

Understanding SUD & Mental Health

Family Guide · The Recovery Files

In the app only: the self-assessments Family SUD Knowledge, Family Wellbeing, Supporting Early Recovery (scored, so they stay in the app).

Understanding Substance Use Disorder & Mental Health

A Family Guide for Early Recovery

The Recovery Files — Embrace, Empower & Evolve

Welcome, Family Member

If you're reading this, someone you love is in early recovery from substance use disorder and possibly a co-occurring mental health condition. You may be feeling a complex mix of emotions—hope, fear, relief, anger, confusion, exhaustion, love. All of those feelings are valid, and all of them are welcome here.

This interactive resource was created to help you understand what your loved one is experiencing, learn the science behind addiction and mental health, assess your own wellbeing, and build practical skills for supporting recovery—both theirs and yours. Because the truth is: recovery is a family journey.

There are no grades here, no wrong answers, and no judgment. Every section is designed to meet you exactly where you are and help you take the next right step.

Understanding SUD as a Chronic Brain Disease

The Science That Changes Everything

For decades, addiction was viewed as a moral failing—a weakness of character or a simple lack of willpower. Modern neuroscience has fundamentally changed this picture.

Substance Use Disorder is a chronic brain disease characterized by functional changes in brain circuits involved in reward, stress, and self-control.

Impact on Behavior, Cognition & Emotions

Why the Person You Love May Not Seem Like Themselves

When the brain's reward and self-control systems are altered by substances, the effects show up in three visible ways: how a person behaves, how they think, and how they feel. Understanding these shifts helps you separate the person from the disease.

Behavior

Compulsive use despite clear consequences, secrecy, broken commitments, and choices that seem to contradict the person's own values. These are driven by a hijacked survival system, not by not caring.

Cognition

Impaired memory and concentration, distorted or "all-or-nothing" thinking, and a preoccupation with the substance that crowds out other priorities. Craving is not weakness — it is the brain signaling a false emergency.

Emotions

Mood swings, irritability, anhedonia (difficulty feeling pleasure), and heightened stress reactivity. As tolerance builds, more of the substance is needed for the same effect, deepening the cycle.

Reflect

How does understanding these impacts change the way you see your loved one's behaviors?

How would you now explain the difference between craving and choice?

Genetics, Environment & Risk Factors

Why Addiction Runs in Families — and Why That Isn't Destiny

Substance use disorder develops from an interaction of biology and life experience. Neither genes nor environment alone determines who develops SUD — they work together.

Genetics (roughly 40-60% of risk)

Heritability means vulnerability can run in families, but it is not a guarantee. Epigenetics — how experience switches genes on or off — can also carry risk across generations without changing the DNA itself.

Environment

Trauma and adverse childhood experiences, chronic stress, peer influence, availability, and early exposure all raise risk. Stress is also a leading trigger for relapse.

Gene-Environment Interaction

A genetic vulnerability may stay dormant until stress or trauma activates it. This is why two people can face the same environment and only one develops SUD — and why prevention and support genuinely matter.

Reflect

How might understanding the interplay of genetics and environment shape your family's approach to supporting recovery?

Understanding Early Recovery

What Your Loved One May Be Experiencing

Early recovery — typically the first year — is a period of profound physical, psychological, and social adjustment. Understanding what your loved one is going through helps you offer better support and hold realistic expectations.

Physical

The brain's reward system and stress response are healing — often one to two years. Post-Acute Withdrawal (PAWS) can bring mood swings, sleep disturbance, fatigue, and fog for months.

Psychological

Learning to feel emotions without numbing them, asking "who am I without substances?", and managing cravings triggered by stress, places, or cues.

Social

Repairing relationships, distancing from people and places tied to use, and rebuilding routines, purpose, and practical life.

The Stages of Change

Change is rarely linear — people often cycle back through stages, and that is normal, not failure.

Precontemplation

Support: Express concern without lecturing; build connection.

Contemplation

Support: Explore concerns without pushing; listen more than you advise.

Preparation

Support: Offer practical help; research options together.

Action

Support: Acknowledge effort and progress; be patient with mood.

Maintenance

Support: Keep celebrating milestones; hold healthy boundaries.

Reflect

What stage does your loved one seem to be in, and how might you adjust your support?

Mental Health & Co-Occurring Disorders

When Addiction and Mental Health Travel Together

A co-occurring disorder means substance use disorder exists alongside a mental health condition. This is common, not unusual — and treating only one side rarely works.

Common Pairings

Depression, anxiety, PTSD and trauma, bipolar disorder, and ADHD frequently co-occur with SUD. Sometimes substances were an attempt to cope with untreated symptoms; sometimes substance use worsened or unmasked them. The order matters less than treating both.

Why Integrated Treatment Matters

When only the addiction is addressed, an untreated mental health condition keeps driving relapse — and vice versa. Integrated care treats both at the same time, which gives recovery the best chance to hold.

What this means for you: Some of what looks like "not trying" may be an untreated symptom. Encouraging a full assessment — not just addiction treatment — can change everything.

Reflect

Have you noticed signs of a mental health condition alongside your loved one's substance use? What have you observed?

What I Thought vs. What I Know

Applying Your Understanding

Shifting Beliefs

Identify any misconceptions about addiction you or your family held before working through this guide:

What do you understand now that you didn't before?

Putting It Into Practice

List three ways your family can better support your loved one's recovery, based on what you've learned:

How might this new understanding change the way you communicate with your loved one?

Recognizing the Ripple Effects

How One Person's SUD Touches the Whole Family

Addiction is a family disease — not because families cause it, but because it reshapes everyone around it. Naming those effects is the first step to healing them.

Common family roles that emerge under the stress of a loved one's SUD include the caretaker/enabler, the hero (over-achiever who keeps things looking fine), the scapegoat, the lost child (withdraws), and the mascot (uses humor to defuse tension). None are chosen on purpose.

Mapping the Ripples

How has your loved one's SUD affected each member of your family (including children)?

Which of the family roles above do you recognize in yourself or others? What has that role cost?

What is one ripple effect on you personally that you have not fully acknowledged until now?

Boundaries in Early Recovery

Loving Someone Without Losing Yourself

Boundaries define what you will and won't accept — about protecting your wellbeing, not controlling anyone else.

Healthy boundaries are stated clearly, applied consistently, and held even when it's uncomfortable.

Supporting vs. Enabling

For each action, decide whether it is more likely supporting or enabling — and say why.

Calling in sick for your loved one because they are hungover

☐ Supporting

☐ Enabling

Attending family therapy sessions together

☐ Supporting

☐ Enabling

Giving money "for bills" that you suspect will fund substances

☐ Supporting

☐ Enabling

Driving them to a recovery meeting

☐ Supporting

☐ Enabling

Hiding a relapse from family to protect their reputation

☐ Supporting

☐ Enabling

Expressing concern about a behavior you have observed

☐ Supporting

☐ Enabling

Setting a Boundary

Template:

"If [specific behavior], then I will [your response]. I am doing this because [the boundary you're protecting]."

Boundary 1

Boundary 2

Boundary 3

Detaching With Love

Detaching with love means caring about someone without taking responsibility for their choices.

Complete this: "I accept that I cannot control ___, but I can control ___."

Emotional Regulation for Families

You Cannot Pour From an Empty Cup

Identifying & Expressing Feelings

Name the emotions you most often feel about your loved one's situation. Which are hardest to sit with?

Working With Difficult Emotions

Coping with disappointment: when hopes for your loved one aren't met, how do you usually respond — and how would you like to?

Managing anger: what triggers your anger, and what is one healthier outlet you can use?

Addressing fear: what are you most afraid of, and what helps you feel steadier when that fear rises?

Self-Care Commitments

List three self-care practices you will protect, and who can help hold you to them:

Communication Builder

Building Bridges Instead of Walls

Using "I" Statements

"I" statements shift from accusation to expression, lowering defensiveness.

- 1. I feel... (emotion)
- 2. When... (situation)
- 3. Because... (impact)
- 4. I need / would like... (request)

Behavior, Not Character & Good Timing

Character attack

"You're irresponsible and don't care about this family."

✓ Behavior focus

"When you miss family dinners without calling, I feel worried and disconnected."

Timing: choose a calm, private moment with time to talk — not right after they walk in, right after a relapse, or at peak frustration.

Practice: Transform "You" into "I"

"You never call to let us know where you are."

Your "I" statement:

"You always lie about whether you've been using."

Your "I" statement:

"You don't care how your addiction affects this family."

Your "I" statement:

Family Recovery Action Plan

Turning What You've Learned Into Action

Insights & Commitments

The most important things you learned:

Three communication changes you commit to:

Boundaries you need to establish or strengthen:

Non-negotiable self-care you will practice:

This Week's Actions

Accountability

Who will help hold you accountable?

My commitment statement:

Resources & Next Steps

Continuing Your Journey as a Supportive Family Member

Crisis Resources

988 Suicide & Crisis Lifeline

Call or text 988 (24/7, free, confidential)

SAMHSA National Helpline

1-800-662-4357 (24/7 treatment referral)

Harbor of Grace

443-502-8606

If your loved one is a first responder, these lines are also available: Safe Call Now 1-206-459-3020
· COPLINE 1-800-267-5463 · NVFC Fire/EMS Helpline (nvfc.org/helpline).

Support Groups for Families

Al-Anon Family Groups

Support for families and friends affected by someone's drinking (12-step based).

www.al-anon.org

Nar-Anon Family Groups

Support for families affected by someone's drug use.

www.nar-anon.org

SMART Recovery Family & Friends

Science-based, non-12-step support for families.

www.smartrecovery.org/family

NAMI

Support for families dealing with mental health conditions, often co-occurring with SUD.

www.nami.org

Recommended Reading

Codependent No More by Melody Beattie

Beyond Addiction by Jeffrey Foote et al. (CRAFT)

Get Your Loved One Sober by Meyers & Wolfe (CRAFT)

In the Realm of Hungry Ghosts by Gabor Maté

A Final Note

- You are not alone in this journey
- Your own wellbeing matters and is essential
- Progress, not perfection, is the goal
- Recovery is possible — for your loved one and for your family