THE
UNFILTERED
SERIES

ISSUE 001

RECOVERY *DOESN'T* ERASE THE DAMAGE



The difficult conversations between parents and their adult children after addiction

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FREE EDUCATIONAL GUIDE

A NOTE FROM THE AUTHOR

There is a sentence families often want to believe after treatment, after the first stable weeks, after the return home. We can finally put this behind us. I understand the longing behind it. When addiction has turned ordinary life into a sequence of emergencies, the possibility of peace can feel almost impossible to believe. People want their kitchens back, their sleep back, their money to stay where they put it, their telephone to ring without making their stomachs tighten. And the person who has stopped using substances wants something equally human. They want to be met as the person they are trying to become, not cross-examined forever as the person they were at their worst.

Yet the end of active substance use and the end of family suffering seldom arrive on the same day. Recovery can begin while distrust is still fully alive. A parent may be relieved and angry at once. An adult child may be deeply committed to change and still resent having to prove it. A family that survived on emergency decisions may struggle with the quieter, unfamiliar work of living together. The truth is uncomfortable because nobody gets to declare the injury healed simply by announcing a new beginning.

This guide is written for both sides of that relationship. It is not a defence brief for the person in recovery, and it is not an indictment drafted by their parents. It asks what actually changes when use stops, what does not, and what can be done about the gap. It is about the difference between taking responsibility and submitting to lifelong humiliation; between supporting someone and attempting to govern their life; between protecting oneself and punishing another person. It is also about accepting that some relationships cannot, and should not, return to what they were.

I write as a recovery educator and mentor with lived experience of addiction and long-term recovery. I have learned that the most useful conversations are not always the most comfortable ones. Compassion without accountability can become avoidance. Accountability without compassion can become cruelty. Families need a way to tell the truth without turning that truth into a weapon. My hope is that these chapters help readers name what has happened, recognise what is happening now, and make a realistic next decision instead of demanding a perfect ending.

Throughout this guide, parent refers to a parent or parental figure, and adult child refers to an adult family member who has experienced substance-use problems. Every family is different. The examples in this guide are fictional illustrations of situations families may encounter. They do not describe identifiable clients or disclose confidential information. This is educational material, not an individual treatment plan. Where there is violence, coercion, immediate risk or significant psychiatric difficulty, safety and qualified professional care take precedence over family dialogue.

Recovery may change a person's future. It does not automatically rewrite the experience of those who lived through their past.

PART ONE

THE AFTERMATH NO ONE CAN RUSH



1

THE DAY AFTER THE EMERGENCY

When active addiction dominates a household, time changes shape. The day can be divided into the hours before a phone call and the hours after it. Plans become conditional. Family celebrations are attended with one eye on the door and another on the phone. A parent may learn to distinguish footsteps, a tone of voice or the sound of a car arriving late. They may check an account balance before buying groceries, hide valuables, rehearse explanations for relatives, or wake at three in the morning convinced that something terrible has happened. None of this is inevitable in every family, but where it happens, it can persist long after the immediate danger has passed.

Imagine a mother whose adult son returns home after residential treatment. He has begun making the changes she had spent years hoping to see. He attends follow-up appointments. He is respectful. He is trying to find work. On his fourth evening home, he says he is going to see a friend and will return later. She feels a surge of panic. Her impulse is to demand a location, a photograph, perhaps even a live video call. To him, her questioning feels like a verdict that treatment meant nothing. To her, his independence feels like the beginning of another disaster. They are reacting to the same evening but living inside two different histories.

It is tempting to decide that one of them is being unreasonable. The more useful question is what each reaction is trying to accomplish. His wish for freedom may represent a healthy return to adult responsibility. Her fear may be an attempt to prevent another loss. Neither motivation automatically makes the behaviour helpful. If she interrogates him nightly, their home can become a surveillance system. If he dismisses her fear as stupidity, he overlooks the reality of what happened. Both need a way of communicating that moves beyond accusations such as you never trust me or you always make me worry.

Recovery doesn't begin at a neat emotional starting line for everyone involved. The person changing substance use may have been building readiness for months. A parent may only now have enough quiet to begin feeling the exhaustion they suppressed while managing crises. Sometimes the first stable period is when family members unexpectedly become tearful, angry or numb. These reactions do not necessarily indicate that recovery is failing. They may reflect a family adjusting, sometimes awkwardly, to a stability it has not experienced for a long time.

The difficulty of adjusting to recovery must not become an excuse to keep people permanently trapped in the roles they occupied during active addiction. A parent is entitled to be cautious about lending a vehicle or providing accommodation. They are not entitled to ridicule every attempt at independence. An adult child is entitled to privacy and dignity. They are not automatically entitled to the use of someone else's car, money or home. These distinctions matter because families often try to solve emotional uncertainty through material disputes. A question about staying out late becomes a fight about gratitude; a request for money becomes a test of love.

The first task after crisis is therefore not to produce the appearance of a happy family. It is to move from emergency reactions to conscious decisions. Each person can ask what has changed, what remains uncertain, what is theirs to decide, and what requires agreement. The household may need a transitional period with clear expectations about shared space, expenses, communication and privacy. Those expectations must be clear, reasonable and open to review. Boundaries should protect the wellbeing of everyone involved, not become a permanent form of punishment disguised as concern.

2

RECOVERY IS NOT AN APOLOGY PERFORMED INDEFINITELY

There is a difference between acknowledging harm and spending the rest of your life standing trial. People in recovery may have lied, disappeared, neglected responsibilities, borrowed money they did not return, frightened family members or acted in ways they now deeply regret. Those actions matter. Understanding the role addiction played in someone's behaviour does not erase the harm caused or remove the responsibility to address its consequences.

At the same time, if every conversation ends by revisiting the ugliest chapter, the family leaves no room for evidence that the present has changed. Responsibility must have a direction. It should lead to safer behaviour, repair where possible, and a more reliable future.

An apology is often treated as a ceremony. The person says the correct words, others are expected to feel relief, and everyone hopes the tension will lift. Real accountability is less theatrical. It might involve providing an honest account of a financial obligation, agreeing to repay what is realistically possible, correcting a false story, accepting a reasonable restriction on access to someone else's resources, or respecting someone's request for distance. Much of this work is unremarkable. It happens in small decisions made when nobody is applauding. Keeping an agreement today is more persuasive than delivering a dramatic promise about the rest of one's life.

The wording of an apology also matters. Saying *I am sorry if you were hurt* places the burden on the injured person to establish whether harm occurred. Saying *I am sorry I took money from you without permission* identifies the behaviour. Acknowledging *I understand why you no longer want to lend me money* demonstrates an acceptance of consequences. Adding *I am making a plan to repay it, and I will tell you if I cannot meet an instalment* introduces measurable responsibility.

None of these statements requires the parent to forgive, and none guarantees reconciliation. That is precisely why they are more credible than apologies that place pressure on someone to respond emotionally before they are ready.

People sometimes confuse remorse with endless self-condemnation.

Expressions of shame can sometimes be mistaken for accountability. Yet when a conversation becomes centred entirely on how worthless or ashamed the person feels, attention may shift away from the harm that needs to be addressed. If someone responds to a specific concern by declaring themselves worthless, the other person may suddenly feel compelled to comfort them. The original issue disappears. A more useful posture is to remain present, tolerate discomfort, and answer the question. The aim is neither self-hatred nor self-exoneration. It is the capacity to hear about harm without either attacking the speaker or collapsing under it.

Parents also have responsibilities. They need not minimise past harm, but they must distinguish legitimate concerns from using the past as a weapon. Mentioning stolen property during a repayment discussion is relevant. Raising it during an unrelated disagreement is not. When every mistake invites accusation or humiliation, honest communication becomes difficult. A person may begin concealing ordinary struggles, not because substance use has returned, but because they fear being judged by who they once were.

Accountability also has limits. It does not require someone to disclose every detail of treatment, tolerate insults or remain in a threatening relationship. Some harm cannot be repaired directly, and respecting a request for no contact may itself demonstrate accountability. Legal obligations must be addressed appropriately, while children's safety must always take priority over an adult's desire for reconciliation.

The past must be faced honestly, harm acknowledged and responsibility demonstrated through meaningful change. But accountability should never become a life sentence that denies someone the opportunity to grow beyond who they once were.

3

THE PARENT WHO CANNOT STOP ANTICIPATING THE WORST

Parents sometimes carry two competing fears. They fear another crisis, and they fear that setting limits will be the thing that causes it. They may wonder whether refusing money will lead to substance use, whether enforcing a household rule will push their child away, or whether demanding responsibility will make them seem uncaring. This can trap parents in an exhausting cycle of rescuing one moment and attempting to control the next. One week a parent pays a debt they cannot afford; the next they demand access to every bank transaction. The underlying fear has not changed. Only its expression has.

A parent who has spent years responding to danger may become highly attentive to small changes. Some describe living in permanent readiness. This heightened vigilance may be understandable, but it cannot reliably determine whether substance use has returned. Late waking, irritability, a missed call or a closed bedroom door can have multiple explanations. Treating every ambiguous sign as confirmation may create conflict and undermine legitimate concerns when they do arise. Parents do not need to ignore warning signs. They need to distinguish observed behaviour from the story fear immediately builds around it.

Consider the difference between saying *You look suspicious and You missed the two appointments you agreed to attend*, and *I'm concerned about what that means for our plan.* The first is an accusation based on interpretation. The second identifies observable behaviour and opens the door to a conversation. If there are signs of intoxication, threats, unsafe driving, overdose risk or serious mental deterioration, the matter may require urgent intervention rather than a gentle conversation. But not every uncomfortable feeling is an emergency, and treating ordinary uncertainty as a crisis can exhaust everybody.

Parental care should not require the disappearance of a parent's own life. There may be other children needing attention, a marriage under strain, work duties, medical conditions and friendships that have fallen away. One of the less discussed consequences of addiction in a family is how its demands can become the organising principle of everyone else's day. A parent may begin to feel guilty simply for enjoying an evening out or switching off their phone. This is not sustainable support. Family members have independent needs, and it is appropriate to seek counselling, support groups or other assistance for those needs.

There is also grief. Some parents grieve the years they thought their child would have had, the celebrations they could not enjoy, the trust they once felt, or the version of family life they assumed would unfold. Grief may coexist with relief. It may make people angry at unexpected moments. Acknowledging these losses is not the same as declaring the person in recovery a disappointment. It is recognising that the parent's life has also contained an experience that deserves attention. Support becomes healthier when parents are recognised as people with their own emotional needs, rather than being expected to function as an emergency service indefinitely.

The crucial shift is from trying to control another adult's behaviour to deciding how to respond to it. Constant vigilance cannot guarantee recovery. Parents can decide whether to offer accommodation or financial assistance, what behaviour is acceptable in their home, and how they will respond when safety boundaries are breached. These decisions should protect their wellbeing and reflect their capacity to help, rather than be driven by the belief that enough control can eliminate uncertainty.

A parent's responsibility is not to control recovery. It is to decide how to offer support without sacrificing their own wellbeing.

PART TWO

THE CONVERSATIONS THAT MATTER



4

TRUST IS NOT A REWARD FOR SAYING THE RIGHT THING

Families sometimes talk about trust as if it were a switch. Either you trust me or you do not. But trust has dimensions. A parent may trust that their adult child cares for them and still not trust them with cash. They may trust them to arrive for lunch and remain uneasy about lending a vehicle. A recovering person may trust their parents to help during a medical appointment but not to respect confidential information. Recognising these distinctions moves the conversation away from sweeping accusations and towards specific concerns that can be discussed and addressed.

Trust grows through repeated experiences that are sufficiently safe and predictable. This does not mean setting traps. A family should not create impossible tests designed to prove that someone will fail. Nor should the person in recovery demand an unconditional restoration of access to money, property or private family decisions. The question is which responsibility is being considered, what reasonable evidence of reliability is needed, and whether taking the next step would be safe for everyone involved. If the matter concerns borrowing money, the conversation may begin with a budget and an explicit decision that a loan is not presently possible. That is not a verdict on the person's worth.

Consistency matters, but the idea of consistency can become cruel when it is interpreted as perfection. People who have never experienced addiction also miss appointments, become irritable, forget messages and have difficult weeks. It is unfair to turn every ordinary human mistake into a diagnosis. A more meaningful measure of progress is how someone responds when things go wrong. Do they tell the truth, acknowledge the impact, repair the practical problem and seek help when needed? A person who never admits struggle may appear reassuring in the short term while becoming less able to ask for support when it matters.

The expectation of total transparency deserves examination. Families may request access to a phone, bank statements, location or private clinical records because it seems easier than uncertainty. In certain circumstances, clearly defined, voluntary and time-limited agreements may support shared financial responsibilities or specific safety needs. But unlimited surveillance is neither the definition of trust nor a substitute for treatment. Adults retain rights to privacy. Healthcare information should be shared only with appropriate consent, subject to relevant legal and safety duties. The question should be whether an agreement genuinely supports safety or simply offers temporary relief to someone else's anxiety.

A useful way to rebuild trust is to start with one domain and a defined period. For example, if two adults share a home, they may agree that visitors will be discussed in advance and that either person will communicate if they will not be home overnight. This concerns the functioning of the household rather than a demand to prove innocence. After several weeks, they review whether the agreement is useful, overly restrictive or insufficient.

Trust is more likely to develop through agreements that respect both people's responsibilities and boundaries than through rules enforced with threats, guilt or the withdrawal of affection.

Not every relationship returns to its previous level of intimacy. A parent may decide never to lend money again, even while enjoying a warm relationship. An adult child may decide not to disclose every personal difficulty to a parent who has repeatedly shared private information with others. Trust is not a reward automatically granted when someone enters recovery. It develops through experience, individual choices and evidence of reliability. Both parents and adult children have the right to decide where trust is possible, where caution remains necessary and what boundaries they need to maintain.

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MONEY, HOUSING AND THE UNCOMFORTABLE MEANING OF SUPPORT

Money has a special ability to turn a complicated family story into a simple accusation. The parent says they are being used. The adult child says they are being abandoned. Often neither statement captures the practical reality.

Financial harm during active addiction may have been substantial, and the person returning from treatment may genuinely have limited income, debts and difficulty securing employment. Expecting immediate financial independence after treatment can overlook the practical challenges of rebuilding stability, securing employment and addressing existing financial obligations. Indefinite financial rescue can also undermine stability and place the rest of the household at risk.

The first rule is that support needs a definition. Is the parent offering a gift, a loan, temporary housing, transport to treatment, groceries, payment directly to a service provider, or help accessing public and community resources? These are not interchangeable. A gift should not quietly become a loan later. A loan should only be offered when repayment expectations are clear and the lender can afford the financial risk involved. Housing should not be presented as unconditional if there are expectations about contributions, guests, substance use in the home, children or shared spaces. Ambiguity is fertile ground for resentment.

Imagine a father who agrees to let his adult daughter stay for three months while she looks for work. He does not expect rent initially, but he wants her to attend scheduled appointments and contribute to chores. She agrees, believing that the arrangement means she is safe for three months. Two weeks later, he becomes angry that she is not yet earning and threatens to put her out. He believes he is motivating her, while she experiences expectations that keep changing. Their conflict is not solved by deciding who is more grateful. It is solved by revisiting the original agreement, honestly assessing what is feasible, and setting conditions that are clear and lawful.

A written household agreement can be useful when both sides choose it freely. It should cover duration, expenses, shared responsibilities, visitors, privacy, communication and what happens if the arrangement becomes unsafe. Such agreements must never be used to obstruct access to medical care, threaten eviction as a means of control or demand unrestricted access to private treatment information. If the home includes children, their safety needs explicit consideration. If there has been violence or serious intimidation, a simple family contract is not an adequate safety intervention.

Family members may also need to distinguish immediate safety assistance from enabling a harmful pattern. Paying for emergency medical care or helping someone access evidence-based treatment is not equivalent to repeatedly providing unexplained cash. Yet simplistic formulas are unhelpful. Sometimes money for transport, identification documents or temporary accommodation is essential to recovery. What matters is why assistance is being offered, whether expectations are clear, whether the person providing it can afford to help, and whether that support encourages rather than replaces personal responsibility.

A parent is allowed to say *I cannot afford this*. They are allowed to protect retirement funds, another child's education and their own housing. Needing assistance during recovery is not a personal failure, and asking for help should never become an invitation for humiliation. The more difficult question is what practical support is possible without pretending that one person can finance another person's entire recovery or that financial independence appears instantly after treatment.

6

SPEAKING WITHOUT TURNING THE ROOM INTO A COURTROOM

Families may have conversations that begin in the present and end as a trial of the past. Someone asks whether they will be home for dinner. Someone else hears an accusation. A voice rises. A five-year-old event is introduced as evidence. An apology is demanded for the hundredth time. Before long, nobody remembers the original question. The subject is no longer dinner. It is whether either person can survive being misunderstood again. Repeated conversations of this kind rarely produce understanding. Instead, they teach family members to anticipate conflict, even before a discussion begins.

Before addressing a difficult subject, the first question should be whether the conversation can take place safely and constructively. If someone is intoxicated, severely distressed, threatening or unable to regulate their behaviour, discussing old injuries is unlikely to be useful and may be dangerous. Where there has been violence or coercive control, do not arrange a private confrontation simply because both people say they want closure. Seek appropriate safety planning and qualified assistance. When the situation is safe enough, choose a specific time, a limited subject and an agreement that either person may pause the conversation without being punished for doing so.

A workable opening does not require polished therapeutic language. It requires accuracy.

Instead of saying *You never respect me*, try *When our plans change without a message, I feel anxious because of what happened before. I would like us to agree on how we notify each other.*

Instead of saying *You treat me like a criminal*, try *When you raise your voice and call me names, I struggle to discuss the actual issue. I am willing to talk about the missed appointment if we can do it without insults.*

These formulations identify observable behaviour, personal impact and a reasonable request. They do not guarantee agreement, but they give the other person something concrete to answer.

Listening is often confused with surrender. A parent can acknowledge that constant suspicion is painful without agreeing to lend money. An adult child can acknowledge a parent's fear without agreeing to hand over a phone. Validation means recognising that an emotion or experience exists. It does not mean approving every behaviour that follows from it. This distinction creates room for both perspectives to be acknowledged without requiring either person to abandon reasonable boundaries. One can say *I see why that frightened you* while also saying *I cannot agree to that condition.*

A useful conversation contains three layers.

1 – The fact

What happened that can be described without interpretation?

2 – The emotional meaning

What does the event represent or bring up for each person?

3 - The practical decision
What needs to happen now?

Suppose a parent discovers that an agreed payment was missed. The fact is the missed payment. The emotional meaning may be fear of another period of deception. The practical decision is whether to revise the payment plan, pause financial arrangements or seek debt advice. Separating the facts, emotions and decisions helps families respond to the actual problem instead of allowing fear and assumptions to control the conversation.

Endings matter as much as openings. Trying to resolve years of conflict in one conversation often creates more harm than understanding. Clarify what was agreed, what remains unresolved, who will take responsibility for each action and when the discussion should be revisited. Allow time for reflection rather than demanding immediate answers. When conversations repeatedly become destructive, a qualified family professional may help establish safer communication.

One honest discussion that allows both people to return tomorrow is worth more than a six-hour confrontation that leaves them emotionally exhausted.

7

FORGIVENESS DOES NOT PURCHASE ACCESS

Forgiveness, trust and reconciliation are often treated as though they lead to the same destination. They do not. Forgiveness is a deeply personal process, understood differently by different people. Trust concerns reliability, safety and vulnerability. Reconciliation is the voluntary decision to restore some form of relationship.

Someone may forgive without trusting. They may trust another person in certain circumstances while choosing not to rebuild closeness. They may even wish someone well without ever speaking to them again. None of these choices determines whether a person has genuinely healed.

Families sometimes turn forgiveness into an obligation. A person returns from treatment, expresses remorse, and relatives are urged to welcome them without hesitation. Another family may treat a parent's forgiveness as proof that financial boundaries must disappear. But forgiveness does not create a right to keys, money, housing, access to grandchildren or private information. Nor does withholding those things necessarily mean a person is consumed by bitterness. Healthy relationships require mutual respect and consent. No one should be expected to surrender their boundaries or expose themselves to further harm simply because another person has begun changing.

The person in recovery can experience a different pressure. They may be told to forgive parents who mocked them, disclosed sensitive information, neglected their needs or contributed to an unsafe environment. Their own harmful actions do not erase the possibility that they were also harmed. Accountability for substance-related conduct and recognition of family dysfunction can coexist. Recovery should not require someone to deny the harm they experienced before addiction. Equally, acknowledging that harm does not make parents responsible for every decision their adult child makes.

Reconciliation is sometimes gradual, sometimes partial, and sometimes impossible. A relationship may reopen through brief telephone calls before face-to-face contact. A parent and adult child may agree to meet only in a neutral environment. They may find that shared holidays remain too difficult while occasional conversations are manageable. Forgiveness may never be discussed explicitly, and reconciliation may develop without either person declaring the past resolved. The measure is whether contact becomes safer and more respectful, not whether the family can produce a photograph that convinces other people everything is repaired.

Where abuse, intimidation, exploitation or violence continues, reconciliation should not be presented as a recovery milestone. Safety must take priority, supported by appropriate professional guidance and legal protections where necessary. A person can continue meaningful recovery without rebuilding contact with a particular relative. A parent can remain caring while maintaining distance. The absence of reunion is not evidence that treatment failed, and the presence of reunion is not proof that everyone is safe.

PART THREE

LIVING DIFFERENTLY.
NOT JUST SPEAKING DIFFERENTLY



8

SETBACKS, RELAPSE CONCERNS AND THE DANGER OF FALSE CERTAINTY

Recovery is not made real by the promise that nothing difficult will ever happen again. People experience stress, grief, relationship problems, financial instability, mental health symptoms and sometimes returns to substance use. Recovery can follow different pathways. For some, abstinence is central to their recovery. Others benefit from evidence-based medical treatment, including prescribed medications for opioid use disorder. Taking medication as directed by an appropriately qualified healthcare professional should not automatically be mistaken for continued substance misuse. A family that treats all medication as evidence of addiction or every difficult emotion as a warning sign may inadvertently undermine appropriate treatment. Medical decisions belong with qualified prescribers and the person receiving care.

Families benefit from distinguishing concern, evidence and action. Concern is the feeling that something may be wrong. Evidence involves observable information, such as signs of intoxication, repeated missed commitments, concerning disclosures or an unexplained loss of contact that breaches an agreed safety plan. These observations may justify concern, but they do not all establish that substance use has resumed.

Action is the proportionate response. That may be asking a direct question, encouraging contact with a treating professional, setting a safety limit, or seeking emergency help. Suspicion alone does not authorise humiliation or surveillance. At the same time, a person cannot demand that others ignore repeated, serious signs of danger.

Response plans should be discussed during stable periods, not in a crisis. Identify who to contact if substance use becomes a concern, what professional or peer support is available, and how to address urgent health needs, transport, children and accommodation if use resumes. Agree on what information can be shared and with whom. The plan must respect privacy and personal autonomy while prioritising everyone's safety and wellbeing.

A return to substance use may require reassessing treatment and recovery support and can carry serious medical risks. Opioid overdose risk increases when tolerance decreases after abstinence. Abruptly stopping heavy, prolonged alcohol use or benzodiazepines after physical dependence can cause dangerous withdrawal, including seizures, requiring medical assessment. Suspected overdose, severe withdrawal or immediate suicide risk requires emergency assistance, not arguments or home detoxification.

One of the hardest adjustments for parents is accepting that vigilance cannot eliminate all risk. One of the hardest adjustments for the person in recovery is accepting that a history of serious incidents may affect how others respond to new warning signs. No recovery plan can eliminate every risk or guarantee certainty. What it can provide is a clearer way to recognise genuine danger, respond responsibly and avoid treating every ordinary difficulty as evidence of relapse.

9

PARENTS NEED RECOVERY FROM THE CRISIS ROLE TOO

Family recovery does not mean every relative must follow the same programme or process. It means recognising that living alongside addiction can profoundly affect people's routines, finances, emotional wellbeing and relationships. A parent may have stopped seeing friends because they were constantly managing emergencies. A sibling may have learned never to ask for anything. A spouse may have become accustomed to making all decisions alone. Once the immediate crisis changes, these patterns do not necessarily dissolve on their own.

Some relatives become uncomfortable with peace. Quiet can feel suspicious after years of unpredictability. Others may experience unexpected anger or resentment, even as they watch their loved one make meaningful progress. They may think, Why do you get to feel hopeful now when I am still exhausted? This thought can produce guilt, especially when the parent truly wants the recovery to succeed. There is no contradiction in loving someone, being proud of their progress and still needing to process what living through addiction cost you. Emotional recovery is not a competition in which one person's improvement cancels another person's pain.

Family members deserve support that is not conditional on the person with a substance-use disorder attending treatment. They can seek their own counselling, trusted support groups, financial advice or medical care. They can rebuild routines that have nothing to do with monitoring another adult. NICE guidance explicitly recognises the need to assess and support carers and relatives affected by drug misuse. This recognition matters because family members have needs of their own. Their wellbeing deserves attention, regardless of the progress or decisions of the person experiencing addiction.

There is also a difficult question about identity. Who is a mother when she is no longer spending every evening finding her adult child? Who is a father when the household is not organised around debt, arguments and emergency plans? Who is a sibling when they are no longer the sensible one who keeps everyone calm? Roles developed through years of crisis can become deeply familiar and even provide a sense of purpose, despite the emotional exhaustion they create. Letting go of a crisis role can feel like losing a purpose. Rebuilding ordinary pleasure, friendships, work and rest is therefore not selfish. It is part of becoming available for a different kind of family relationship.

No family can outsource its entire future to the person in recovery. Even if their recovery is stable and sustained, others still have choices to make about anger, communication, trust and personal wellbeing. This is not a claim that the injured family members caused their own suffering. It is a statement about agency. Waiting for someone else to become perfect before allowing yourself to live is another way of allowing the crisis to remain in charge.

10

WHEN THERE ARE CHILDREN, OLD WOUNDS AND UNSAFE HOMES

The conversations described in this guide concern parents and adult children, but other people may be affected by the decisions they make. Grandchildren may have witnessed frightening incidents, experienced inconsistent care or been drawn into adult conflict. Brothers and sisters may feel invisible because so much attention went to the person with the most urgent needs. A partner may be asked to accept arrangements that affect their own safety or finances. Rebuilding family relationships cannot come at the expense of those who have also been affected. Supporting someone in recovery must include recognising the safety, wellbeing and rights of other family members.

Children should not be made responsible for an adult's sobriety. They should not be asked to keep secrets about unsafe behaviour, report on a parent's every movement or provide emotional reassurance that an adult is doing well. If contact between a child and an adult has been restricted because of safety concerns, those decisions require careful, situation-specific assessment and, where relevant, legal guidance. No adult's desire for forgiveness or family reconciliation should ever take priority over a child's safety and emotional wellbeing. Explanations given to children should be age-appropriate, truthful and free from blame.

Not every family is a safe place to return. Some people grew up amid abuse, violence, substance use or rejection. A parent may have been controlling long before the adult child's addiction began. Alternatively, a person in recovery may have used intimidation or violence against relatives. It is unsafe to insist that a family discussion will repair a pattern of coercive control. Joint meetings can increase risk in some abusive situations. Independent safety assessment and professional guidance should come first. In some circumstances, separate support and maintaining distance are the safest options.

The presence of trauma does not give anyone permission to harm others, and the existence of past harmful behaviour does not mean a person must tolerate abuse forever. Both are necessary truths. In families where several people have caused harm, it may be especially tempting to compare injuries and ask who is most at fault. That approach usually produces more argument than change. A more constructive approach identifies which behaviours must stop, what safety measures are necessary, and whether any relationship can be rebuilt voluntarily and safely.

The most mature outcome is not always togetherness. Sometimes it is two people who can speak respectfully for twenty minutes. Sometimes it is a parent who stops lending money but remains available for an emergency medical referral. Sometimes it is an adult child who accepts a no-contact request and continues building a stable life. Sometimes it is a child being protected from adult chaos. A safe and honest outcome is worth more than a sentimental ending that cannot survive ordinary life.

PART FOUR

TURNING INSIGHT INTO PRACTICE



11

A FRAMEWORK FOR THE NEXT NINETY DAYS

Understanding a family pattern is useful; changing it requires decisions that can be observed. Before the next major conversation, each person should identify one issue they actually have the authority to address. A parent can decide whether to provide housing or money, what communication they will accept, and how to respond to safety risks. An adult child can decide whether to keep commitments, seek recovery support, disclose relevant difficulties and respect other people's boundaries. Neither person can control the other's emotions or guarantee their response. Meaningful change begins with practical decisions, not emotional ultimatums.

During the first thirty days, aim for clarity rather than intimacy. List the situations that repeatedly become arguments. Separate observable facts from interpretations. If shared housing is involved, discuss who pays for what, household responsibilities, personal space, visitors and emergency procedures. Where money is owed, agree whether repayment can begin, professional advice is needed or the matter should be revisited when finances are more stable. Make fewer agreements, but make them specific. A promise that *We will communicate better* is harder to use than *We will discuss household plans on Sunday afternoon for twenty minutes.*

During the second month, notice whether behaviour is changing and whether the agreements remain reasonable. A missed commitment is information, not automatically a catastrophe. Ask how it was handled. Was the person honest? Was the concern raised respectfully? Did somebody escalate immediately to name-calling or threats? Have the agreements become a way to exert control? Do they protect the household or merely soothe anxiety for an hour? A review should allow modification in either direction. Reviewing agreements may reveal that some safety boundaries need strengthening, while restrictions that no longer serve a reasonable purpose can be reconsidered.

During the third month, discuss what is becoming possible. It may be a modest increase in independence, a shorter and calmer conversation, a realistic repayment schedule, or the decision to seek separate professional support. It may also be recognition that a living arrangement is not working. Progress is not measured only by closeness. Sometimes greater honesty makes it clear that the safest arrangement is more distance. The purpose of this ninety-day framework is not to guarantee reconciliation, but to replace repeated conflict with realistic decisions that can be reviewed and adjusted.

A family may need help to carry this out. Family therapy, individual counselling, addiction-treatment follow-up, peer recovery support or legal and financial services may be appropriate depending on the circumstances.

Choose competent providers whose scope matches the problem. Do not assume that a mentor, family member or support group can manage an overdose, psychiatric emergency, domestic violence or complex medical withdrawal. Support works best when people know both what it can offer and where its limits lie.

12

CONVERSATIONS YOU CAN ACTUALLY HAVE

When parents notice behaviour that reminds them of a previous crisis, fear can quickly become accusation. Instead of assuming substance use has returned, they can acknowledge their concern without presenting it as fact. For example, a parent might say, *I've noticed you've been withdrawing lately, and it reminds me of a difficult period we went through. I know that doesn't mean you're using substances again, but I'm worried. Can we talk about what's happening?* This approach allows concern to be expressed without treating suspicion as proof. Where genuine safety risks exist, however, parents should respond appropriately rather than relying on conversation alone.

People in recovery may struggle to acknowledge their past without feeling that every conversation becomes another opportunity for judgement. Accountability matters, but it should never require surrendering personal dignity.
A person might say, *I understand why trusting me is difficult, and I'm prepared to discuss what happened. But I need us to speak without insults or humiliation. I cannot change my past, but I can show you what I'm doing differently now.*
This response acknowledges responsibility while establishing a reasonable boundary. The aim is not to demand immediate trust, but to demonstrate change without accepting mistreatment.

Money can quickly turn an emotional disagreement into accusations of abandonment or exploitation. Separating financial decisions from personal relationships can help prevent unnecessary conflict. A parent might say, *I love you and want to support your recovery, but I cannot afford to lend you money. That doesn't mean I don't care.* An adult child might respond, *I understand. I need transport to my next appointment. Would you consider paying the service provider directly instead?* Financial boundaries may still hurt, but clear requests and honest decisions are healthier than guilt, pressure or unspoken expectations.

When a conversation becomes hostile, stepping away can prevent further harm. However, taking a break should not become an excuse for prolonged silence, emotional punishment or avoiding responsibility. Someone might say, *I want us to resolve this, but we're both becoming upset. I'm going to take some time to calm down. Can we continue this conversation tomorrow when we're both able to listen?* A healthy pause creates an opportunity to return to the issue more constructively. Where threats, intimidation or violence are present, personal safety takes priority over continuing the discussion.

Forgiveness cannot be demanded, rushed or used as proof that someone has healed. A person may need time, distance or support before deciding what kind of relationship, if any, feels safe. A parent might say, *I'm not ready to discuss forgiveness. I can see you're making changes, but I still need time to process what happened.* The person in recovery might respond, *I understand. I hope we can rebuild our relationship, but I know I cannot decide when you'll be ready.* These conversations do not guarantee reconciliation. They create space for honesty without forcing an emotional outcome.

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QUESTIONS FOR REFLECTION, NOT ANOTHER EXAMINATION

For the person in recovery, consider the difference between wanting recognition and demanding access. What changes in your conduct would someone else be able to observe without needing to believe your intentions? Which past harms require a practical response, and which cannot be repaired directly? What support system exists outside your parents? When you feel mistrusted, do you communicate openly, withdraw or respond defensively? Are you willing to accept that somebody may maintain a boundary even while believing your recovery is real?

For the parent, ask what you are actually frightened will happen, and what evidence you have today. Are you making a choice that protects your wellbeing or one that attempts to remove all uncertainty? Have you promised help you cannot sustain? Are other family members carrying the cost? Can you identify positive change without pretending that previous harm was insignificant? What does your own life need that has nothing to do with your adult child's progress?

For both people, consider what you would want a difficult conversation to achieve if nobody had to win it. What one realistic issue could you address together this week?

What would make the discussion unsafe? What agreement could be described in ordinary, observable language? When will you review it? Who can provide independent support if you become stuck? Not every question needs to be answered together. Some require personal reflection, while others may be better explored with a qualified professional.

A simple written exercise can help. Divide a page into three sections. Under Facts, record what happened without assumptions about motives or diagnoses. Under Impact, describe the emotional and practical consequences. Under Next Decision, identify an action within your control.

For example, a promised payment was missed. The parent now faces an unpaid expense and fears another period of dishonesty. Their next decision may be to stop lending money and discuss a revised arrangement.

The purpose is not to dismiss emotion, but to prevent it from obscuring the decisions that need to be made.

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WHAT REPAIR REALLY ASKS OF US

A person can build a meaningful recovery without being forgiven by every person they hurt. A parent can love an adult child without offering unlimited money, accommodation or access. These truths can feel harsh because many of us grew up believing that family love must be proven by tolerating almost anything. But love that has no regard for safety or responsibility can become another name for fear. And accountability that refuses to recognise growth can become another name for punishment.

Recovery deserves more than applause for stopping. It deserves the serious work of building a life in which honesty, health, purpose, relationships and responsibility have space to develop. Families deserve more than instructions to be patient. They deserve the right to their own support, grief, boundaries and future. Neither side needs to dismiss the other's suffering to acknowledge its own.

There will be conversations that end badly. There will be plans that need revision and expectations that need to be lowered. There may be days when the parent is frightened without good reason and days when the person in recovery reacts defensively because the past is close to the surface. One argument is not the whole story.

The greater question is whether the people involved are learning to respond differently over time, and whether their arrangements are becoming safer, clearer and more respectful.

The sentence at the centre of this guide remains difficult. Recovery does not erase the damage. But the damage does not define the entire identity of a person, a parent or a family. It can be recognised without being endlessly rehearsed. Responsibility can be demanded without humiliation. Boundaries can be held without cruelty. Hope can be kept without making promises nobody can control. And when reconciliation is not safe or possible, an honest life can still be built beyond that loss.

ABOUT THE AUTHOR

Brescia Bianco-Badenhorst is a South African addiction recovery educator, mentor, mental health advocate and professional speaker whose work challenges the stigma, shame and judgement surrounding addiction and mental health.

With more than two decades of sustained personal recovery, Brescia combines lived experience with ongoing professional education to address the complexities of addiction, recovery, family relationships and emotional wellbeing. Her approach is direct, compassionate and grounded in the belief that meaningful change requires both understanding and personal accountability.

She is registered with the South African Association of Counsellors (SAAC) as a General Counsellor and holds additional qualifications and training in addiction counselling, mental health coaching and trauma facilitation.

Through educational publications, mentorship, public speaking and awareness initiatives, Brescia works to make difficult conversations more accessible while encouraging individuals and families to challenge harmful beliefs and pursue informed, responsible change.

For speaking engagements, educational collaborations, mentorship and professional enquiries, visit www.bresciabianco-badenhorst.com



YOUR SUPPORT MAKES A DIFFERENCE

This guide is freely available because access to education, understanding and support should never depend on financial circumstances. If these pages have been valuable to you and you wish to contribute, there are two ways to support this work.

1. Support the Things We Don't Talk About Foundation NPC
The Foundation works to challenge the stigma surrounding addiction and mental health while pursuing its mission of making rehabilitation and recovery support more accessible to those who cannot afford it. Your contribution supports its awareness initiatives and efforts to create opportunities for individuals who might otherwise go without help.

Things We Don't Talk About Foundation NPC - 2025/428282/08
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Capitec Transaction account 1053 9909 87
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2. Support the Author, Brescia Bianco-Badenhorst
Brescia is committed to continued education, professional development and specialised training to strengthen the knowledge and expertise she brings to her work. She also dedicates time and resources to providing pro bono guidance and mentorship to individuals and families who cannot afford these services.
Your contribution assists with her ongoing studies and the expenses associated with making this support accessible to those in need.

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All contributions are entirely voluntary. This guide is free and will remain free. Whether you contribute financially or simply share this knowledge with someone who needs it, your support is sincerely appreciated.

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SUPPORT AND SAFETY INFORMATION

SADAG Suicide Crisis Line (24 hours): **0800 567 567.**
Department of Social Development Substance Abuse Helpline (24 hours): **0800 12 13 14.**
SADAG contact information: https://www.sadag.org/contact-us/

If someone is in immediate danger, contact local emergency services or the nearest emergency department. Opioid overdose, severe alcohol or benzodiazepine withdrawal, serious intoxication, suicidal danger and violence require appropriate urgent assessment, not an attempt to resolve matters by family discussion.
This guide is intended for general educational purposes and does not replace individual medical, psychological, psychiatric or legal advice. It is not a substitute for professional treatment, emergency assistance or safety planning. Readers are encouraged to seek appropriately qualified support for their individual circumstances.

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