

## Support Systems & Relationships

A clinical, family-systems approach to supporting recovery and rebuilding relationships. This guide is designed for loved ones and family members navigating the deeply challenging experience of supporting someone with substance use or mental health challenges. Grounded in evidence-based clinical principles, it offers practical, compassionate, and informed guidance for every stage of the journey.

### Start Here:

## A Family Systems Perspective

From a clinical standpoint, substance use and mental health challenges do not happen in isolation. They exist within a relationship system – and every member of that system is affected. Patterns develop over time: in how people communicate, the roles they take on, and how they react under stress. Critically, these patterns can **unintentionally maintain the problem**, even when everyone involved is acting out of love and care.

Understanding this is the foundation of effective support. When you recognize that the system itself shapes behavior, you gain a new kind of leverage – not over the other person, but over your own responses, patterns, and environment.



**Key Clinical Concept:** Change in one person often requires shifts in the system around them. Your behavior, tone, and consistency matter more than you may realize.

### Each Person Is Impacted

No one in the family system is unaffected. Roles, stress, and emotional patterns ripple through every relationship.

### Patterns Develop Over Time

Communication styles, emotional responses, and coping behaviors become entrenched – often without anyone noticing.

### Patterns Can Maintain Problems

Well-intentioned behaviors like rescuing or avoiding conflict can inadvertently reinforce the very cycle you're trying to break.



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## For Loved Ones: How to Support Someone

Effective support is not about saying the right thing at the right moment— it is about showing up in a consistent, regulated, and non-judgmental way over time. Clinical research points to three core principles that make support genuinely helpful rather than inadvertently harmful.

1

### Regulated Presence

Stay calm and grounded during interactions. Avoid escalating emotional intensity. The goal is to **respond, not react** — giving yourself a moment before engaging so your tone and body language communicate safety rather than urgency or alarm.

2

### Non-Judgmental Communication

Use neutral, descriptive language. Avoid labeling, blaming, or diagnosing. Focus on **observable behaviors** rather than character assessments. This keeps the conversation grounded and reduces the likelihood of defensiveness.

3

### Motivational Support — Not Pressure

Drawing from Motivational Interviewing principles: express concern without confrontation, support their autonomy (they choose their path), and reinforce **any movement toward change**, however small it may appear.

#### Mental Illness-Informed Language Examples:

"I've noticed things seem harder lately, and I care about you."

"What do you feel is working right now, and what isn't?"

"If you ever want support, I'm here."



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# What Not To Do - And Why It Matters

Many of the most common responses to a loved one's substance use are deeply human – and also clinically counterproductive. Understanding *why* certain patterns make things harder can help you shift your approach with compassion for yourself and for them. These patterns are not failures of character; they are normal reactions to an extraordinarily stressful situation.

## Confrontation During Intoxication

Substances impair cognitive processing, judgment, and emotional regulation. Conversations attempted during intoxication are rarely retained, rarely productive, and frequently escalate into conflict that damages the relationship.

## Over-Functioning (Doing Too Much)

When loved ones take over responsibilities, cover consequences, or manage outcomes on someone's behalf, they inadvertently **reduce the person's opportunity to build their own capacity and accountability**. This is often described as enabling, and it can feel impossible to stop because it brings short-term relief.

## Inconsistent Responses

When the rules and reactions change unpredictably – sometimes tolerating behavior, sometimes responding with intensity – it creates confusion and reinforces instability. Consistency is one of the most powerful tools available to you.

## High Emotional Reactivity

When your emotional response matches or exceeds the intensity of the situation, it can escalate conflict, trigger avoidance, and make it harder for the other person to engage with you safely. Lower emotional intensity opens more doors than higher intensity ever will.

## Enabling

- Rescuing
- Over-accommodating
- Removing consequences
- Emotional reactivity

## Supporting

- Maintaining accountability
- Consistent responses
- Encouraging autonomy
- Calm presence



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# Healthy Boundaries: The Clinical Foundation

Boundaries are one of the most misunderstood concepts in recovery support. They are not punishments, threats, or ultimatums. Clinically, boundaries are **behavioral limits that protect emotional and psychological well-being** – and they are defined entirely by your own behavior, not by attempts to control someone else's.

A boundary that says "you must stop using" is not a boundary – it's a demand. A boundary that says "I will not engage in conversation when substances are involved" is a true boundary because you are the only one who needs to take action to enforce it. This distinction is fundamental and often liberating for loved ones who have felt powerless.

## What Boundaries Are

- About **your** behavior, not controlling theirs
- Consistent and clearly communicated
- Enforced through follow-through, not repetition
- A form of self-protection and self-respect

## Clinically Aligned Example

"I care about you, and I'm not able to have conversations when substances are involved. If that happens, I will step away and we can talk later."

This statement is: clear in its condition, focused on your action, delivered with care, and sustainable to maintain.

### Enabling

Removes natural consequences. Reinforces dependency. Reduces motivation for change. Maintains the cycle even with the best intentions.

### Supporting

Encourages autonomy. Maintains accountability. Reinforces healthy behavior. Increases capacity for long-term change.

✔ **Clinical Framing:** Support increases capacity. Enabling reduces it.



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# Rebuilding Relationships: Trust, Communication & Repair

Trust is not rebuilt through words— it is rebuilt through **behavioral consistency overtime**. This is one of the most important clinical realities for families to understand. Promises, apologies, and verbal reassurances matter far less than repeated, reliable follow-through. Progress in this area is often slow, and that slowness is not a sign of failure. It is the nature of the process.



## Use "I" Statements

Reduces defensiveness and keeps focus on personal experience. Say *"I feel concerned when..."* rather than *"You always..."* This simple shift changes the emotional register of the entire conversation.



## Practice Reflective Listening

Repeat or summarize what you heard before responding. This communicates understanding and respect — two of the most powerful conditions for honest conversation.



## Focus on Present Behavior

Avoid bringing up past events during current conversations. Stay anchored in what is happening now. Relitigating the past during a present conversation shuts down progress before it begins.



## Repairing Over Time

Clinical repair involves acknowledgment of harm, accountability without defensiveness, and gradual rebuilding through consistent action — not grand gestures or single conversations.

- ❑ **Normalizing the Process:** Progress is non-linear. Setbacks may occur. Emotional responses may increase before they stabilize. This is part of the process — not a failure.



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# When They Refuse Help: Step-by-Step Clinical Guidance

Once you've accepted that your role is to create conditions rather than force outcomes, the following steps provide a practical framework for staying steady when someone you love continues to decline support. These are not sequential demands — they are ongoing practices.

## 1 Use Motivational, Not Confrontational Communication

Replace arguments with curiosity. Ask: "What do you feel is working right now?" or "What worries you about getting help?" Avoid: "You need to get help" or "You're ruining everything." These phrases increase defensiveness and shut down openness. The goal is not immediate change — it is to reduce resistance and keep the door open.

## 2 Allow Natural Consequences

Not covering for missed responsibilities, not fixing financial consequences, not intervening in avoidable situations — this is not abandonment. It is allowing reality to exist without interference. From a clinical standpoint, consequences create awareness, and awareness increases readiness for change. This is often the hardest step for loved ones who are used to managing outcomes.

## 3 Take Care of Yourself — This Is Clinically Essential

Supporting someone without support yourself leads to burnout, resentment, and emotional exhaustion. Individual therapy, support groups like Al-Anon, trusted friends or family, and intentional time to reset are not optional extras — they are necessary components of sustainable support. You cannot stabilize someone else if you are dysregulated yourself.

## 4 Stay Consistent, Not Intense

Change is more likely when your support is predictable, calm, and ongoing — not marked by emotional bursts, repeated confrontations, or crisis-only responses. Over time, your steadiness communicates safety, and safety is one of the preconditions for someone to consider change.



**If Safety Becomes a Concern:** Call or text 988 (Suicide & Crisis Lifeline). Contact your local county crisis line. Seek immediate emergency support if needed. Your safety and theirs comes first.



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# Conversation Scripts for Difficult Moments

The goal of any difficult conversation is not to force change — it is to reduce defensiveness, increase awareness, keep communication open, and protect the relationship. Before any of these conversations, ask yourself: Am I calm enough? Is this the right time? If the answer is no to either question, wait. Timing and tone matter more than the exact words you use.

## When You're Concerned But Don't Want to Push

*"I care about you, and I've noticed some changes. I just want to understand what's going on for you. Maybe I can help?"*

Uses open-ended questions, avoids accusation, invites rather than forces conversation.

## When They Say "I Don't Have a Problem"

*"I hear you. Can I share what I've been noticing? I'm not trying to label anything."*

Reflects their perspective, avoids arguing about truth, keeps the door open.

## When You Want to Encourage Them To Seek Help

*"What would make getting support feel easier or more realistic for you?"*

Supports autonomy — a key principle in behavior change — and reduces pressure while increasing long-term openness.

## When You Need to Set a Boundary

*"I care about you, and I'm not able to support you financially right now."*

Focuses on your behavior, uses calm non-reactive tone, reinforces consistency.

## When They Open Up

"Thank you for telling me that — I know that's not easy."

"What do you feel like you need right now?"

These moments are where trust builds. Stay in listening mode. Avoid jumping to solutions. Let them lead.

## When There's Been a Setback

"I'm really glad you told me. I know this doesn't erase the progress you've made. What do you feel would help you get back on track?"

Reduces shame (which fuels relapse), reinforces progress, and encourages re-engagement. Avoid:

"Why would you do this again?"

**Quick In-the-Moment Reset:** If you don't know what to say, start with: "I care about you." / "I'm here." / "Help me understand." That is enough.



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# Real-Time Response Guide

Some of the most important moments happen quickly and without warning. This guide gives you a simple framework for the most common difficult situations — organized by what's happening, what to do, what to say, and the clinical reasoning behind each approach.



## Regulate Yourself First

Slow your breathing. Lower your voice. Do not match their intensity. In high-stress moments, calm and simple is more effective than correct.



## Assess Safety

Is anyone in immediate danger? If yes, call 911 or 988 immediately. If no, continue to de-escalation.



## Simplify Your Response

Short, calm statements. No long explanations. Less is more in any activated moment.

Situation	What to Say	What to Avoid
Under the influence	"We can talk when things are calmer."	Serious conversations, confrontation
Escalated / angry	"Let's take a break and come back to it."	Matching their tone, past issues
Shutting down	"I'm here when you're ready."	Pushing, repeating questions
Asking for help	"What feels like the first step?"	Overloading with options
Refusing help	"I'm not going to push. I'm here."	Arguing, escalating
You're overwhelmed	"I need a minute to reset."	Continuing while dysregulated



### Twin Cities Crisis Lines:

**Hennepin:** 612-596-1223 · **Ramsey:** 651-266-7900 · **Dakota:** 952-891-7171 ·

**Washington:** 651-275-7400 · **Anoka:** 763-755-3801 · **National:** Call or text **988**



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# Special Situations & Setting Boundaries

Use these phrases to navigate difficult moments – whether responding to someone in the hospital, ending a call with care, or communicating your own limits with kindness.

## Expressing Boundaries with Kindness

### Declining Gracefully:

- I truly appreciate your invitation, but I have to decline this time.
- I'm not in a position to take on anything new right now.
- Thanks for including me – I'm going to sit this one out.

### Asking for Space or Time:

- I hear you, yet I need some time to reflect on it.
- I need to step away for a while, but I'll reconnect soon.
- Can we check in again next week? I'm focusing on establishing personal boundaries lately.

### Honoring Your Emotional Limits:

- I'd love to assist, but I'm feeling a bit overwhelmed at the moment.
- I'm taking a break from this type of conversation.
- Let's keep things light; I'm not up for deep discussions today.

### Communicating Needs & Saying No:

- I value our connection and want to communicate my needs clearly.
- I'm learning to say no without excessive explanation – thank you for your patience.
- I'm honoring my limits right now, which means saying no.
- I'd love to support you in a way that also respects my needs.

## Special Situations

### If Hospitalized and Wants to Come Home:

- I know you want to come home – that makes total sense.
- Right now, the safest place for you is where you can get the help you need.
- Once the doctors say it's okay, we'll figure out next steps together.

### When You Need to End the Call:

- I'm so glad we got to talk, but I need to go for now. I love you and I'll talk to you soon.
- Let's pause here and talk again soon, okay?
- Always end with an affirmation of love. Even a brief "I love you" before hanging up makes a difference.

### Create your own:

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# What Progress Actually Looks Like

One of the biggest misunderstandings in recovery is expecting immediate change, consistent upward momentum, or a return to "normal" on a predictable timeline. From a clinical perspective, recovery is a **process of behavior change over time**, not a single decision. Progress often shows up in small, subtle ways long before any large or visible changes occur – and recognizing those early signs matters enormously for loved ones who are looking for evidence that things are moving.



## Early Signs of Progress

Being more honest (even when uncomfortable). Talking about struggles instead of hiding them. Showing up to appointments or groups. Expressing interest in change, even inconsistently.



## Mid-Stage Progress

More consistency in routines. Better emotional awareness. Fewer high-risk situations. Beginning to use coping skills. These changes may be quiet but they represent genuine neurological and behavioral shifts.



## Long-Term Progress

Sustained behavior change. Rebuilding relationships. Increased stability in daily life. Greater independence and accountability. This stage is earned through hundreds of small, unglamorous choices made over time.

- ❏ **On Setbacks:** Setbacks, including relapse, are common and expected in many cases. They do not automatically mean treatment isn't working, the person doesn't care, or all progress is lost. What matters more than perfection: returning to support after a setback, learning from what happened, and continued effort over time.

If it feels messy, inconsistent, or slow – that doesn't mean it isn't working. It often means it's real.



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# Common Mistakes

## (Even When You Mean Well)

Most loved ones fall into at least one of these patterns at some point. They almost always come from fear, care, and a genuine desire for things to get better quickly. Recognizing them is not about blame – it is about creating opportunities to respond differently going forward.

### → Only Addressing Things During Crisis

When conversations only happen when things are "bad enough," people are least receptive and most reactive. Over time, conversations become associated with conflict. **Better approach:** Have calm, low-pressure conversations outside of crisis moments.

### → Switching Between Extremes

Very supportive one day, very frustrated the next. Calm, then reactive. Flexible, then rigid. This creates unpredictability and reinforces instability. **Better approach:** Stay consistent, even when it is difficult.

### → Making Ultimatums You Don't Follow Through On

"If this happens again, I'm done" – but nothing changes afterward. This reduces your credibility and confuses expectations over time. **Better approach:** Set smaller, realistic boundaries you can actually maintain.

### → Taking Behavior Personally

Substance use is often driven by coping, habit, and underlying mental health factors – not a lack of care for you. Taking it personally increases your emotional reactivity and shifts focus away from what is actually happening. **Better approach:** Separate the person from the behavior.

### → Ignoring Your Own Needs

Constant focus on them while neglecting yourself leads to burnout, increased reactivity, and reduced effectiveness as a support. **Better approach:** Prioritize your own support and emotional stability – it is not a luxury, it is a clinical necessity.

❓ **Quick Reset – Ask Yourself:** Am I reacting or responding? Am I being consistent? Am I trying to control something I cannot control?



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# A Practical Reset & Final Thoughts

If you are feeling overwhelmed and unsure how to move forward, return to the simplest version of this work. You do not need to solve everything at once. You do not need the perfect script, the perfect response, or the perfect plan. What you need is a foundation you can return to, again and again, even when things feel uncertain.

## Regulate Yourself First

Before responding, take a breath. Check your tone. A calm presence is the single most effective tool you have.

## One Clear, Calm Statement

Say what you mean, simply and directly. You don't need to say everything in one conversation.

## Set One Boundary You Can Maintain

Start with something realistic. Follow through. That follow-through is more powerful than any words.

## Consistency Over Intensity

A steady presence over weeks and months does more than any single confrontational moment ever will.

### Important Clinical Reminders:

- You did not cause the substance use.
- You cannot control another person's behavior.
- You *can* influence the environment through your responses.

From a clinical perspective, the goal is not perfection. It is creating a more stable, consistent, and emotionally safe system where change becomes possible over time. Refusing help today does not mean refusing help forever. Your role is not to force change – it is to create the conditions where change becomes more possible. That work is quiet, unglamorous, and profoundly important.

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