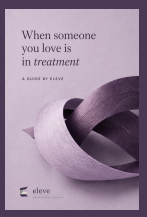
When someone you love is in treatment



Clear questions. Useful next steps. Space to make a plan.

Stay connected without taking over

When someone you love enters treatment, relief, worry, anger, and uncertainty can coexist. You do not need to understand every clinical term to offer useful support. This guide helps you keep communication clear, protect sustainable limits, and make a practical plan that includes your own wellbeing.

Separate these three roles

Your role	A practical example
Supporter	Offer a ride, a meal, or a calm check-in that your loved one wants. Ask before taking over a task.
Source of information	Describe specific changes or safety concerns to the appropriate clinician. Keep observations separate from guesses.
Person with your own needs	Seek your own support and decide which commitments you can sustain. Treatment does not erase your experience.

Understand what can be shared

Being family, providing a ride, or helping pay does not automatically give access to every treatment detail. Privacy rules allow some sharing in particular circumstances, but the person's permissions and any relevant legal authority matter. [F1] Some substance-use records have additional federal protections. Ask the program to explain its privacy notice and releases; do not assume one form covers every situation. [F2]

You can still share a concern

HIPAA does not prevent a clinician from listening to information from family members even when the clinician cannot discuss the person's care in return. [F3] Ask for the correct channel. Include what happened, when, and why you are concerned. Ask how your message may be recorded or shared; do not assume it is anonymous or that a reply is guaranteed.

Questions for the beginning

- Who is the appropriate contact, what topics can they discuss with me, and what response timing should I expect?
- Does my loved one want me involved in practical planning, family sessions, or another specific part of care? What is actually available?
- How can I provide relevant history without asking for private therapy details?
- Which number should we use for routine questions, and which pathway applies to an urgent concern after hours? Write both down before you need them.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[F1] HHS OCR: Family Members and Friends (2022-12-23).
[F2] HHS OCR: Understanding Confidentiality of Substance Use Disorder (SUD) Patient Records or Part 2 (2026-02-13).
[F3] HHS OCR: What options do family members of an adult patient with mental illness have if the patient refuses to agree to information sharing? (2017-09-12).

Make room for an honest conversation

Aim to understand one concern and agree on one next step. SAMHSA recommends open questions, nonjudgmental listening, and reflecting what you heard. [F4] The original scripts below are starting points to adapt, not words you must get exactly right.

Try a different opening

When this happens	Words you might use
They share something difficult	"Thank you for telling me. Do you want me to listen, help think it through, or help you contact someone?"
You notice a missed appointment	"I noticed the appointment did not happen. I am concerned. What got in the way, and what would help with the next one?"
They say treatment feels hard	"What part feels hardest right now? Is this something you want help bringing to your clinician?"
You cannot provide the requested help	"I cannot lend money. I can help you write down the immediate needs and prepare questions for the right professional."
You want a treatment update	"What would you feel comfortable sharing? We can talk about something else too; I do not need every detail to care about you."

Keep the exchange manageable

- Choose a time when both of you can pay attention. Ask whether now is a workable time instead of launching into a difficult topic.
- Describe one observable event. Avoid labels such as lazy, manipulative, or hopeless, and do not turn several years of hurt into one argument.
- Leave room after a question. Check your understanding: "Have I got that right?" Understanding a feeling does not require agreeing with every decision.
- End with a small, specific agreement, or agree to revisit the conversation. You do not need a complete resolution before taking a pause.

A pause is not abandonment

"I want to keep talking, but I am getting overwhelmed. Can we pause and return to this tomorrow afternoon?" If there is an immediate safety concern, use the emergency plan instead of postponing help. For concern about suicide or emotional crisis, you can contact 988 about someone else. [F5]

Use a brief weekly check-in

Choose a time that works for both of you. Begin with ordinary life, then ask whether a short planning conversation would help. Discuss one thing that worked, one obstacle, and one next step. End by confirming who owns that step. The purpose is connection and coordination, not a progress inspection. If either person is too upset to listen, arrange another time unless immediate safety requires help.

Keep ordinary connection

Make room for a meal, a shared activity, or a conversation unrelated to treatment. Caring about someone does not require turning every interaction into a discussion of symptoms or progress.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[F4] SAMHSA: How to Talk to Someone About Help For Mental Health & Substance Use (2023-04-24).

[F5] 988 Lifeline / Vibrant Emotional Health: Help Someone Else (n.d.).

Care that you can sustain

You can care deeply and still need sleep, privacy, financial stability, and support of your own. SAMHSA encourages caregivers to communicate limits, make time for themselves, and involve other sources of help. [F6] Try building a support plan you can repeat, rather than promising unlimited availability in an emotional moment.

Make a boundary about your own actions

Area	A clear, practical example
Time	"I can talk after work for twenty minutes. I cannot answer during meetings. Let's save the appropriate urgent numbers separately."
Transport	"I can provide Tuesday's ride if we confirm the time the night before. We need another plan for Thursday."
Money	"I am not able to cover unplanned expenses. I can help organize the questions you want to take to a financial or care professional."
Conflict	"I will pause a conversation if we are shouting. I am willing to return when we can speak without insults."

A boundary is not a treatment prescription

These examples are starting points, not instructions to control another adult's care or an excuse to withhold emergency help. Consider your safety and circumstances. For complicated financial, legal, housing, or caregiving decisions, seek appropriate professional advice before making changes that could have serious consequences.

Choose one action for yourself this week

- Tell one trusted person what support you need, without sharing treatment details your loved one expects to remain private.
- Protect one appointment, meal, walk, or rest period that belongs to your own wellbeing.
- Consider an individual therapist or a family-support meeting. Write down the time and how you will attend, not just the organization name.

Independent places to explore

- Al-Anon: support around someone else's drinking. [F7]
- Nar-Anon: family and friends affected by addiction. [F8]
- Gam-Anon: support around someone else's problem gambling. [F9]
- SMART Recovery Family & Friends: coping and communication support. [F10]

Use the official links in the source list and confirm current meeting details. These are independent organizations, not Eleve services. You can explore which setting fits your needs without committing to one approach immediately.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[F6] SAMHSA: Mental Health, Drugs and Alcohol: Taking Care of Yourself (2023-04-24).

[F7] Al-Anon Family Group Headquarters, Inc.: Al-Anon Meeting Search (2026-03-04).

[F8] Nar-Anon Family Groups: Find a Meeting (n.d.).

[F9] Gam-Anon International Service Office, Inc.: Welcome to Gam-Anon (n.d.).

[F10] SMART Recovery: SMART Recovery Family & Friends (n.d.).

Put the support into everyday life

Treatment progress is not a family performance review. Ask your loved one and the clinician, where sharing is permitted, what changes matter in this person's plan. Leave room for ordinary conversation and shared activities. A difficult day deserves attention without turning every interaction into a test.

One week of sustainable support

Plan item	Make it specific
Help I can offer	Task: _____ Day / time: _____ My limit: _____
Help they want	What they agreed would help: _____
A practical backup	If the plan changes, we contact: _____
My own support	Person / meeting / appointment: _____ Date: _____
Our next review	Date: _____ One question to revisit: _____

Notice what happened, not what you assume

Try "you mentioned not sleeping and missed the appointment" rather than "you are back where you started." Ask what support would help them contact the treating professional. Keep a brief factual note if you need to communicate a concern; do not turn that into covert monitoring or demands for private session details.

Know the safety issue behind the setback

After time without a drug, using a previously tolerated amount can cause overdose. [F11] If opioid exposure is possible, ask a clinician or pharmacist about obtaining naloxone and learning its use. Suspected overdose requires urgent action: give naloxone if available, call 911, and stay with the person until emergency help arrives. [F12]

Do not wait on a routine message

For a life-threatening emergency, call 911. For suicidal thoughts or emotional crisis, call or text 988; you can also contact 988 when concerned about someone else. [F5, F13] Keep those pathways separate from a program's routine voicemail, email, or appointment request.

A useful repair after a difficult exchange

Try: "I came into that conversation worried and spoke as though I knew what you were thinking. I do not. I want to understand what happened and agree on one realistic next step." An apology does not require withdrawing a necessary boundary. Ask what would help the next conversation feel safer, and leave room for your own needs. These are original discussion prompts, not a therapy technique prescribed for every family.

Before the next transition

Ask what help is wanted with the next appointment, medication questions, transportation, costs, and daily routine. Confirm the arrangements with the responsible person. A discharge date or smaller schedule does not by itself tell you what support is still needed. Ask the treating professional how to respond if difficulties return.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[F11] NIDA: Treatment and Recovery (2020-07).
[F12] CDC: 5 Things to Know About Naloxone (2024-05-02).
[F5] 988 Lifeline / Vibrant Emotional Health: Help Someone Else (n.d.).
[F13] NIMH: Mental Health Medications (2023-12).