

Love the Kid, Hate the Disease

Lessons Learned From a Dad Dealing With His Son's Addiction

" I found myself in all your words and can only imagine others will too. Although everyone's journey with this is different, there are just some things every single parent of an addict can feel in their bones and relate to in your words. It felt like you were speaking to me and that you GOT ME. I felt understood and seen".

Megan

“When I read your stories, I cried. I felt like I was in the process and on the journey with you and your family. It is a reflection of what I have been witnessing and experiencing with my own family. I love your conversational writing; I love the links to resources or where to find help. I love how real it is. It’s not full of scientific mumbo-jumbo that families cannot wrap their head around while they are in the midst of this crisis”.

Kirsten

“I am an expert in addiction, I’ve been cited and given awards many times. But I had no idea what to do when my own sons became addicted. I wish I had had your lessons and I hope every parent reads this even before their kid develops a problem. On behalf of other parents and the Addiction field thank you so much for putting this down so succinctly.”

Thomas McLellan, PhD.
Senior Editor for the 2016 US Surgeon General report on *Facing Addiction*, former Science Advisor and Deputy Director of the White House Office of National Drug Control Policy, Life Achievement Awards – American and British Societies of Addiction Medicine.

“Thanks for sharing this with me. Incredibly powerful and valuable. Truly. You've captured so many realities and truths herein. It is likely to inform and empower parents/family members to make a difference and give them hope in tough times”.

John F. Kelly, PhD., ABPP.
The first endowed professor of addiction medicine at Harvard Medical School, Founder and Director of the Recovery Research Institute at Massachusetts General Hospital, past President of the American Psychological Association Society of Addiction Psychology.

About the Author

I am NOT AN ADDICTION PROFESSIONAL. I am just the father of five children, the youngest of whom had a near lethal addiction. I retired from a thirty-two-year business career to go all-in on learning as much as possible about addiction to help my son, Stevie, and to bring that knowledge to other parents and caregivers.

I completed a one-year fellowship and studied addiction at Harvard University. I trained to be a Parent Peer Coach. In partnership with two other fathers and a nationally recognized addiction treatment center, I co-created a podcast series called “My Child & Addiction” which currently has over 125,000 downloads. I volunteer at one of the largest health systems in the US to help parents along with the addiction counselors and I work full-time as a volunteer at a national addiction non-profit creating education materials and practical tools to help families.

These short stories deliver the most important information, concepts, tools and personal experiences from my 8-years of dealing with addiction that will help parents and caregivers better understand this disease and what’s necessary to address the problem.

Stevie is now twenty-five years old with over six years of continuous sobriety living a connected, productive, highly social, empathetic and happy life.

Finally, to be clear, the “Love the Kid, Hate the Disease” website is purely part of a personal mission to help others with zero economic benefit to me or anyone else. There are no third-party sponsors.

Acknowledgements

Special thanks to Stevie for your insightful feedback and your generosity in supporting my sharing of these stories.

My love to my amazing wife and our “Fab Five” children for your support and guidance and for making my journey as a Dad beyond my wildest dreams.

My deep gratitude to Stevie’s primary counselors Colleen, Audrey, Justin and Jason, his AA sponsors and the teams at Northwell Health and Caron Treatment Center

Prologue

Have I made mistakes?
Yes. I have.
Many.

Challenging does not begin to describe the fear, hopelessness and anxiety that I felt while my sixteen-year-old son suffered from active addiction. In these twelve short blogs, I will share the best of what I learned about addiction that helped me handle extreme parenting difficulties and ultimately allowed me to be a

part of the recovery solution for my son.

Have I made mistakes? Yes. I have. Many.

The truth is, as you no doubt already know, being a good parent or caregiver is very hard, for any child. But, being the parent of a child with a substance use disorder is a totally different ballgame.

In my view, no parent, initially, is prepared to handle a child with an addiction. No one.

It's too damn hard.

So, I don't have regrets about how I handled my son's disease. But looking back, there are lots of things that I wish I knew before and during my son's battle.

I wish I knew that he actually had a serious addiction at sixteen-years-old.

I wish I knew to heavily rely on addiction professionals for help. I thought I could handle it on my own but I could not.

I wish that I knew how impactful the support and wisdom of other affected parents would be.

I wish I knew how critical it was to be on the same page with my wife when dealing with my son.

I wish I knew that this disease would take over my son's brain and that his bad behaviors, particularly the hurtful ones, were not his fault but were symptoms of the disease.

I wish I knew that despite his nasty words, my son loved and respected me.

I wish I knew how difficult my son's addiction would be for my marriage and on our other children.

I wish that I knew that there was hope, a lot of hope, and that recovery was likely to happen for my son.

I wish I knew that my son could live an amazing life, drug and alcohol free.

I have been lucky. Things have worked out well, so far. I wish I knew a lot more when this all began.

Story 1: There is Great Hope!

There was constant confrontation, arguments, and stress. Every day, every hour, I walked on eggshells in my own home.

Life never goes exactly as planned.

I will begin by taking you to a moment in my life that I could never have imagined. On Saturday, March 15, 2014, my wife and I were at home watching Saturday Night Live and waiting for our youngest of five children to come home from a night out.

Suddenly, we heard a loud ruckus at the side door as our son stumbled into the house.

He was crying hysterically, trying to tell us something, something really important. But he was blithering and nearly incoherent.

Panicked, we said to him, “Stevie, what happened? What happened? Tell us what happened!!”

Slowly the details emerged.

He told us that he had just lain down on the local railroad track. He was ready to take his own life. At the last moment, he listened to a friend, begging him to save himself. As a train was entering the station, he climbed onto the platform and lived!

Stevie was sixteen at the time.

Our lives would never be the same.

I have never experienced anything so complicated and frightening as my child certain that his survival depended on the very thing that was threatening to kill him, alcohol.

And that is the power and the madness of addiction.

The next two years were a living hell. My marriage and family nearly disintegrated. There was constant confrontation, arguments,

and stress. Every day, every hour, I walked on eggshells in my own home.

We almost lost Stevie four times by the time he was seventeen. I felt defeated as a father. I had zero hope for my son.

I was wrong.

Today, Stevie is twenty-five years old, and he is six years in recovery. He spent nearly four of those years living on a college campus and graduated on time with a degree in Psychology. He currently works in the addiction treatment industry, giving back, and sharing his story to help adolescents and young adults find their way to beautiful new lives. He is happy, he is healthy, he is hilarious, he has a ton of friends and he is a loving brother, son and uncle. He has a beautiful soul. I could not be more proud!

There are pathways to a spectacular, connected, productive and happy life. There are ways to positively change the dynamics in a household when a family member has active addiction.

Over 22 million people in the US, including many adolescents and young adults, are living amazing lives in recovery. And you, parents and caregivers, can be critical to helping recovery happen. My son once said to me: “Dad, the only teenagers that are sober have parents (caregivers) who are very involved in the process.”

In these next eleven short stories, I will share the baseline information, concepts and strategies that I learned that helped me to be a part of the solution for my son.

Story 2: Is There an Addiction Problem?

Most people just don't know what defines addiction. Do you? I didn't.

I was having dinner with a group of friends and one of them began asking me questions about a “friend of his” whose son was having substance use issues. This friend is a highly respected medical doctor. The next morning, I got a call from him and, no surprise, he confided

that the “friend” was indeed him. He said that his son was heavily using cocaine and alcohol every day and that he was experiencing seizures. He asked, “Do you think that my son has a substance use problem?” This may seem like a bizarre question. But denial, fear and a lack of understanding of what addiction is often obscures the disease, even if the parent is a doctor. Most people just don't know what defines addiction.

Do you?

I didn't.

Early on, I thought Stevie's behavior could be teenager rebellion. Maybe his binge drinking was due to some other problem? Was he just hanging out with the wrong crowd? Would he grow out of it? Like most parents, I didn't really know until my son's addiction was so severe and scary that it was obvious that we had to take action.

Research shows that forty percent of people with addiction do not know that they have the problem. In my experience, denial or lack of understanding among parents and caregivers is even higher.

During my fellowship program, I took graduate level classes on addiction in Public Health, Psychopharmacology and Neuroscience. In nearly every class, the lessons referred to this thing called DSM 5. One day I sat there and thought to myself, “What is this DSM 5?”

I looked it up and found that DSM 5 is the American Psychiatric Association's gold-standard diagnostic for addiction. It has eleven simple "yes or no" behavioral questions that define whether there is no problem or mild, moderate or severe addiction. This diagnostic cuts through the denial and clarifies whether there is a problem and if yes, how big. These questions take one-minute to complete.

I immediately took the test for my son as if he were sixteen again with the symptoms that he displayed at the time. It turns out that he didn't have a mild problem, he had severe addiction to alcohol. He had ten of eleven symptoms!

My ability to make parenting decisions for my son would have been so much easier if I had known that he absolutely had this disease and needed treatment.

Is there an addiction problem? Please spend one-minute and find out using the DSM 5 diagnostic below. If there is a mild, moderate or severe substance use issue, Story 4 will help direct next steps.

Adapted from the American Psychiatric Association's
Diagnostic & Statistical Manual of Mental Disorders (DSM-5)

How many of the following symptoms has your loved one experienced within the last year? Check all that apply.

- The substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful effort to cut down or control use of the substance.
- A great deal of time is spent in activities to obtain the substance, use the substance, or recover from its effects.
- Craving, or a strong desire or urge to use the substance, occurs.
- Recurrent use of the substance results in a failure to fulfill major role obligations at work, school, or home.
- Use of the substance continues despite having persistent or recurrent social or relationship problems caused or made worse by the effects of its use.
- Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
- Use of the substance is recurrent in situations in which it is physically hazardous.
- Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or made worse by the substance.
- Tolerance, as defined by either a need for increased substance use for the desired effect or a markedly diminished effect with use of the same amount.
- Withdrawal symptoms are present when not using the substance.

Your Score:

— — — —
Mild
2-3
SYMPTOMS

— — — —
Moderate
4-5
SYMPTOMS

— — — —
Severe
6+
SYMPTOMS

SOURCE: Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
DISCLAIMER: Administration of the DSM-5 for your loved-one is not intended to be a substitute for, or to be relied upon as, medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with questions regarding this tool.

Story 3: Addiction is a Brain Disease and Not a Personal Failing

Now imagine his parents telling him that he was done drinking. FOR-EVER! To him, we were insane!!

Brain images from functional magnetic resonance imaging (fMRI) clearly show that the brain with addiction has a very different response to drug and alcohol stimuli than one without addiction. Most addiction scientists believe that an addicted brain has actually been altered by the substance.

Not everyone who uses substances becomes addicted to the substance. Scientists have not yet identified the exact reasons why some people become addicted. They instead refer to the risk factors that increase the likelihood of substance use turning into an addiction. The factors include:

- Age of first use. The earlier a person begins drug or alcohol use the greater the risk of addiction. For example, a person who starts drinking alcohol at 14 has a seven times greater chance of developing an addiction versus a person who starts at 21.
- The presence of mental health issues such as anxiety, depression, ADHD, or trauma.
- An environment with permissive or heavy substance use.
- Up to 60% of the risk is believed to be genetic.

It's clear that my family has a strong genetic pre-disposition. My older brother once said to me: "The first drink I ever had felt like the greatest moment of my entire life. I had always felt unhappy and insignificant. But, for the first time in my life, I felt like King Kong." At thirteen, my brother had had an unimaginable high that he chased for the next six-years. That chase nearly killed him many times.

Imagine feeling so small and insignificant and then, all of a sudden, feeling supremely powerful. Imagine your brain creating an otherworldly high. There is little doubt in my mind, that Stevie had a similar reaction to alcohol as my brother. He felt depressed, he felt inadequate relative to his older siblings, and he felt significant social anxiety. Drinking made all of his problems go away.

Temporarily.

He was the ringleader among his friends. At sixteen, he could see no other way of living.

Now, imagine his parents telling him that he was done drinking, forever. FOR-EVER!

To him, we were insane. Everybody drinks. His parents drink. His siblings drink. His friends all drink. He lashed out at us and our rules. Not only did he think that we were extreme outliers relative to much of the world, but, in his mind, we were also cutting off his only relief from depression, his feelings of inadequacy, and his social anxiety. At one point he said to me: “I will never find a girlfriend if I cannot drink.” To him, we had become the worst parents in the world.

Today, science tells us that the chase for that “incredible high”, the chase for relief, can become a vicious negative cycle. As a person uses drugs or alcohol, their tolerance to the substance increases requiring more and more of the substance to get the desired effects. When the high is gone, the person loses the temporary “relief” and returns to feeling bad again creating the desire to use again. The brain prioritizes getting and using the substance to reduce feeling terrible. At the same time, it crowds out or diminishes the positive effects of other possible means of relief, other more-healthy approaches. In very active addiction, the brain can think of little else but finding ways to get and use the substance. It becomes an obsession. A destructive negative spiral.

My son’s obsession makes sense. He desperately needed relief. But alcohol was a diabolical false choice. His altered brain was telling him that the very thing that was threatening to kill him was his best answer.

Does my son’s drinking sound like a personal or moral failing? Does he sound like a bad kid? Or does his drinking sound like his brain had been hijacked by a powerful substance?

Story 4: What Type of Treatment Makes Sense for My Child?

Clearly, the most intense and comprehensive treatment for my son would be the most beneficial, right? Once again, wrong!

After that horrific Saturday night in March of 2014, my strong instinct was to lock my son down to protect him. In my gut, I thought that we should send him away to residential addiction treatment. Clearly, the most intense and comprehensive treatment for my son would be the most beneficial, right?

Once again, wrong!

We had the benefit of consulting with an adolescent psychiatrist with an addiction specialty. He told us that Stevie would respond best by starting his treatment in an outpatient setting and not residential. If the outpatient treatment proved not to be enough, we could always send him away to residential treatment. We took his advice. He was so right.

Had we forced residential treatment on Stevie before he was ready, it is crystal clear to me today that he would not have engaged and would have wasted the opportunity. He would have fiercely resented us for forcing him to go. There is scientific evidence that shows that forcing too restrictive care when it is not appropriate can produce worse outcomes. Yes, more expensive and restrictive addiction treatment can have a detrimental effect if a lower level of care is more appropriate.

Wow! Who knew?

It turns out that this is an issue that addiction researchers and psychiatrists at the American Society of Addiction Medicine (ASAM) have been studying for over forty years. They have built the gold-standard tools used by professional clinicians to assess the proper level of care for individuals suffering from addiction and for those suffering from addiction along with other mental health issues.

Unfortunately, treatment decisions today are typically made by consulting with non-professionals or made by searching the internet where residential treatment centers proliferate, and outpatient centers are hardly represented at all. The end result is that too many people start with the wrong treatment.

In 2020, ASAM partnered with a national addiction non-profit and a health tech company to create a consumer-friendly assessment tool called the Addiction Treatment Needs Assessment (ATNA). In the year since launch, thousands of users have completed the assessment and well over 50% of the users have been directed to seek outpatient treatment as the first step.

It is important to note that over 70% of the ATNA assessments also recommended mental health services as part of the addiction treatment. Addiction combined with mental health challenges is common.

The recommendations that ATNA produces for consumers is an important free service to families in-need and a significant improvement from what a simple Google search will do. In fact, the company Google itself recommends ATNA on its Recover Together website.

Please take 5-minutes and determine the proper treatment starting point for your loved one:

<https://www.shatterproof.org/find-help/determine-treatment-needs>

Story 5: Addiction Recovery is a Process

No seventeen-year-old uses the word “powerless” and no seventeen-year-old asks for residential addiction treatment without going through a massive personal transformation.

Eleven months into Stevie’s outpatient treatment, he had five consecutive months without using alcohol and my wife and I had to make a tough decision: should we let him go on a once-in-a-lifetime overnight class trip? We were, of course, extremely nervous about letting him go but he had lived up to the promises that he had made to us about not drinking. We decided to let him go.

The first night, he drank a bottle of Jack Daniels. We got a call from our niece, who was also on the trip. She told us he was unconscious and taken away on a gurney to the local ER. Then her phone died and we heard nothing for seven excruciating hours.

The next morning, he called and told us he was safe. Then he spoke the most beautiful words that I have ever heard in my life. Barely audible, he said: “Dad, I am powerless over alcohol, please get me a bed at “ABC” Treatment Center.”

No seventeen-year-old uses the word “powerless” and no seventeen-year old asks for residential addiction treatment without going through a massive personal transformation. He had done some great addiction recovery work.

I never liked the word process. To me, process meant slow, wishy washy, and unclear. However, looking back, Stevie’s recovery was absolutely a process.

I would describe his process as follows:

- **Initially**, he fought hard against outpatient addiction treatment. He told us that we, his parents, were the problem and not him.
- **Two months into his outpatient treatment**, a fabulous speaker and former NBA player, Chris Herren, came to our local High School to talk about his near-fatal drug addiction. Stevie identified with Chris and asked me to watch the Chris Herren ESPN 30 for 30 TV special with him. This was the first small recognition on Stevie's part that there might be a problem.
- **Over the first six-months**, Stevie had bouts of trying to abstain from drinking and then drinking again. During this period, he was working with a counselor, doing peer group meetings, and doing classwork at the treatment center to learn about addiction. I believe that he mostly wanted to get his parents off of his back and resume with his previous social life. However, he did do the work.
- **At the six-month mark**, as a consequence of a significant relapse, we seriously considered sending him away to residential treatment. This had a big impact on him and he agreed to go to Alcoholics Anonymous (AA) and to make a bigger commitment to his outpatient treatment. At the time, he was not fully convinced that he had an addiction problem. He was mostly trying to avoid this big negative consequence from his drinking.
- **At the eleven-month mark**, he relapsed on the class trip. He asked to go to residential treatment.
- **During months twelve to eighteen**, he learned a lot at residential treatment (28 days) and at a very structured after-care program (3 months). He committed himself to working hard on his recovery and stayed away from his friends during post High School senior summer.
- **At the eighteen-month mark**, he stopped going to counseling and to AA. He relapsed. After that relapse, he was upset with himself and told us that he wanted to live and he would do the work to maintain his recovery. He told us that he owned his recovery and that we

should back off. This moment was a clear sign of his recovery commitment.

- **Over the next six-years**, he attended AA regularly. He decided that he would make a career of helping others achieve recovery. After college, he worked for a year on potentially ground-breaking addiction brain research. He then got trained as a Certified Peer Recovery Coach and currently works in the treatment industry. He has over six years of continuous sobriety.

As we were going through these up and down moments and events, the process seemed all over the place to me. The setbacks, in particular, crushed my confidence and hope. I just could not really grasp what was happening as it was unfolding because I did not know where we were or where we were headed. I was blind. I did not have a framework to understand the process.

It turns out that two world-class researchers, James Prochaska and Carlo Di Clemente, developed the Transtheoretical Model for the change process for addiction recovery – The Stages of Change. When I read that research for the first time, I couldn't believe how closely Stevie's recovery, and most people's recovery, followed their model. Had I been exposed to this simple model early in the process, I would not have been so confused and unclear about what was happening.

The Stages of Change (high level)

Pre-contemplation

The person with the addiction does not recognize that there is a problem and has no intention to change behaviors.

Contemplation

The person is becoming aware that there is a problem and begins to think about changing, cutting down, moderating or quitting the addictive behavior.

Preparation

The advantages of change begin to outweigh the positives of continuing substance use. The person may already be attempting to reduce or stop on their own. They begin to set goals and share these with others.

Action

At this stage, people are actively modifying their habits and environment.

Maintenance

Maintenance, also called recovery, is characterized by making substance free behavior a way of life. The person is fully engaged and committed to their new behaviors and preventing relapse.

Relapse

Relapse is not a stage of change but often a part of the change process. Relapsing and recycling through the stages can occur frequently.

This easy-to-read framework will allow you to understand where your child is in the process and where he/she is headed. Importantly, it will give you insights about what your role can and should be at each stage. It is a must read:

<https://www.verywellmind.com/the-stages-of-change-model-of-overcoming-addiction-21961>

Story 6: How Can Parents and Caregivers Help?

The parents that dig in are heroes to their kids, whether their kids appreciate it or not.

An addiction counselor once told me: “You didn’t cause it, you can’t control it, you can’t cure it”. As I listened to those unsettling words, I thought to myself: “Then what the hell can I do?”

It turns out, a lot.

Almost every addiction counselor will advise parents and caregivers that they are critical to the recovery process and that there are four primary things that they can and should do to help their loved one:

Get educated about the disease. These short stories are a good start but they should be viewed as only the beginning. This is a complicated and vexing disease, particularly in the way that the symptoms manifest themselves within relationships and within the family. Without a doubt, the more that you know the higher the likelihood that you will be helpful to the recovery process. Early on, I was detrimental to my son’s recovery. I didn’t know that. Then I learned and made the necessary adjustments.

Get professional help for your child. We know that addiction is a brain disease. And we know that active addiction is a life-altering and many times a life-threatening health issue. The science shows that professional treatment increases the chances for recovery. Given all that, seeking professional help seems like a no-brainer, just like for any other health issue. The recovery roadmap is also fraught with twists and turns, difficult messages to deliver, and complicated situations. Professionals are able to deliver much needed wisdom, judgement, and tactics. In my view, professionals saved my son’s life. I will be forever grateful.

The #1 recommendation that I hear from experienced parents, and my #1 recommendation, is to work with professional clinicians.

If you do not have access to professional treatment, Story 12 discusses an excellent alternative.

Get support. The idea that I would need to join a parent support group as part of the process for my son's recovery was a ridiculous concept to me. No way! Yet, today, after spending years attending these groups for myself and years attending groups as a Parent Peer Volunteer, I am convinced that these groups are life-changing assets for parents.

Nearly all of us that attend these meetings attended our first meeting completely skeptical about the value of the meeting and most of us were certain that our situation was unique. We all felt alone and isolated. Within two or three meetings, almost everyone remarks that they no longer feel alone, that they feel supported, that their situation is far less unique than they thought, and that they are learning critical things about how to handle their loved one within the household. Invaluable!

The secret sauce is that under the guidance from a clinical moderator, participants share stories, information and strategies that resonate. A clinician might talk about a concept, but there is something exceptionally powerful that happens when a parent talks about their experiences with their addicted child. The impact is extraordinary.

Attending parent group meetings moderated by a professional is my #2 recommendation.

Take Care of Yourself. I didn't do it. I could not justify focusing on myself when my son's life was on the line. I lost weight, and not in a good way, and I was on edge constantly. At one point, I was so frustrated and strung out that I threw my Blackberry and it literally stuck in our den wall, half in half out. We had a Blackberry sized slice in our wall for years – I am not proud of that at all. But, it came to symbolize something important: this process is a marathon and not a sprint and that if you do not take care of yourself then you will not be at your best when called upon to handle tough circumstances.

Dealing with a child's addiction is a massive ask. It is a powerful and complicated health issue. As a Parent Peer Volunteer, I often tell parents, when they are strung out and frustrated, that their kids are the lucky ones. Many parents turn a blind eye to the problem. The parents that dig in are heroes to their kids, whether their kids appreciate it or not.

The bottom line is that to best help your child, it is important to access resources and to get involved in the process. If quality resources are difficult to find, go to the [Resources](#) section of the website for trusted suggestions.

Story 7: Understanding Common Traps

“You are ruining my life. If it wasn’t for you, I would be fine. You are the worst parent in the world.”

The addicted brain is smart, it is clever, and most of all, it is relentless. Reasoning and logic most often don’t work with an addicted brain. The disease will fight to survive. This isn’t polite stuff. This disease plays hardball. There are no rules.

A core strategy for the addicted brain is to attack YOUR vulnerabilities, to push you away from the problem so that the disease can live and thrive. Stevie’s addicted brain knew my vulnerabilities and took full advantage to get what it needed.

He exploited my fear and guilt. He would say terrible things to me: “You are the cause of my depression”, “You are ruining my life”, “If it wasn’t for you, I would be fine”, “You are the worst parent in the world’.

Every one of those attacks was a body blow. I became so afraid, afraid that I would make a mistake and he would respond by hurting himself.

I also desperately wanted to have a relationship with my son. The tactics all worked. These comments caused me to give in, to back off, and to allow the addiction to thrive.

He divided my wife and me. Those suffering from substance use disorders often try to separate their parents and caregivers, play one off the other, if they are not exactly on the same page in terms of parenting decisions. Early on, most couples are not on the same page. This has the parents fighting with each other instead of focusing on their child.

At one point, our four oldest children conducted an intervention – not for our son, but for us! They begged us to stop fighting, begged us to get on the same page to save our family, our marriage and to better help our son.

He expertly used dishonesty. Like it was yesterday, I remember my son walking into the kitchen and my wife saying to him; “You have been drinking.” He denied it.

I then asked him: “Were you drinking?” He quickly turned to me and said: “I am looking you straight in the eye and telling you that I did not drink. I cannot believe my own father doesn’t believe me when I am looking you straight in the eye.” It worked. I believed him.

I was wrong.

Hard and painful lessons came with every one of those experiences.

But the toughest lesson, for me, was the slow and humbling realization that it wasn’t just Stevie who had to change.

My parenting approach needed to change. In my life and my career, I was a fixer, a problem solver. My strength was analyzing a situation, finding a solution, and fixing the problem. That was my thing.

I thought I was helping my son. I even thought I was saving my son. But the reality was that I was an enabler for my son’s addiction. I am still embarrassed to admit that during his outpatient treatment process, I actually engaged in and encouraged a conversation with him about moderate drinking. I had such a hard time saying no to him. He was so convincing. But, in the previous six months, he had overdosed on alcohol twice and had developed life threatening depression. How could I possibly support such a conversation?

It was just so easy for me to lose perspective.

Handling these situations is difficult on many levels for parents and guardians. It is heartbreaking, maddening, and often demoralizing. The need for perspective and peer and professional feedback is a fundamental reason why professional help and Parent Group meetings are so valuable.

Story 8: Detachment is a Parent's Superpower

Dear
Addiction,
F-- You!!

What I now know to be “common traps” had my head spinning every day. Where did I go wrong as a parent? Why was my son, who was such a sweet and loving youngster, now so nasty and mean to me, my wife and other family members? I was so confused. How could I

possibly make sense of all this madness?

It turns out that a cornerstone concept emerged after a counselor asked me to write a letter from me to the disease of addiction.

In an instant, I got to channel all of my fear, anger and frustrations into a letter directed at the real culprit.

I feverishly wrote:

Dear Addiction,

F - You!!!

*You are trying to kill my son.
You are trying to steal his future.
You have turned him into a liar and a manipulator.
You are trying to destroy my marriage
and my family.*

I hate you with all the hate that a father can hate.

*But, there is an antidote and that antidote is
sobriety!!*

My son will beat you!!

And he will become the man he was destined to be.

*Your arch enemy,
Stevie's Dad*

What a liberating moment!

All of a sudden, I saw things so much more clearly. My son was not a bad kid. He had a horrendous disease. It was not his fault. The symptoms of this disease included lying, manipulation, confrontation, anger, poor choices, risky and reckless behavior.

Understanding the symptoms gave me the insight to hear and understand his manipulations and tactics and say to myself: “That is addiction talking to me and not my son.”

Detachment was the superpower that I needed to focus on the disease and what needed to be done.

Detachment is not an easy skill to develop. It is so unnatural for parents to detach from their kid’s negative behaviors. But, it is essential for self-preservation and for changing the dynamics in the household. It takes practice, support and guidance to learn how to unemotionally respond in-the-moment to the nasty ways that the disease manifests itself through our kids. Again, Parent Groups and counselors are indispensable resources for developing this critical skill.

Love the kid, hate the disease!!

Story 9: Tools to Create Change: Boundaries, Consequences and Leverage

“Why would he change if you keep fixing his problems and making life easy for him?”

I was part of my son’s problem. I was often a fixer, an apologist and an enabler for his transgressions and poor behavior. He was hurting so badly, and I wanted to be there for him. I just didn’t understand that I was protecting the disease and not him. He needed to “see” the problems that

alcohol use caused and by fixing those problems, I was standing in the way of his recovery.

The counselors and experienced parents from the groups, in a very supportive and empathetic way, just kept asking me: “Why would he change if you keep fixing his problems and making life easy for him?”

Six months into his outpatient treatment, I took the leap of faith and threw down the gauntlet.

I set a hard boundary and told him that if he had even one more drink, and the counselors recommended residential treatment, we would follow-through and send him away (the consequence).

This was tough stuff.

By then, Stevie was a senior in high school, an honors student, a captain of the high school soccer team, and he had lots of friends. Sending him away would likely mean that he would miss much of his senior year, not apply to college, and not graduate high school on time.

He didn’t believe me.

And why should he? My track record was lousy.

Two weeks later on a Saturday night, he got blackout drunk. I tracked him down at a party and brought him home.

He was loud. He was belligerent. It was bedlam in the house. My wife and daughter were hysterical, alternating between crying and yelling at me: “Do something! Do something!”

He taunted me: “C’mon, hit me, hit me”.

I had never been so defeated and so helpless in all my life.

All I could do was say to my wife: “Call 911”.

The police arrived and calmed the situation.

That Monday night was put up or shut up time for me. I told him that if the counselors recommended residential treatment then he was going. He looked at me with a fierce and piercing stare and said: “If you do that, you will no longer be my father. You will have four kids and not five.”

An amazing calm suddenly came over me. I looked at him and said, “I have never been more of a parent than I am being at this exact moment. If the recommendation is residential treatment, then you are going!!”

Then, my wife and I left for our Parent Group meeting.

Holding my ground with Stevie was the single hardest thing I have ever done in my life. I was scared out of my mind.

Would he get drunk? Would he run away? Would he hurt himself?

We were gone for two long hours. When we returned, there was note on the side door. I said to my wife: “Damn, he ran away”.

Slowly, we walked up to the note. It read:

Dear Mom and Dad,

You are right. I have a problem. Please don't send me away. I will go to counseling. I will read the Big Book. I will go to AA and get a sponsor. And, if I have one more drink I will voluntarily go away for help.

Love,

Stevie

A potentially huge breakthrough!

My wife and I and the team of counselors deliberated for four long days. We finally decided to support his approach.

He lived up to those promises for five months. When he relapsed on the class trip, he lived up to his other promise to accept the consequence and seek residential treatment.

It doesn't always work like this.

If you are lucky, the consequences for broken boundaries can be simple things like taking cell phone access away, and that creates change. Often, however, when the kids are very sick, the consequences need to be much greater. In our case, we had to continually increase the intensity of the consequences. Taking him out of high school and sending him away to residential treatment, and his belief that we would follow through, was enough to help create change.

I have four pieces of advice on using boundaries, consequences and leverage to create change:

Focus on the single most important boundary. In our case, at the time, we had about a million things that we would love to improve about our 17-year-old son (clean his room, get to school on time, be more courteous at home, take out the garbage.... etc). We initially wrote contracts with 7 or 8 big boundaries and numerous sub-boundaries. We had him sign the "contracts". In response, our son suddenly turned into a Harvard Law graduate and found loopholes and gray areas which turned into a lot of

conflict between us. Finally, we realized that drinking was the one behavior that was threatening his life and standing in the way of all other growth in his life. We set that one boundary, enforced the consequence, and helped create the necessary change.

Follow through on consequences. Create consequences that you can and will follow through on. This is essential. If you do not follow through, then your boundaries and consequences will be meaningless.

Get professional help and access to experienced parents. Implementing boundaries, consequences and using leverage is extremely difficult to do in a vacuum. It is hard enough to execute with the help of a team. Get help.

Understand That Your Child Does Not Hate You. When I decided to enforce consequences on my son, he was so angry with me that I thought that I lost my relationship with him forever. Two years later at a dinner celebrating his one-year of sobriety, he handed me a letter. I was afraid to open it and didn't until the next day when I was alone. In that letter, he told me that I was his hero and that he knew all along that I was in his corner. He said that I helped save his life. When I read those words, I sobbed like a baby. Until that moment, I didn't know. It was such intense relief. Today, I am blessed with an incredibly close relationship with my son. In my volunteer work, I have consistently noticed this type of relationship turnaround. As the child recovers from addiction, that beautiful child that you raised typically re-emerges.

There are a few other things to know about boundaries, consequences, and leverage.

If your child lives independently and/or the child is economically independent, then your leverage to impose consequences is low. Those facts do not change what you should do – set boundaries and consequences – but the lack of strong leverage can reduce the power of the tools. Similarly, if you are estranged from another important caregiver in your child's life, then the actions of the other caregiver can undo your good work of setting boundaries and consequences. This is frustrating and heart wrenching. But, the best thing you can do is carry on with your approach and try to get the non-compliant caregiver to understand what's at stake and what is best for the child.

Both of these tough situations are common. Again, professionals and other experienced parents can be extremely helpful for support and ideas on how to best handle your situation.

Story 10: The Power of Positive Reinforcement

Stevie knew that we were 100% behind him on healthy behaviors.

At a social event, a mother came up to my wife and I and said: “Stevie changed my son’s life my son used to drink heavily all the time and now, because of Stevie, he is up early, he is playing sports almost every day and doing other healthy activities that

don’t include alcohol. Your son got that whole group of boys to change. Thank you!”.

We were lucky. Stevie decided that he wasn’t going to drop his hard-partying hometown friends, as is often suggested by counselors. Instead, he created fun sober activities and brought his friends along. He got them to play softball, go bowling, play mini-golf, play board games, play basketball, do fantasy football, etc. He got them to raise money for cancer in an annual Swim Across America event. He even went so far as to create newsletters for the sports which allowed the boys to poke fun at each other and connect them even closer together.

As his parents, we supported him on anything and everything that was a positive, sober activity. We made a big deal out of calling out these positive behaviors and his sobriety milestones.

A nationally recognized clinical research scientist and addiction treatment specialist told me in the Parent Peer Coach training that we must help our loved one find a new way of life, a new way of coping. Using substances gave our loved one “something”, we must help them replace that something with something else that is healthy. He said that consistent positive feedback on healthy behaviors is just as important as calling out the negative behaviors.

Stevie knew we were behind him 100% on healthy behaviors.

He also knew that we were 100% against his unhealthy behaviors.

Both are critical for creating the necessary change.

Communicating both positive and negative messages to a person with a substance use disorder can be very complicated. Often, our child is an unwilling participant. Good communication requires clear messaging, an ability to separate positive and negative events and an ability to avoid or de-escalate highly charged conversations. It is easy for parents and caregivers to mix messages, send confusing signals or get caught up in emotion.

Communication skills are so central to parent and caregiver effectiveness that a highly impactful science-based communications approach was developed called CRAFT (Community Reinforcement and Family Training) to help families get their loved one to accept and thrive during addiction treatment. CRAFT's focus is on positively reinforcing healthy behaviors and negatively reinforcing addictive behaviors.

Parenting a child with an addiction is exhausting. There are so many negative situations and hard things that we are forced to confront. It is so nice to know that a big part of a successful recovery for our child includes supporting them, loving them and consistently calling out positive behaviors.

We need to catch our kids being good!!

Story 11: Addiction is a “Family Disease”

“We used to have such a close relationship and now we don’t talk we don’t have a relationship at all I am so sad”.

- Stevie’s sister

When my son went away to residential treatment, a central part of the treatment protocol was to educate the family about the disease and try to engaged them in the recovery process. Our son’s four older siblings dropped everything and our entire family attended the Family Education Program spending a weekend in a very remote town in Pennsylvania. None of us had any idea what to expect.

The first session seemed like a simple gathering of all the visiting family members for the eight “graduating” patients to introduce ourselves to each other. In our family, I went first: “Hi everyone, I am Stevie’s dad and I am very proud of my son and happy to be here today.” Next went my daughter. “Hi everyone, I am Stevie’s older sister, Emma I feel like I lost my baby brother, forever We used to have such a close and special relationship and now we don’t talk we don’t have a relationship at all I am so sad.” The entire room broke down and cried. She hit a raw nerve.

As the weekend progressed, many things stood out about addiction and family relationships. In a session called “The Family Tree”, the eight patients listed their family members and rated their relationships before and after using drugs and alcohol. In every instance, the relationships prior to using drugs and alcohol were very good or incredibly close relationships. In every instance, after the patient became addicted to drugs and alcohol, the relationships deteriorated significantly or were broken entirely. As the discussions continued, there were many other themes that emerged among family members such as: fear about the patient’s health, anger and trauma about the patient’s unacceptable behaviors and all the fighting, sibling guilt about supplying the patient with drugs

or alcohol, sibling anger about the patient taking up so much of their parent's time and energy, etc. The sharing and disclosures among both patients and family members was exceptionally open, brave and enlightening. It was an incredibly important two days for our family. But, it was clear that addiction had impacted the entire family and taken its toll on everyone, not just Stevie.

As parents and caregivers, it is critical to be hyper-aware that the siblings can be very negatively impacted by another family member's addiction. The siblings may not want to engage in education or support to help them manage through the difficulties. They have their own lives. But, as best as you can, it is important to try to be aware that there is negative impact and give them as much support, access to counseling, and love as possible.

Today, most of the wounds have healed in our family and the five siblings are once again very close. They have even vacationed together multiple times, without us parents, and had fantastic fun with a lot of laughs and great memories. Stevie's four siblings are so proud of what he has accomplished and who he has become.

Story 12: A Great Public Health Resource: Alcoholics Anonymous (AA)

In this groundbreaking study, these scientists found that AA had similar or better results than many of the traditional treatment protocols like Cognitive Behavioral Therapy.

In March of 2020, three of the world's most important addiction researchers (Dr. John Kelly from Harvard University, Dr. Keith Humphries from Stanford University, and Dr Marcia Ferri from the European Monitoring Centre for Drugs and Alcohol Addiction) published the most comprehensive study ever done on the efficacy of Alcoholics Anonymous (AA). In this

groundbreaking study, these scientists found that AA had similar or better results than many of the traditional treatment protocols like Cognitive Behavioral Therapy. This was an incredible finding!

The great thing about AA is that there are free meetings in nearly every community in the US and in almost every country in the world. AA is an **accessible public health resource** for addiction for anyone, anywhere, at almost any time. Most people can find a group that includes or caters to their gender, race, sexual orientation, age group or their community. Today, meetings are also online through Zoom.

Millions of people around the world, including many adolescents and young adults, are in recovery and living happy and connected lives because of AA.

In our case, my son combined professional treatment with AA support. AA and professional treatment can be very complementary and powerful. Stevie found a fantastic young person's AA meeting in our community that became his original "home" group. After six years of sobriety, Stevie still attends AA meetings regularly. He finds them very valuable.

How does it work?

The researchers found that there were many elements that contributed to these outstanding results:

- AA groups are a social network, a community of like-minded people. People feel connected.
- AA groups have numerous positive role models which brings great hope to the members.
- AA utilizes sponsorship and mentorship to help the new members.
- AA members learn coping skills from the other members.
- AA meetings help reduce cravings and increase motivation for abstinence.
- The AA tradition of helping others actually helps the helper.

For those addicted to drugs, Narcotics Anonymous (NA), is founded on the same principles as AA and has similar results.

Epilogue

But, I will say that recovery offers the possibility of a wonderful new life for the person with the addiction and for the engaged family members.

One day in December 2014, a close friend and work colleague suggested that I watch Brene Brown's TED talk called "The Power of Vulnerability". He knew that my marriage was in a bad place and that my son was not doing well. I began watching at my desk. I broke down. I called him up in the middle of the TED talk and said: "What the hell are you doing to me?"

That same night, my wife and I were having a session with our family addiction therapist and the counselor said to me: "You should watch Brene Brown's TED talk on vulnerability." Two people, who knew a lot about me, on the same day, made the exact same suggestion. I sat down a second time, and a third time, and a fourth and watched this incredible talk (56 million views and translated into 52 languages).

According to that TED talk, relationships and personal connection can only be as deep as the participants' willingness to lay bare their vulnerabilities to each other. Throughout my life, I rarely showed vulnerability. There was always an answer, and I knew the way. But, my family life was crumbling. Now, everything was different: I wanted to change. My lack of connection to my wife was so troubling that I began implementing Brene Brown's advice and evolving from being the answer man to sharing my weaknesses openly with her.

While I was working on my marriage, I was also regularly attending Parent Group meetings and sharing my fears and mistakes with strangers. Very quickly, I noticed that as participants shared their fears and mistakes, we all began to develop true empathy and felt very connected to each other. When someone else's child did well, we all felt good and vice versa. This vulnerability thing was remarkably powerful.

Along the way, I attended open AA meetings. There, the “Alcoholics” (that’s what they call themselves) shared their deepest and darkest moments and their most shameful actions, with everyone. Recovery has a lot to do with accepting truth and having accountability for your actions. It is impossible not to notice that these people had incredible connections to each other. They were all fighting the same intense battle and made themselves completely vulnerable to each other.

I do not wish this disease on anyone. But, I will say that recovery offers the possibility of a wonderful new life for the person with the addiction and for the engaged family members. Those in recovery are some of the most connected, empathetic, happy and productive people filled with gratitude for those that have helped them attain recovery. Family members who have gone through the process are forever changed as well.

This harrowing journey has also delivered an unexpected and extraordinary gift to me of personal growth. I am now totally willing to show and share my vulnerabilities. I am willing to accept that I do not have all the answers and that I need help. I am much more understanding and empathetic of people and their circumstances. I now understand that people allowing me to help them is a gift, to me. I am more connected and happier than I have ever been.

On the Friday after Thanksgiving, I asked Stevie to read a draft of this content. I was so nervous about how he would respond. I needed to know his comfort level with the graphic personal stories. If he was not comfortable, I would kill that content. To give him options, I created three versions: one with no personal stories, one with watered down personal stories, and a version with the actual personal stories. His answer: “Version three, because it is the truth”. I pushed back to make sure he was comfortable. He told me: “Dad, that was seven years ago I talk about these events all the time in my recovery work and my job. I am very detached from those events and a completely different person.” That conversation confirmed to me that Stevie’s addiction was in deep remission and that he is strong and healthy. What a beautiful gift!!

Trusted Resources

If you or a loved one are experiencing
a life-threatening emergency
Call 911 or go to your nearest hospital

If you or a loved one are
experiencing suicidal thoughts
**Call the National Suicide Prevention Lifeline
1-800-273-8255**

Parent/Caregiver Education and Support

Hazelden Betty Ford Foundation (HBFF) – Virtual Family Program (VFP): This free full-day program is live and interactive education and support via WebEx designed for parents and family members. The program features clinical family specialists from HBFF and is available in English and Spanish. The program addresses practical information, tools and resources that will help families begin the addiction recovery process for their loved one. Sessions are offered during the week. HBFF also offers a separate version of the training for parents/guardians and siblings of adolescents (12-23 years old). Sign-up through the links below:

Virtual Family Program:

<https://www.hazelden.org/web/public/event.view?eventId=7313569>

VFP (Adolescents):

<https://www.hazelden.org/web/public/event.view?eventId=7313403>

For any questions call: 1-877-429-5093 or email
virtualfamily@hazeldenbettyford.org.

<https://addictionlessons.com/>

The Partnership to End Addiction – Specialist

Support and Parent Coaching: This free service is a great way to get started with initial direction from a trained addiction specialist on appropriate next steps for dealing with your child’s situation. Recommendations can cover a wide range of appropriate actions and can include getting coaching from Parent Peers with lived experience and training in evidenced-based CRAFT principles (Story 10). Texting (the preferred method) or emailing is the quickest way to connect into this service. A call can typically be scheduled inside of two weeks. Support is available in English and Spanish. To connect to this service:

Text: “CONNECT” to 55753

Email a specialist: <https://drugfree.org/email-a-specialist/>

Schedule a call: <https://scheduler.drugfree.org/>

Caron Treatment Center – “My Child & Addiction”

Podcast Series: A free and easy way to get started in the process. These gritty and authentic podcasts of live parent support group meetings offer great insights and information from experienced parents. Each podcast also features a top clinician from nationally recognized Caron Treatment Center. To get started, pick one of the 40+ available podcasts on a topic that resonates with you. To find the podcasts:

Search on any podcast app: “My Child & Addiction”.

The Partnership to End Addiction – Live Virtual

Parent Support Groups: These free parent support group meetings are run by trained Parent Peer Coaches and supported by trained addiction specialists. The meetings provide support and use evidence-based CRAFT principles to educate family members about addiction and improve communication with your addicted loved one (see Story 10). Meetings are offered Monday, Tuesday, and Wednesday at 8pm EST and Saturday at 11am EST. Sign-up with the link below:

<https://drugfree.org/article/online-support-community-for-parents-caregivers/>

SMART Recovery – Family and Friends Education

and Support Meetings: These free meetings provide support and use evidence-based CRAFT principles (See Story 10) to educate “family and friends” about addiction and improving

<https://addictionlessons.com/>

communication with your addicted loved one. The moderators of the meetings are trained and can be either addiction professionals or lay people. The meetings are offered in two ways: small local in-person or zoom meetings (170 meetings per week) and large online gatherings (8 meetings per week). Please note that the website and sign-up process can be somewhat difficult to navigate. To access use the link below:

https://www.smartrecovery.org/family/?_ga=2.44933676.908311270.1647637139-1478977150.1644367063

Finding Appropriate Addiction Treatment

There are three fundamental steps for selecting the right treatment provider:

- Determine the right type of care for your loved one (Story 4).
- Locate treatment provider options.
- Ask treatment providers questions to determine fit and the quality of provider.

Determine the Right Type of Care: This short, consumer-friendly assessment was developed by the pre-eminent addiction scientific organization, The American Society of Addiction Medicine (ASAM), OpenBeds, and Shatterproof to direct people to the right treatment type:

<https://www.shatterproof.org/find-help/determine-treatment-needs>

Locate Treatment Provider Options: After you have determined the right type of care, if you have a trusted and knowledgeable source for addiction treatment recommendations, use that person for a recommendation. If not, the most widely used treatment locator is a US Government (SAMHSA) tool:

<https://findtreatment.gov/>

Questions for Addiction Treatment Providers: These questions will help determine if the provider uses evidence-based practices and if the fit for your loved one is appropriate:

8 Essential Questions to Ask Treatment Providers

When can we get an appointment? *Quick access to treatment can be very important because your child's willingness to attend can be fleeting.*

What is the cost of the program/ do you take insurance/ do you have financial aid or sliding pay scales? *Addiction treatment can be expensive, particularly residential treatment.*

Do you offer customized treatment for _____ (fill in age/ gender/ other characteristics)? *A treatment program that includes others like your child is more effective for your child.*

What therapies do you use to treat patients? *Cognitive Behavioral Therapy, Contingency Management Therapy, Motivational Interviewing, and Family Therapy are evidence-based treatment protocols and an indicator of the quality and rigor of the treatment provider.*

Do you offer Medically Assisted Treatment (MAT) for opioids/other substances? *Even if your child does not use opioids, this question signals whether the treatment provider utilizes the latest scientifically effective treatment protocols.*

Do you provide mental health care or are you closely connected with mental health services? *Close to 75% of those needing substance use treatment need mental health monitoring or care (Story 4) – another important service that signifies competence.*

Do you provide family support and counseling? *As you now know, parents and families are very important to the recovery process and they need guidance.*

Do you design an aftercare program for the patients?

As shown in Story 5, recovery is a process and long-term recovery typically requires ongoing support after the initial treatment services. An aftercare plan is essential.

Free Alternatives to Professional Addiction Treatment

As discussed in Story 12, Alcoholics Anonymous (AA) is a free alternative that top scientists have shown has good effectiveness for addressing addiction. Even though alcohol addiction is the primary substance that AA addresses, many people with drug addictions use AA for help. Narcotics Anonymous (NA) was founded on the AA principles and is an alternative for those addicted to drugs.

Given the lethal risks of opioids, please note that there are effective risk reduction strategies using FDA approved pharmaceuticals which can block the impact of opioids or reduce cravings for lethal drugs. These tools can only be provided through trained professionals. Additionally, if your child is using opioids, please have NARCAN on hand which can reverse an overdose and has saved thousands of lives.

<https://www.aa.org/>

<https://na.org/>