

How to Get Your Resisting Loved One into Treatment

A Step-by-Step Plan for Mental Health
and/or Addiction Crisis

*Critical knowledge and skills to get your struggling
loved one on a path to recovery*

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Contents

Introduction	1
Chapter 1: Author's Objectives and Perspective	5
Chapter 2: Key Book Notes	23
Chapter 3: Understanding the Disease	39
Chapter 4: 25 Must Knows	51
Chapter 5: Treating the Disease	145
Chapter 6: Flattening the Risk Curve	165
Chapter 7: My Phases of Recovery	173
Chapter 8: Get Your Loved One into Treatment Step-By Step Plan	193
Chapter 9: The Path to Lifelong Recovery	231
Chapter 10: Resources and Closing Remarks	253
Closing Remarks	255
Acknowledgments	257
References	259

Introduction

First and foremost, thank you for trusting me to be part of your family's solution in getting your loved one into treatment. If you are reading this book, perhaps the chances are someone dear to you is tirelessly struggling to manage his or her mental health conditions and/or substance use and most probably refusing help. Maybe your family has pulled out all the stops— limitless compassion, soft love, tough love, validation, strict rules, flexible rules, collaboration, partnering, empathy, agreements—but nothing is working. Perhaps it seems you are out of options to help your loved one get better, yet you aren't ready to give up hope. You may be a clinician or friend wanting to support a client or colleague. Or you may be an educator who wants to integrate this knowledge into your curriculum. No matter how or why you found your way here, I appreciate your willingness to be a critical part of the solution in battling this beatable disease. You are on the right path, increasing your chances for success by seeking help and not giving up.

In my practice, countless numbers of families have come to me for assistance. I've heard story after story from people desperate for ways to get their struggling family members the help they need. One day after a tough family session (we were finally able to get a son into treatment after a bout with marijuana-induced psychosis), I realized I've been reiterating the same message and approaches to families for years. As a result, I decided to write this strategy guide, a resource to reach a wider range of families.

So many families contact me believing they are out of tools and

options, feeling as if their hands are tied behind their backs. Common complaints include:

- “We have tried everything, and nothing works.”
- “We are scared because our loved one not only struggles with substance abuse disorder, but also bipolar disorder/major depressive disorder/suicidality /schizophrenia, etc.”
- “We’re not getting specific guidance about getting help for our loved ones. We are given general advice, such as ‘Use tough love,’ ‘You need to set firm boundaries,’ ‘Stop enabling,’ etc. We need *How To* suggestions for implementing these recommendations.”
- “Our loved one doesn’t think she has a problem, refuses help, and resists any type of assistance.”
- “He suffers from anosognosia, so he has no insight into his condition!”
- “We feel stuck in a paradox and wonder whether our loved one is better off at home, unhealthy yet safe—or out on the streets, in jail, or homeless.”

The first thing I tell families is *there is always hope*. Without hope, the fight is already lost. Helping your loved one get healthier will require work, perhaps some of the toughest you’ve ever encountered. It will take an emotional and mental toll. Remember that getting your unwell family member help doesn’t mean you will stop loving and caring for them; it merely means you need to change your approach and strategy. As mentioned earlier, there are many different approaches and strategies to getting your loved one help. For instance, I will discuss later in Chapter 6 (Flattening the Risk Curve) my thoughts on whether or not harm reduction is an option. Briefly, harm reduction is a public health strategy which certain techniques are used to reduce the negative effects of concerning behaviors (e.g., drinking daily three cans of beer rather than a bottle of vodka, providing clean syringes to intravenous drug users to prevent spread of diseases, scratch arms

with a semi-dull knife rather than a razor blade for a person with self-cutting tendencies) as a way to move towards healthier recovery when complete abstinence is not feasible.

In my clinical work, I have seen disheartening cases—severe mental health acuties and extremely dysfunctional family dynamics—but people in these dire situations can navigate a healthier path when every person in the intimate support system does their part. Time and again, I’ve witnessed how devastating the diseases of mental illness and substance abuse can be to family infrastructures, tearing away at the fabric of loving relationships and fracturing the closest of familial networks. However, when a family goes through treatment, members are often able to reestablish intimacy, repair long-lasting feuds, melt away years of estrangement, and solidify a unified front that is stronger than ever before. Ironically, the same disease that tore a family apart can be the catalyst that brings them back together, through the treatment process. Families unite when they realize the best way to fight is to let the disease know it’s no longer welcome.

As critical as it is to get your loved one help, I can’t emphasize enough how paramount it is to also prioritize your own recovery and healing—in other words, Take Care of Yourselves! If you are not healthy yourself, helping a loved one is extremely difficult. As I will explain later, each family member intimately involved in the treatment process needs to accept and diligently work on their shared portion of accountability. This sharing of responsibility increases the overall chances of success not only for the individual but for the family unit as a whole. Some examples of ways you can help yourself are participating in individual therapy, joining a support group, seeking life coaching, creating a healthy fellowship, conducting personal audits (self-check-ins), working with a provider for medication management as needed, spending time with friends, taking big or small get-aways, participating in an extracurricular activity (e.g., church functions, philanthropy positions, volunteer opportunities), etc. Though this book does not directly delve into specific strategies for self-care for family

members, many of the recommendations may speak indirectly to caring for yourselves (e.g., setting interpersonal boundaries, improving communication skills, recognizing hope in despair). I strongly urge you to seek professional guidance if you feel the need for additional support.

Most importantly, I hope you walk away from this book with a renewed belief that you can help your suffering family member return to their healthier, better self. It's never too late for your loved one to start a new life chapter. I hope this guide serves as the first step in making those transformations by illustrating the essential knowledge and actions necessary to commence the change process.

Chapter 1

Author's Objectives and Perspective

My objectives

1. Understand the patterns and attributes of the disease.
2. Identify dysfunctional patterns on the individual and family level.
3. Learn how to set healthy boundaries.
4. Improve communication skills.
5. Understand healthy roles in the recovery process.
6. Utilize the procedural steps to get your loved one help.
7. Recognize the attributes of a strong recovery program.

My perspective

This chapter is also meant to help you understand the strategic goals for this book and the theories behind my approach.

The topics to be discussed in this chapter are:

1. My definition of the disease
2. Ultimate objective of the book

3. The chronic problem
4. My background and clinical perspective

My definition of the disease

Within the medical community, there is a longstanding debate over an agreed-upon definition of *disease*. The World Health Organization does not define disease, but rather defines *health* as “a complete state of physical, mental, and social well-being and not merely the absence of infirmity.” On the other hand, the American Psychological Association defines *disease* as “a definite pathological process with organic origins, marked by a characteristic set of symptoms that may affect the entire body or a part of the body, impairing functioning.”

According to Merriam-Webster, *disease* is “a condition of a living animal or plant body which impairs normal functioning and is manifested by distinguishing signs and symptoms.” More obvious and well-known examples are heart disease, diabetes, Alzheimer’s disease, depression, and substance use disorders.

In addition to these definitions, I also define a *disease* as “any chronic entity causing persistent impairment in one or more areas of a person’s life (e.g., mental, physical, or social).” Some examples of a disease under this definition could include selfishness, racism, resentments, over-working, under-working, poor communication skills, materialism, or any one of the Seven Deadly Sins (pride, greed, lust, envy, gluttony, wrath, sloth). In the Anonymous arena (e.g., Alcoholics Anonymous or AA), a commonly cited definition members use is that *disease* means “not at ease.” If there is an aspect of life that continually presents challenges, and a person struggles to lessen or manage it, that is their “disease.”

Therefore, I believe everyone has their own variation of a disease, as we all have areas of struggle. And we might also employ some type

of recovery (a plan for healthier results or outcomes) to manage our diseases.

When we've lived with a disease for some time, it can feel like we're struggling against a conscious, determined entity with human-like attributes. Our job is to recognize its patterns, strengths, and weaknesses in order to devise a plan to manage or lessen its impact. If disease is a relentless adversary or opponent, we need to respect its capabilities and work diligently to avoid being weakened by it. In later chapters, I'll discuss some attributes of the disease in this context, as well as how to disempower and manage this type of human-like entity.

Ultimate objective of the book

To win the battle!

This strategy guide is for families battling the diseases of mental illness and substance abuse who may feel they have tried everything but are not willing to give up the fight.

This book provides the knowledge and skills I've deemed critical after countless hours working with families to navigate pre-treatment and prepare for a lifetime of healthy recovery, finally putting an end to the perpetual tug-of-war of trying to get your family member help. However, the guide is not meant to serve as a comprehensive catalog of every substance abuse disorder, nor is it a deep dive into psychiatric conditions. You won't be inundated with statistics and medical terminologies. The book isn't a diagnostic tool, a specific clinical recommendation, or the end-all to treating substance use disorder and/or mental illness. Rather, my book is designed to impart what I believe is the most critical information and the necessary skill set proven effective in my collaboration with thousands of family members in acute crisis. The goal is to get your family members help, no matter their mental health condition or substance of abuse.

Please note, though this book is mainly intended for the families of struggling loved ones, this guide can also be utilized as a reference

when your loved one has attained a level of healthy functioning (e.g., after completing treatment). For example, the chapters that speak to traits consistent with a strong recovery program, ways to maintain long-term recovery, healthy communications skills, and the attributes of a healthy fellowship are discussions that can enhance a healthy path of living. Also, if your loved one needs to help a struggling person in the future, they can refer to this guide to pay it forward.

When I refer to families, I am not limiting the discussion to biological, chosen, or immediate family. This book can also be useful for cousins, relatives, romantic partners, friends, teammates, teachers, coaches, co-workers—any individual who is part of the person's support system and wants to advocate for getting them help.

Last, it is common knowledge that mental health can use much more acknowledgement, financial support, policy improvements, and recognition at the social justice level. The process of getting your loved one help can be even more difficult if inadequate resources or limited accessibility to services present as obstacles. I believe it is a very important issue to address, but it is beyond the scope of this book. This book is focused on aspects people can control within the family and at the individual levels. As a community, I encourage all of us to be proponents of mental health policy enhancement. So, please get involved in any way you can. Helping your family and loved one can be the first step.

The chronic problem

- ✓ Too much of the *what* and not enough of the *how*
- ✓ What about other, co-occurring mental health conditions?

The most common complaints families express to me, whether it's in my private practice, during family support groups, at a local church or community center, or when I'm supporting the family system in treatment, all seem to follow a theme—the need for actual strategies