

Suggesting Treatment to a Loved One

It can be difficult to persuade a loved one to consider treatment. Even when they are willing to consider it, it's not uncommon for them to still feel unsure or say no. They may think that the problem "isn't that bad" or that there's no need for formal treatment. Perhaps they think that help is needed for *only* the mental health part, like anxiety, but not for substance use. In some cases, they may be fearful that treatment will get in the way of school, work, sports or other activities. They may also have a negative perception of treatment due to stigma.

If your loved one expresses even a little willingness to start getting help — whether it's attending a support group meeting, or getting a treatment consultation — it can be all the invitation you need to begin the conversation. Here are some tips to help it go smoothly.

Key Takeaways

Preparing for the conversation

Make an effort to see matters from your loved one's point of view

How will treatment benefit your loved one? Will they feel healthier? Will they be more successful at school, work or sports? Will they get into the college of their dreams or a job they have always wanted?

What will your loved one see as the downside of treatment? Will they have trouble spending time with others without substances? Will they have to give up certain friends? Acknowledging both the positive and not-so-positive aspects of engaging in treatment can help the conversation go more smoothly.

Determine what's important to your loved one

Try to determine what your loved one is open to addressing. For example, some individuals won't want to talk about substance use, but may be more comfortable talking about their mental health problem, such as depression or anxiety. If this is the case, focus on getting help for the area that they are willing to work on. Discuss with the treatment team you choose how to include other concerns.

Do your homework and be ready with treatment options

Research programs to find ones that are a good fit for your loved one. If possible, it helps to offer options so that loved ones can make their own decision as opposed to being told what to do. For some people, starting with a "consultation" with a counselor is less threatening than talking about long-term treatment.

Use "hooks"

Highlighting what your teen or young adult might *gain* related to treatment (e.g., better sleep, higher self-esteem, less stress) will likely be better received than talking about substances to give up. Some parents and other caregivers use incentives tied to something a loved one wants as a way to get them to go to treatment. For instance, with a teen you could say something like, "If you complete eight outpatient sessions, we can discuss getting the video game you want." Adult children may value being included in family events, help with getting/maintaining a car or help with a place to live.

Consider past attempts

If previous attempts to suggest treatment haven't worked as planned, take time to consider why the discussion didn't go well. What didn't work? What would you change? Was the discussion too lengthy? Was it bad timing? What got in the way? Try to include what you've learned to make this go more smoothly, such as the timing of the conversation, a calm tone of voice, providing options and offering incentives.

Consider barriers to treatment

Does your insurance cover the cost of co-occurring treatment? Can you pick up costs that aren't covered? Will transportation to and from treatment be a problem? Will your loved one be able to keep up with school, work or other responsibilities? Address these concerns before you talk to your loved one.

Practice what you want to say

Once you have gathered the important information suggested above, it can be helpful to write down what you want to say. As you write, think about how your loved one might respond.

Having the conversation

Listen for "change talk"

Change talk is any time your child voices a concern over the way things are, or expresses a desire to improve their life in some way. Do any of these sound familiar?

- "I'm really feeling depressed that I don't have a decent job."
- "I think I really upset [a friend] last night when he thought I had one too many."
- "I wonder if I should go back to school."
- "I want to move out and have my own place."

When a loved one expresses change talk, help them connect the dots. Gently explain how their substance use is related to their current worries and their hopes for a better future. Remain open-minded and try to listen rather than dismiss or criticize your loved one.

This sample dialogue shows what this might sound like:

"I really want to move out and have my own place."

"I know you've wanted your own place for quite some time. What do you think is holding you back?" (This question is an open-ended question that is hard to answer with just one word. Beginning questions with "what" or "how" invites a more complete answer.)

"I can't get a decent job that pays enough."

"What have employers told you when you've applied?" (This is another great open-ended question. The parent could have said, "Your drug use is the root of all your problems which might have made the loved one feel defensive")

"They all want drug screens. That's BS in my opinion. I mean why should they care what I do on my own time."

"So, you want a good job and your goal is to move out, but it sounds like your drug use is getting in the way." (This is an example of a reflection, restating a loved one's words to help keep a conversation going).

"Yeah, I really want to move out but I know I don't make enough and I spend what money I do have to party."

What are your thoughts about quitting for a while so that you can get a better job? If you need help cutting back, we can look into that too. (This suggestion is a form of harm reduction. A person might be more willing to try cutting back than quitting altogether. There is also an offer of help.)

"Maybe."

"Think about it and let's talk about it again in a few days." (The caregiver doesn't pressure their loved one for an immediate answer. It can help to give people space to think about what they want to do.)

Using incentives or leverage

Some people use incentives to help get their loved one into treatment. An incentive ties treatment to something their child wants. For example, *“If you complete treatment and do not use substances, we’ll help you with a deposit for a space of your own.”*

Leverage usually involves taking something of value away. For example, *“If you don’t try this treatment program, we won’t cover any more of your expenses like tuition or rent.”* Choose how to use leverage carefully. Depending on what is at stake, it could cause a negative reaction, making the situation worse.

It helps to present any leverage in a loving way. Give your child a week or two to think about it before going through with whatever you’ve decided. For example:

“I continue to be concerned about your substance use and would like you to get a consultation on how to manage it. I know you’ve been opposed to it in the past, but the current situation is difficult for all of us and I’d like you to reconsider. If you choose not to seek treatment, I will not pay for college this upcoming semester. I’d like you to think about it and let me know what you decide by the end of next week.”

A note about required consent for treatment

If your loved one is under the age of 18, you might assume that your consent is enough to get treatment started; however, this may not be the case. State laws vary considerably in terms of age of consent, in some instances being as low as 12 years of age. Additionally, who can consent may change depending upon whether the treatment program is for mental health or substance use and whether the facility is outpatient or inpatient. Often there is no guidance in situations where the parent and child disagree, leaving it up to the courts to figure it out.

If your child refuses consent, asking other family members or friends to step in may help, especially if there is someone your child trusts and respects. Some parents look to educational or religious organizations to forcefully encourage young people into treatment, although research shows that outcomes are more likely to be positive if your child voluntarily agrees to treatment.

Legally mandating treatment

If there is a danger to self or others as defined by the courts, civil commitment laws can be invoked to mandate treatment. In the U.S., 38 states have laws that permit civil commitment to inpatient or outpatient substance-abuse treatment programs. An additional eight states have a form of involuntary treatment, such as emergency hospitalization, due to substance-related concerns. The commitment process varies from state to state, so it’s important to look into what is specifically required for mandated treatment.

Alternatives to treatment

If your loved one flatly refuses to seek treatment, there be other healthy alternatives to consider in the meantime. Mindfulness meditation, for instance, is an effective way for many people to decrease their use of drugs and alcohol. It has also been proven to help with depression, anxiety and other mental health disorders.

Exercise is another useful stress-relieving strategy. It may be worthwhile to pay for a gym membership, yoga or dance class for your loved one. Are they interested in music? Guitar or singing lessons may be a great diversion and an great way to increase confidence and self-esteem.

There are a number of ways loved ones can get help and support, even if they aren’t ready to make significant, long-term changes. An agreement to experiment with abstinence or to reduce their substance use by engaging in healthier activities can be considered a big win that often leads to greater changes. Any step towards wellness and safety is significant. Learn more about ways to reduce the risks associated with substance use [here](#).

It can be frustrating if a loved one refuses treatment, but don’t give up hope. There will be other opportunities to bring it up again. And sometimes, it means getting the support of someone else that your loved one respects to deliver the message. Think about another family member, friend, coach, co-worker, etc., who you could ask to help encourage treatment.

Addressing crisis situations

If you’re concerned that your child is violent, may be suicidal and/or is at risk overdosing, call 988 for the Suicide and Crisis Lifeline.

Tell responders that your child is having a mental health emergency with as many details as possible so they can be prepared when they arrive. You can also call the National Suicide Hotline at 1-800-273-8255. The free hotline is available 24 hours every day.

988 has replaced the original National Suicide Hotline number, 1-800-273-8255, but this number still directs people to the same supports.

For medical emergencies, call 911.