltrexone, antibuse, suboxone, and methadone, and, psychological approaches based on theories of behavioralism or cognitive behavioralism (like Community Reinforcement Approach, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy or Acceptance and Commitment Therapy – you can read up on all of these in The Supplement).

The line between these scientifically derived approaches and AA is not as rigid as many of its practitioners claim. For instance, there are people who take medications that support sobriety or who see a cognitive behavioral therapist, who also attend AA meetings.

Practical suggestions around treatment

If you're going to suggest AA, call AA in your area and ask about big, happy, beginner meetings.



To understand what AA is or is not, your Loved One should attend for a good length of time. AA'ers say 90 meetings in 90 days. That's one meeting a day for 90 days. Family members are sometimes surprised by the daily commitment that AA demands, especially at first.





Be prepared to see your Loved One out the door every night of the week.

AA also has open meetings that you could attend. Suggest going to a meeting together to start, and maybe a meal afterwards as a reward.

Treatment in this country is uneven and expensive. Make every effort to learn all you can about the places you are going to suggest to your Loved One. Below I provide a list of questions for treatment.



Sometimes a family wants to get the very best for their Loved One, and they spend every dime they have on that one treatment event.



Consider the public system or lower-cost alternatives if accessible.

Remember, treatment success is about two things: the willingness on the part of your Loved One and the message of recovery provided for by the treatment.

What neighborhood the treatment program is located in or whether there are several people to a room, matter less. You're looking for a safe place where your Loved One can pause and can hear the message of recovery and learn the skills for staying sober, and a place that provides an assisted plan for stepping down to the next level of care.



Everything we have suggested demands that you have treatment ready beforehand. This isn't easy. It means you look on our site, talk to providers, get the lay of the land in terms of wait lists, insurance, etc. You must do the groundwork so that when you raise the idea of treatment you can be specific, and you know the door of treatment is open as widely as possible.

THE INFORMATION YOU NEED TO COLLECT ON treatment

- Who exactly does my Loved One ask for when they call (in the majority of cases, the provider is going to need to hear from your Loved One)?
- When should my Loved One call?
- What information will they need for the call?
- What is paid for by insurance; how will the rest be paid for?
- What are the waitlist times?
- How will my Loved One get there?
- What are the criteria for admission (sober for a certain length of time)?
- What evidence does the program have that it works?
- What aftercare (assisted referrals to other treatment, phone help, etc.) does the program offer?

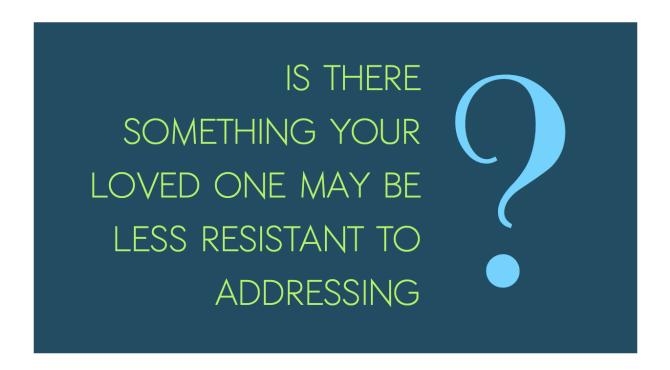
treatment

treatment

EFFORT IS THE CASE FOR MANY

So if your Loved One has been to treatment before and is still using, **treatment is still** the answer.

It may be that your Loved One remains completely resistant to addressing her drinking or drug use.



Is there something else that she may be less resistant to addressing, such as depression, or anxiety, or even figuring out a life or career path? The goal is to get them in front of the treater or in the self-help program, and then let the program or professional do their job.

So, maybe your Loved One is willing to talk to a prescriber for help with anxiety. You can always call the professional and give them information about your Loved One's substance use. They can't volunteer information but they can listen.



While not technically treatment, also think about church, synagogue, temple, or mosque attendance, spiritual retreats, marathon training, and life coaching as valid steps toward recovery. Really anything that competes with the use, provides a pause from use and helps with emotional and physical healing.

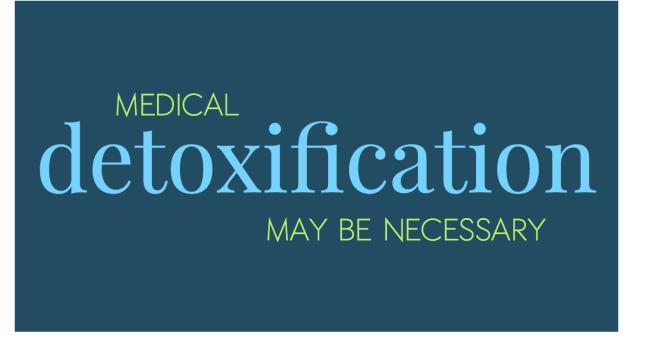


In short, what will your Loved One accept to try right now?

Studies suggest that longer periods of treatment work better.

This means treatment should be for a good length of time, at least 6 months. When developing your treatment options, think of every category, from the most intensive to the least.

This includes medical detoxification, an inpatient rehab, partial hospitalization or intensive outpatient programs, outpatient therapy, AA or other self-help and psychiatry (for medication as well as help with common mental health issues). We provide a short definition of these in the Treatment/Resources section of The Supplement, under "Get Help" in the menu across the top.



The rest depends on what your Loved One will agree to and what you can help them access. Ideally, these levels of care overlap -- we want no pit stops in between. I mean this literally. If you're moving your Loved One from a medical detox to an inpatient program, do everything in your power to make this happen on the same day. If you can't, you will want to stay with your Loved One until the bed opens up. This may seem protective but it's important. Your Loved One will be vulnerable after just a couple days in a detoxification unit. This is a time to step in and provide comfort and support to help get them to the next level of care.

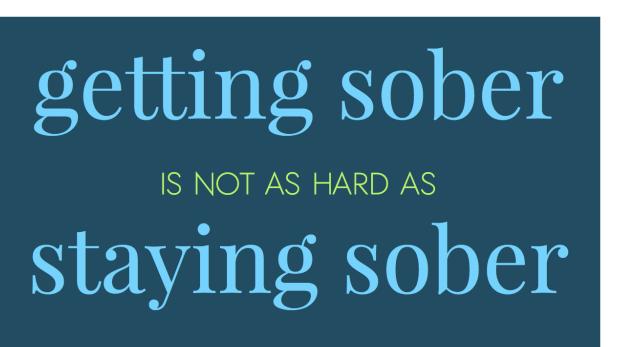
IF YOUR LOVED ONE REFUSES HELP . . . back off

Finally, if your Loved One refuses the help, back off. This is not an opportunity to push your cause.

There will be more opportunities to try again, either because you're reacting more effectively to your Loved One or because of the things that happen when one drinks and takes drugs. Again, we don't want your Loved One to become defensive. Prepare for a "no" so that you can gracefully back off if you get one. Set up again by looking for the next opportunity to talk treatment, either a wish or a dip or by a planned talk.

Preventing relapse

If your Loved One refuses to continue with treatment, preferring to "do it themselves," you'll have to accept it. You can't force someone to stay in treatment. Your Loved One may stay sober on their own for a while, maybe even a long while. Relapse, however, is a real possibility.



protective measures

AGAINST RELAPSE

This is worth repeating: To stay sober, one has to put in protective measures against relapse.

This means a daily focus on recovery, through meetings, groups, counseling or readings, and through other healthy practices that compete with use, such as exercise, volunteering, getting together with non-using friends, spending time with children, doing meaningful work, pursuing a passion.



No one stays sober for long sitting on the couch waiting for life to start.

Use the same principles we showed you to reward non-use, to help influence your Loved One to stay in treatment and to pursue protective measures that will keep them from relapse.

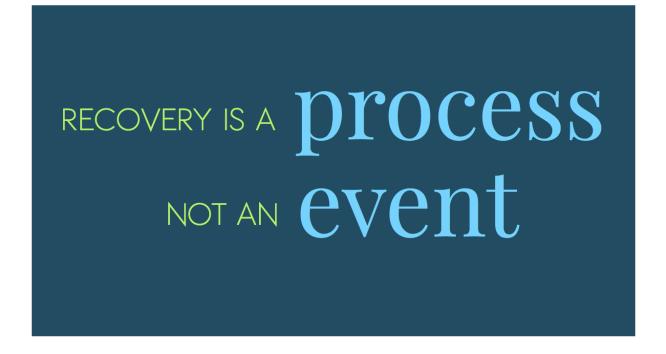


Praise your Loved One for going to their counseling. Tack on ice cream after an AA meeting. Hug them and thank them for sticking with their naltrexone injections. Can you pick up some of the cost of a gym membership, or start jogging alongside your Loved One? Can you organize an outing to the park with your kids? You can't keep your Loved One sober, but you can use your influence to create an environment more conducive to staying sober.

The stance of the family member



Throughout this process you've heard me talk about the need to take care of yourself. Substance problems are difficult to resolve. This approach provides the best framework for addressing the problem and for resolving it. By now, you've also heard me say that:



This means you have to stay emotionally flexible, appreciating the small changes in your Loved One, being grateful when they try treatment, and not being devastated if it doesn't entirely succeed.

Any treatment is a pause. It's a time to reflect and a time when they aren't using. It gives both the head and the body a break.

We're looking for a certain stance by you... one in which you take care of your wellbeing first. This means eating right, getting some exercise, reaching out to your friends, finding ways to calm your head, and turning to the other things in your life that you love.





Your Loved One is in the picture but you are no longer following so closely behind them, emotionally up and down as they go up and down with the substance problem, moment by moment. Step away from them a little, and let their actions impact you less.

respond strategically to the substance use

- Remove negative talk.
- Add in positive talk.
- Learn to listen to your Loved One.
- When they use step away, remove rewards and allowing natural consequences.
- When they don't use, reward them.
- Look for the opportunities to talk about treatment and have treatment ready.



Over the years, I have seen many people recover -- even though it took a lot of hard work, perseverance, and honesty. Your Loved One CAN learn alternatives to using drugs and drinking.

I have also seen the family and friends of Loved Ones learning to take very good care of themselves, realizing that self-care is the best way to help get their Loved One to enter treatment and to recover.

The words of Mary Oliver, the poet, help us to close:

"Someone I loved once gave me a box full of darkness. It took me years to understand that this too, was a gift. So tell me, what is it you plan to do with your one wild and precious life?"