



# RECOVERING MY KID

**Parenting Young Adults in Treatment and Beyond**

**JOSEPH LEE, M.D.**

Medical Director, Hazelden Youth Services

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Hazelden®

Hazelden  
Center City, Minnesota 55012  
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Printed in the United States of America

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Library of Congress Cataloging-in-Publication Data

Lee, Joseph, 1975-  
Recovering my kid : parenting young adults in treatment and beyond / Joseph Lee.  
p. cm.  
ISBN 978-1-61649-264-9 (softcover)—ISBN 978-1-61649-453-7 (e-book)  
1. Young adults—Substance use. 2. Young adults—Substance  
use—Prevention. 3. Parenting. 4. Substance abuse—Treatment. 5.  
Adolescent psychology. I. Title.  
HV4999.Y68L44 2012  
362.29'13—dc23

2012032365

Editor's note

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16 15 14 13 12      1 2 3 4 5 6

Cover design: David Spohn  
Interior design: Madeline Berglund and Mayfly Design  
Typesetting: Mayfly Design  
Developmental editor: Peter Schletty  
Production editor: April Ebb

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## Preface

### Out of Love for Our Children

Nothing makes parents' hearts sink faster than the thought of their child suffering. And addiction is a uniquely dark and deep form of suffering. Over years of addiction, families are worn down, trust is lost, and relationships are strained. No logic or science can adequately explain how the disease mutates the afflicted, how they no longer resemble the loved ones who once seemed so familiar. All too often, this is the tragic lens through which society views the young who lose their way.

But that is a book and a story for another time. This book is about something much more hopeful.

In medicine, I have been a humble witness to humanity's enormous capacity for compassion and sacrifice. Whether on an oncology unit or on a psychiatric floor, I have rarely experienced a virtue more profoundly awe-inspiring than the love that parents have for their children. (A child's love for a parent, on the other hand, can be surprisingly conditional.) The lengths to which families will go to help their children give me faith, at least momentarily, in a greater potential for all of us.

Of course, it is delusional not to take note of the strife that accompanies young people in treatment for addiction. Often they are irritable, physically worn, resistant, and lashing out at

the world. It can be hard to maintain a sense of emotional objectivity when working with this group.

With all of that in mind, however, we need to make a point to see more than the disease in these youth. When we relate to young addicts at Hazelden, we also remember the wonderment and promise they possessed as small children. We envision them on their first day of school. We remember the thrill of their most memorable achievements and the nostalgic times spent in the company of loved ones. In them lie the collective hopes and dreams of generations past that spark so haltingly now—and the yearning of families to see those dreams rekindled once more.

Our children are our greatest treasures. There is nothing of greater value, nobody for whom we'd sacrifice more. We recognize and celebrate their changes and their maturity from adolescence into young adulthood. And yet our children always remain our children—not because we are naïve, but because we see them through this beautiful capacity for unconditional love. It is in this spirit that I want to connect with you, the reader, in helping those most precious to us.

## Acknowledgments

The philosophies set forth in this book have been shaped by those who trained me.

I would like to thank the excellent faculty at Duke University and Johns Hopkins University hospitals for putting up with me as a resident.

In particular, special thanks are due to John Walkup, M.D., whose teachings about parenting have long been a cornerstone of my therapeutic approach. Many of the parenting terms used in this book, including *power struggles* and *expectations*, are borrowed from his instruction.

Special thanks to Doug Toft for his invaluable help crafting this book.



## Introduction

### The Culture of Families

In some ways, parenting is harder now than ever before. I know people in every generation might say this, but today it really *is* true. I'm not stating this to make anyone feel sorry for our current generation of parents or to pine for the "good old days," as I recognize they may be more nostalgia than reality. Still, this is a topic worth discussing.

When I was growing up, most families had one parent who worked. This isn't a prelude to a speech or a political rant about "family values." The facts are simply that many middle-class American families in the past could get by on one paycheck. And, as a result, parents had more time to spend with their children.

Over the years, I found that my thinking about families changed. I didn't even realize it at first. When I started working with children in residency, I just automatically assumed that both of the parents worked. I didn't see this as a bad thing in and of itself until I started thinking of the ramifications of that change. With most families having two providers, maybe there's less time spent among family members, and maybe our quality of living has changed. I don't have hard facts on this, but as a result of these observations, I'm saddened that limited family interaction has become the norm in our society.

Then there's the issue of maintaining our family culture, free of outside influences. I didn't have a cell phone until I was in medical school. I can't remember how I ever got by without one, but I did. I'm not anti-technology in the least, but in generations past, it was much easier to get "off the grid."

With greater time to spend with their children and more control over what messages got to them, parents in previous generations had an easier time establishing their family cultures, norms, and values. Conversely, with diminishing "face time" with family and 24/7 exposure to the Internet, text messaging, social media, and whatever else, it is harder for parents to get everyone on the same page. This isn't to discourage freedom of thought or creativity, and I'm not suggesting parents should dominate their children's thinking. The truth is, however, that anyone with a bizarre idea can find support for it online, and kids who are addicted to substances will find plenty of ramblings to justify their lifestyle. More than ever before, our children are influenced by others earlier and with increasing frequency. There is greater competition for everyone's time than in the past.

Diminished face time, pinched resources, and an inability to moderate outside influences are growing challenges for modern parents. There is no point in lamenting the facts, though. What we need to do is update our parenting approaches so that we can stay ahead of ever-changing times.

I am really interested in the philosophy behind things. The cornerstone of my clinical work is a firm set of frameworks for understanding what I see on a daily basis. This doesn't mean that I know all the answers, or even half of them. It *does* mean that I can put complicated clinical issues in contexts that are consistent and meaningful.

Too often, parents feel ungrounded because there's simply so much information out there. It's hard to know what's right for our children, or what's even true. Sometimes parents feel like lemmings, led from one hysterical parenting tactic to another:

Feed your kids this, talk to them like that, give them these lessons after school, and play them this kind of music. They are mercilessly subjected to reams of facts and concepts about raising children and expected to remember it all. Worse yet, social and media pressures make parents feel guilty, directly or indirectly, if they don't keep up with the latest trend—never mind whether it's actually helpful. Lacking key contexts for all that information, we can get caught up in minutiae.

Frameworks are designed to prevent this problem. By *framework*, I mean a set of ideas that guide our thinking and behavior. These are broad organizing principles that allow us to file new insights in appropriate mental folders, and then use those insights to make wise choices in daily life. Frameworks allow people to process new information quickly, because there are common reference points, precedents, and contexts.

I present several frameworks in this book, and they all relate to one big idea: *family culture*.

In any decade, there are a few memorable companies that shine above others. People marvel at their success. Books are written about their inner workings, the very mechanisms of their meteoric rise. Of course, the same kind of phenomenon happens in other areas of life. For example, what is it that makes certain sports teams consistently better than others? Why are some school systems better than others, regardless of funding and type of students? The answer comes down to culture.

The whole notion of culture is fascinating, multilayered, and complex. Basically, it refers to the attitudes and behaviors shared by members of any group, small or large. Sports teams have their own distinct cultures. So do schools, companies, communities, and families.

What I recognized during my training at hospitals affiliated with Duke University and Johns Hopkins University is that both institutions foster a successful kind of culture. For example, along an underground transit tunnel connecting two of the

buildings on the Johns Hopkins Hospital campus is a row of billboards. Each of the billboards has the cover of the annual *U.S. News & World Report: Best Hospitals* issue. And Hopkins has proudly retained the number one ranking overall for some time now. Sure, this might be criticized as a self-aggrandizing gesture. But no one can deny the impact it has on the people who work there. In fact, I actually noticed that some employees would walk sleepily into the tunnel, peer at the posters, then straighten up and walk briskly, their heads a little higher, their cadence marked with increased purpose. The effect was subtle, and perhaps only noticed by psychiatrists like myself, yet it was there.

The difference between Johns Hopkins and any other hospital is harder to quantify than you might think. It's easy to look at the world-renowned researchers and physicians, the place of Johns Hopkins in the history of American medicine, the research dollars it wins, and the reputation it nurtures—the big-picture differences. But my experience was that many of the physicians at Johns Hopkins were like physicians anywhere else—perhaps a bit brighter but not exceedingly so. This isn't to knock them; it's just to say that with great organizations, the whole truly is greater than the sum of its parts.

I've seen the same kind of trends working with kids in schools in four different states. Some schools are simply better—consistently so, as a matter of fact. Again, the mechanism can be hard to grasp. Although a number of variables contribute to the success of a school, some are independent of funding and the number of computers they have.

Conversely, I have worked with schools where no amount of money could fix a fundamental but difficult-to-pinpoint flaw in their operation.

What I've realized over time is that great organizations have the right kind of culture. It may spring from their attention to detail, their commitment to be the best, a shared mission state-

ment that actually guides people's behavior, or other powerful factors.

The same thing is true of families.

I was listening to the radio the other day and heard a segment about digital textbooks for school. The attraction of such textbooks and the promise they hold from so many perspectives (environmental, for one) drew my attention. But the presenters said something that made me think. Despite the slick presentation and the intuitive notion that technologically savvy tools would be a boon for students, the research thus far actually suggests that use of the latest technology yields little in the way of academic improvement. The presenters found this baffling. I, too, was surprised at first, and then I did some thinking.

I was raised in Seoul, South Korea, until I turned seven. I attended first grade and part of second grade there. Even now, I can remember the competitiveness of my school environment and the many differences in the academic culture—for better and worse—between schools in Korea and the United States. In my Korean school, there were sixty first-graders to a teacher. That kind of ratio would infuriate many parents—and in our country, rightfully so. But somehow, the Korean schools managed. They didn't just manage, in fact; they were ahead in their curriculum when compared to similar schools in the United States. The Korean students were attentive, even in large classes, and many of them thrived. How did this happen?

Well, it didn't have anything to do with computers. My school in Korea didn't have anything high-tech. But there was a distinct culture based on parent involvement in schools and high expectations of children. There were differences in how teachers were respected socially. When I was young, for example, being a teacher in South Korea was akin to being a doctor here in the United States. Not all of the differences were necessarily for the better; Korean teachers also made us do group calisthenics in the

morning before classes, which may or may not have had anything to do with results. But aside from having to learn a new language, I was academically well prepared for the transition from South Korea to my elementary school in Norman, Oklahoma.

Perhaps the fact that technology doesn't really improve academic achievement shouldn't surprise us. Perhaps what's lost in conversations about teacher-student ratios, computers, and innovative ways of engaging children is a discussion about the *culture* of a country's educational system. I am willing to wager that, even now, there must be countries that do well by their students without the need of the best technology or the cleverest ways to make learning fun.

Culture, then, is an operational term. It does not pertain to any specific country or ethnicity. Instead, culture is the palpable—but not always readily apparent—sum of shared values that drive behaviors. Different cultures lead some groups of people to different ends than others, regardless of material resources.

As your own child engages in treatment for addiction, you will have the opportunity to examine your own family culture. More than likely, that culture has been passed down to you from your extended families. Your family culture may also have been formed as a reaction to your own experiences while growing up. If you grew up in a volatile environment due to alcoholism or abuse, for example, you might have sworn to create the opposite environment when you had children.

Cultures in families are especially visible during a crisis. *In times of need, people turn to their tried-and-true "playbooks"*—their familiar behaviors and default norms. These norms are passed down from generation to generation. They are fundamental beliefs that shape everything from expectations about expressing emotions to beliefs about valuing money. Marriages can also implode based on diverging ideas and differing family cultures. Some people want to talk openly about problems because that is

what their families do; their spouses may want to put their heads down and just work harder at finding peace.

When it comes to parenting, family culture is the bottom line. Family culture influences when and how often children will approach you when they need to talk. Family culture determines whether children choose to share their feelings with you or simply give you a “play-by-play” description of key events. Family culture determines whom your child approaches first—you or your spouse or partner. It shapes how you respond in turn. It also shapes how ashamed your child feels about drug use and mental health issues.

In short, *culture is the key ingredient for preventing your child’s drug use and for navigating treatment.*

In radio shows and newspaper interviews, I’m often asked to give tips for parents. The questions are predictable: *What should we say when our kids are showing signs of drug use? How do we go about discussing drugs with our kids?* Sometimes, parents just want suggestions for beginning a conversation with their children. At other times, they seek the magic words that will change their children’s minds in an instant and win unequivocal trust.

Unfortunately, life just doesn’t work that way.

I emphasize that *parents need to invest in their family culture and maintain it over time*, much as they would invest over the long term in a savings account or a college fund. Only then will the resources be available in a family’s time of need. Instead of focusing on what to say at a specific moment, parents need to carefully and consistently—over time—set up the right kind of culture in the home. When that culture is developed, children will know where to turn for help, and parents will know how to respond. Now, as we all know, this isn’t a foolproof strategy. But it is the best and most reliable tool that parents have at their disposal.

These days, so many parenting tips are based on superficial matters. The conversations are about finding the right activities,

having enough activities, staying cool as parents, learning to talk on your child's level, and the like. I'm not saying these elements are trivial. However, I am saying that the critical factor is taking a fundamental look at the very culture of our homes.

So how do we do this? What happens in families to create the right kind of culture? For the purposes of this book, I will tailor my advice to parents struggling with kids who are abusing or recovering from addiction to substances. But the frameworks that I offer can actually be applied to *any* family with a child in *any* form of crisis.

Now that you know the big idea behind this book, I'd like to return to the frameworks that I mentioned earlier. There are three of them, and each one spotlights a key aspect of family culture. These frameworks are about

- emotional objectivity
- leadership
- conceptual knowledge

These three frameworks correspond in turn with three major dimensions of our personal experience:

- Emotional objectivity is what will allow you, the parent, to be consistent. It will make sure you don't run out of fuel on this journey. Maintaining emotional objectivity allows for successful parenting. Without it, no amount of "parenting tips" will help. I explore this framework in part 1.
- Leadership is about behavior—specifically, what you *do* to create a positive culture in your home. This section is more practical and will restore confidence in your decision making. This is the subject of part 2.
- Conceptual knowledge includes a practical understanding of child development, addiction, and mental

health. This section is not just a basic review of diagnoses and medications. That kind of information is easily obtained elsewhere. What is harder to find is an explanation of the right approach to these topics for parents. You can use these concepts, which are discussed in part 3, to guide what you *think*.

These frameworks overlap in many ways, of course. Sometimes it's hard to separate them. But organizing the frameworks in this way can help you stay grounded when you're choosing what to do next for your child.

All three aspects of family culture are essential. However, this does not mean that you have to read the three parts of the book in their given order. Start at the point that speaks to your most pressing need or interest at the moment. If you're looking for ways to set more effective limits with your kids, for example, then start with part 2. If you have pressing questions about a mental health diagnosis, then begin with part 3.

Above all, I want you to get solid, easily remembered suggestions—ideas that you can take home and use, starting immediately. My goal is to keep things simple without being simplistic, and to give you frameworks that apply to any value system.

There are many books about screening your child for substance abuse problems. There are other books on how to engage your child in substance abuse treatment, and still others that deal with difficult children in general. In order to understand how this book fits into the existing literature, remember two things:

First, this book is for those parents who already know their child has a problem with drugs or alcohol, so I won't start from zero on this subject. However, many parents go through the process of discovery and the initiation of treatment only to wonder about how they should approach their child from that point on. If Johnny is two months out of rehab and starts copping an attitude in the kitchen, how much of this is related to his struggles for

sobriety? How much of it is due to his ADHD (attention deficit/hyperactivity disorder)? And how much of it is just Johnny being a teenager? This is the kind of real problem that families face on a daily basis as they support a young person's recovery. These are the kinds of questions that I'll tackle.

Second, as mentioned earlier, the basic principles in this book are widely applicable. Of course, this book will speak intimately to parents with a child in treatment for addiction. But the ideas presented here will also apply to parents who are struggling with a wide range of other issues at home—rebellious kids, kids who have mental health problems, and much more. In addition, clinicians will find the frameworks easy to translate to a variety of clients.

I am trained as an academic. I am an advocate for scientific research and a consumer of medical journals. As such, I think like an academic and a researcher.

However, I do not function primarily in either of those roles in my daily work. In this book, you'll get suggestions that are not found in the pages of medical journals. That's because parenting is both commonsense and counterintuitive. It is both a science and an art.

For this reason, my goal is to talk about the often-abstract findings of researchers in ways that are consistent with the data—and to translate those findings into suggestions that parents can use.

I am fond of metaphors and analogies because I find them useful when communicating about subjects that are often emotionally laden. By taking the essence of a heavily sensitive topic and applying it in a scenario more benign, we can sometimes see the truth.

I wrote this book in a conversational tone because I want you to be able to hear my words as if we were in the same room, talking to each other face-to-face. Even more, I want to emphasize

that you can be a tremendous force for good in your child's life, even if your family is in crisis right now.

In any case, the ideas in this book have been tested time and again in my own work with parents and their children. What you'll get in these pages is not an untested philosophy or a collection of provocative but empty musings. If you want to understand how addiction and mental health issues operate in young people—and what to do about them—then this book is for you.





Part 1

Frameworks for  
Emotional Objectivity



## Chapter 1

# The Pendulum and the Case for Emotional Objectivity

See if the following scenario applies to you.

You discover your child has an addiction. Finding drug paraphernalia in the child's bedroom, you see red. Feeling anger and panic, you let your emotions get the best of you in the moment. The next conversation with your child gets heated. There's a confrontation, and you say a few things you don't mean.

Now fast-forward a couple of weeks. Your child has just started outpatient treatment for addiction. At first, things appear to be going well. In response to her initial commitment, you decide to give her a chance. Secretly, you are also compelled by feelings of guilt for the things you said during the earlier confrontation. Partly to reward progress, but equally fueled by a need to settle your conscience, you decide to give your child an opportunity to earn your trust, allowing her to spend a weekend with "sober" friends.

On the following Monday, you discover that your child has relapsed. You feel betrayed on a personal level. You took a chance, and your child blew it. Conversations lose focus, and you find your emotions getting the best of you once again. Your spouse tells you one evening that, though you were right in your convictions, perhaps your delivery was too harsh.

Now, through the murky lens of conflicted emotions, it's hard to think objectively about the next steps. When will your child earn another opportunity for freedom? At what cost? And are you making the problem worse?

Many parents who struggle with addiction in the family have experienced this very chain of events. To put those events in a larger framework, remember that decision making in parenting often resembles a swinging pendulum. The best and most emotionally objective decisions are made when the pendulum is at midpoint. The extreme decisions on either side of this midpoint are driven by unbalanced feelings.

Pendulums do not stop midway once they gather momentum. They just keep swinging over a full arc, moving from one extreme to the other. Likewise, parental decision making without emotional objectivity is just a series of overreactions that swing between extremes, one compensating for another.

Let's look at this process in greater detail.

For many parents, it begins with the desire to believe in their addicted or otherwise troubled children—in their innate humanism and goodness. Despite knowledge of ongoing addiction, we send them to school or college. We give them their cars. We provide them with financial assistance. And we trust their word that things will get better. The pendulum is now set on one extreme.

Unfortunately, addiction is a disease that prevails independently of our children's baseline moral compass. As such, the disease inevitably lets us down. Addicted young people relapse. They flunk out of school. There are legal charges, fights, unpaid credit card bills, and suspect relationships. The drug use continues.

Having gone the extra mile at great emotional expense, we react to such events with pain and anger. We feel personally wounded and intentionally betrayed. Reacting to the perceived maliciousness of their relapse, the other extreme is reached. We yell, criticize, blame, and threaten, our faces red and fists

clenched. Our pendulum speeds with frightening force, swinging past the midline to the opposite extreme with no chance of coming to rest in the realm of emotional objectivity.

Eventually, our feelings of spite are replaced by regret and introspection: *It was the disease, not my child. I have gone too far.* We fear that our relationship with our child has taken an irreversible turn for the worse. We now feel that we are a part of the problem, driving our child away from us when we should be his primary support. Having shown strong emotions, we may conclude that we overreacted. Our inclination, then, is to rectify this wrong by giving him another chance.

Of course, it is human to feel regret as parents. Unbeknownst to us, however, in these seeds of remorse is a falsely righteous calibration that will replace our emotional objectivity with another round of second-guessing. The pendulum gathers momentum once more and swings in the other direction. Back and forth it goes, bleeding our emotional reserves with each tortured swing: You give your child a chance, she lets you down; when you come down on her, feelings get out of hand, and you overreact. Each action overcompensates for the previous one. Eventually, it becomes impossible to know if any of your parenting decisions are objective at all. *Am I rewarding behaviors properly or being permissive in an attempt to make up for previous guilt? Am I setting the right limits, or am I going overboard because of spite?*

If you are currently dealing with a child in crisis, there will be times when you second-guess your own decisions. This process is all the more difficult with the passage of time, when each new decision is laid on top of a pile of already circumspect decisions. Though not sufficient in and of itself, emotional objectivity is a necessity for sound parenting. Looking at our behaviors through its lens helps us make sure that what we have done and said is consistent with our purpose: to help recover our child.

Parental decisions in the context of a child's addiction must

occur with a clear conscience and focus. This is the foundation of every suggestion that follows. The goal behind all of them is to keep the pendulum at midpoint as much as possible.

Many parents have heard about the importance of consistency in parenting, but few are told how to go about being consistent. Finding emotional objectivity is the key. Without it, parenting decisions in crisis become one semiconscious over-compensation after another.

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Bottom line: *Emotional objectivity is the art of stopping the swing between emotional extremes. It is the foundation for clear decision making in crisis. Ask yourself these questions:*

- Have you ever felt personally offended by your child's addiction or relapse?
- Have you made emotionally charged decisions or statements during your child's struggles?
- Did any of those decisions or statements make you operate from a place of guilt in later interactions?

## Chapter 2

# Happiness—Is That All There Is?

A number of psychological studies indicate that people who have children are less happy than people who don't, using various quality-of-life measures. It should then follow that people will increasingly not want children. Contrary to that notion, when you ask these same "less-happy" parents if, given the chance to go back in time, they would choose to have kids again, they overwhelmingly say "yes!"

There's something important going on here. Why would people choose to be less happy? I am assuming the parents in the study aren't just being politically correct and saying what people expect them to say. It may be that our definition of happiness is flawed. Maybe there are different kinds of happy. Or, there might be something else motivating parents besides happiness, perhaps something more fundamentally important in their lives. Actually, I think all of those things are true.

If our civilization faded away and a future archaeologist studied our language and culture, I think they would find our definition of *happiness* rather interesting. That's because we use two very different implications for the word *happiness* interchangeably.

When people say they are happy, they might refer to a momentarily euphoric sensation. Or, they might mean a longer-term sense of contentment. Philosophically, these definitions are at odds. I find that people confuse themselves with their use of

the word *happy* in much the same way that they incorrectly interchange the words *sad* and *depressed*, the former being a short-term emotion and the latter being more of a disease state and condition.

The problem is that we often define happiness as feeling good all or most of the time. Happiness means getting all our circumstances in place, just the way we want them, and having events unfold exactly according to our plans. This scenario would lead to euphoria and short-term pleasure. Happiness as defined in this way is overrated and untenable. For most of us, it is going to be a rare experience.

Okay, but then what are we trying to say when we use the word *happy*? Or, if short-term happiness is elusive and difficult to maintain, what is it that we really want?

I believe that long-term happiness, or contentment, is better served by the term *peace of mind*. And I also believe that “less-happy” parents say they would enthusiastically sign up for having children again because of the value of meaningful, reciprocated relationships—that infinite sense of connectedness to their children.

So, in my opinion, peace of mind and connectedness are the two fundamental things people desire most. There you have it, the meaning of life! Joking aside, take a moment and really think about the things you’ve pursued in your life, whether they be job security, friendships, or travel. Think about what you really want out of your child’s treatment for addiction. I would argue that a good proportion of our pursuits have peace of mind and/or connectedness as a final goal.

Corporations know this well. I have never seen this more explicitly demonstrated than in a series of beer commercials. A couple sits in beach chairs, staring at the ocean waves with their backs turned toward the camera. There is a subtle yet palpable tension and chemistry between them. The beach is inviting and serene. The commercial is selling connectedness or a sense of

belonging through the imagery of two mysterious and attractive people who appear to be in a relationship. It's also selling us peace of mind; many people would be happy to watch the waves roll in endlessly on a beautiful, breezy day. The delusional part is the suggestion that beer will make those dreams come true.

It's important for parents to remember what they are really going for when their children are in treatment for or early recovery from addiction. This is a time when both parents and kids struggle with happiness. After the kids are sober for a few weeks, families suddenly wonder: *Where's all the joy? Where's the spiritual awakening? Why aren't we happy?*

Parents wrestle with these questions a lot. I try to reframe the conversation and ground them in a different framework. Instead of *happiness*, I'd rather talk about moving toward *peace of mind*.

It's important to remember that peace of mind can still be present when you're experiencing a lot of tough emotions. In fact, peace of mind can even be had when things aren't going well. These might seem like strange statements. How can you be at peace when you're feeling anger, sadness, or fear about your child's behavior? How can you be at peace when your child is still using?

Peace of mind for parents with addicted children is all about being content with our efforts, regardless of the results. This is incredibly difficult to do when parents are facing a tragedy, but it can still come with time. This peace of mind comes from knowing that we did the best we could despite our imperfections. It comes from honoring our connections with our children by being emotionally objective and maintaining good boundaries. And it comes from realizing that, regardless of our efforts, our power to help is finite.

Let me illustrate this in another way:

Every parent gets a deck of cards to play in life. Each card represents a realistic possibility—an action that's within our power to take; an action that bears influence on our children.

ple may have to accept that they are naturally competitive, or that they need plenty of praise and accomplishments in their lives. The question, then, is how to fill those needs in a balanced and healthy manner that will support their recovery. That might mean volunteering or helping others out. It might mean being proactive about seeking fellowship in recovery. All of these endeavors provide sustenance for their needs in a positive way without creating strife or dissension. And that, in turn, provides the space for humility to blossom in the context of their own strengths and weaknesses.

As I close this book, I mention all of the above to provide hope for change in your child and your family. When reading a book like this, you might be disconcerted by some of the topics that you feel speak to your situation. *Oh no, that sounds like my child. That's exactly like my family. Uh-oh, that describes me.* Don't give up hope. Paradoxically, it is the acceptance of our need for growth and not a falsely devout pledge to an unattainable ideal that tills the fertile soil for therapeutic change. So take heart. Be brave. Own up to the things you do well and the things you struggle with. Start this parallel journey with your child with a sincere and open heart. Millions have, and millions will go on the same journey with you. No matter what your family has gone through, many others have taken a similar path and found a collective peace of mind.

Now is as good a time as any to start building the kind of culture you want for your family, one piece at a time. Remember to stay emotionally objective. Remember to be a leader first before being a friend. Remember to check your biases at the door. If you can do this, you will find that your love for your child, which once derailed your emotional balance, will now become the very fuel for your consistency. That discipline will lead to peace of mind. And in that frame of mind, you will find you are not alone.

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Bottom line: *Acceptance is the first step of healthy change.*



## About the Author

Joseph Lee, M.D., is the medical director for Hazelden's youth addiction services. Dr. Lee was born in Seoul, South Korea, but spent most of his youth in Norman, Oklahoma, where he went to college majoring in philosophy. After graduating from medical school, Dr. Lee completed his Adult Psychiatry residency at Duke University Hospital in Durham, North Carolina, and his fellowship in Child and Adolescent Psychiatry from Johns Hopkins Hospital in Baltimore, Maryland.

In addition to board certification from the American Board of Addiction Medicine, Dr. Lee is a leading national advocate for adolescent addiction and mental health issues. He serves as a spokesperson for the American Academy of Child and Adolescent Psychiatry on issues of addiction.

Dr. Lee currently resides in Minneapolis, Minnesota, with his wife, Jill, his son, Gabriel, and his annoying cockapoo, Jackson. You can follow him on Twitter@drjosephlee.

**Hazelden**, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

For questions about Hazelden publications, please call

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**Raising a child is tough** as it is, but raising a kid who's recovering from addiction requires a whole new set of tools. The fact is that getting your family well again will likely require a new form of parenting. In his groundbreaking book *Recovering My Kid*, Dr. Joseph Lee, the medical director for Hazelden's youth services, takes worried, confused, and angry parents by the hand and teaches them how to create a culture of essential support, appropriate boundaries, and emotional objectivity. His goal is to give parents like you the confidence to lead their child and family through the healing process and adjust to a clean-and-sober life.

In his honest and straightforward style, Lee explains the difficult concepts of addiction, treatment, and recovery, and describes what the recovering loved one is going through in a meaningful way that family members can understand. He then addresses parents' most pressing questions and fears: How has addiction affected my child and our family? What happens when my child returns home from treatment? How can my family support his or her recovery? What if my child relapses? How can my family get well again?



**Joseph Lee, M.D.**, is the medical director for Hazelden's youth services. A public speaker and commentator in the national media, Dr. Lee has been featured on *The Dr. Oz Show*, NPR, and CNN, and in the *Wall Street Journal*. In addition to his board certification in addiction medicine, Dr. Lee completed his adult psychiatric training at Duke University and his child psychiatry fellowship at Johns Hopkins Hospital.

Cover design: David Spohn

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