

Beyond Tough Love:

How SMART Recovery & Invitation to Change Support Change in Families

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Center for Motivation and Change | CMC: Foundation for Change

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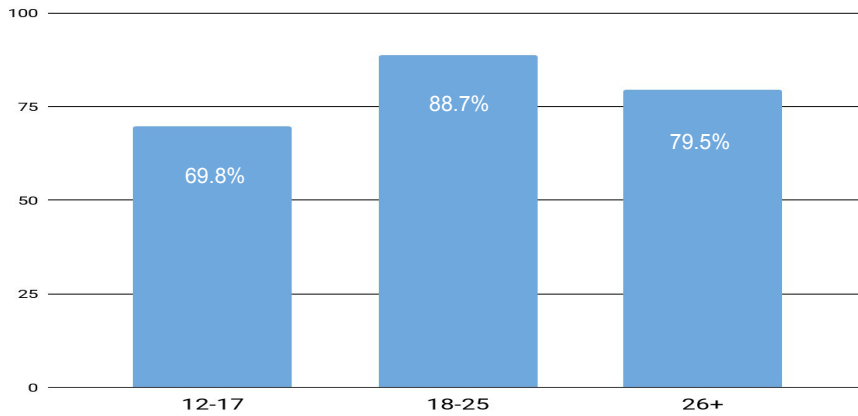
The Scope of the Problem We ALL Face



- **Tens of millions of people** in the U.S. live with a SUD (SAMHSA, 2022). **Millions more** struggle with behaviors like gambling, gaming, compulsive spending, or sexual behaviors that cause harm or distress
- **For every person struggling, up to 6 loved ones** are directly affected - emotionally, financially, physically, often in silence
- **Impacts every system:** medical, academic, criminal justice, and families at the center of all of it

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Needing Treatment but NOT in Treatment by Age



(SAMHSA, National Survey on Drug Use and Health: 2024; Table 5.32B)

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Struggles with substances or other behaviors are deeply stigmatized; no one wants them, and **no family chooses them.**

Most of us exist within systems where stigmatized ideas and judgement are the norm, **even when we mean to help.**

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Stigma: The Person Struggling



Stigmatizing labels: junkie, addict, clean/dirty, user – reinforces shame and isolation (Kelly et al., 2016)

Stigmatizing beliefs: "They don't want help." "It's a moral issue." "They're selfish." "They brought it on themselves." lead to:

- **Discrimination:** Denied employment, housing, and healthcare – including refusal to treat pain and co-occurring conditions
- **Rejection:** Gossiped about, excluded, treated differently once their history is known
- **Punishment:** Harsher sentencing for drug-related crimes; consequences applied where treatment is needed

The outcome: "I don't deserve help." "If they knew, they'd give up on me." "I'm so ashamed."

Stigma: The People Who Love Someone Struggling

Stigmatizing Labels – *enabler, codependent, enmeshed* – leads to shame and isolation (Orford et al., 2013)

Stigmatizing Beliefs – "Nothing they can do, they need to detach" "How did they not see the signs" "What's wrong with them?" lead to:

- **Discrimination and rejection:** Labeled "high risk" in loans, employment, medical treatment; excluded, gossiped about, treated differently
- **Judgment and blame:** Blamed for causing AND for not fixing; biased custody decisions; unsympathetic healthcare professionals (McCann & Lubman, 2018; Orford et al., 2013)



The outcome: "I must have caused this." "No one can know." "I'm so ashamed."

Shame is not accidental.

It's the predictable result of stigma.

It lives in the person struggling. It lives in the people who love them.

It drives everyone underground, where no one gets the help they need and deserve.

What **Families** Tell Us

*"I keep hearing I'm **codependent** and it just **makes me feel bad about myself**. I think it is supposed to help me understand myself but it just feels like a **judgment**."*

*"Really?! **I have a disease too?** You have to be kidding me. I'm doing everything I can to get my son to stop using drugs and now **I'm sick too** and have to go to a meeting?!? There has got to be something else I can do to help myself and my kid."*

*"I can't let him hit **rock bottom**. I **have one son who is dead**. I guess I'll be **codependent till I die** because I have to do everything I can keep my other kid alive"*

*"Two things I am sick of hearing, '**your codependent**', and 'you have to give him **tough love**.' What sucks is when they **try so hard, yet have not been able to recover**."*

From the Front Lines

Pam Lanhart, Founder and Executive Director of THRIVE (and ITC-trained), about her experience at a large national families conference to support families in the fields of mental health and substance use:

- “Only **4 talks specific to SUD and 3 of them used stigmatizing language**. If you are still using terms like addict and alcoholic **you are NOT doing person-centered care**. Not one talk from the mental health field uses stigmatizing language but here we are in the treatment of substance use, still labeling people”.
- “Two of the talks, as part of their learning objectives, used the words “codependent” and “enabling.” Really? **Still assuming that because their loved one has substance use issues the family member is automatically “codependent.”**”
- “**Not one mental health talk suggests that family members “detach” “disconnect,” “be tough” or “let go.”** Not one. In fact, those working in mental health treating adolescents **REQUIRE** family be involved in the treatment plan. With SUD, you are told to “go to a meeting to deal with your own disease”
- “**We have such a long way to go in true parity in the way we treat families impacted by substance use disorder. Truly families matter. When will the field catch up?**”

An Alternative: Informed Compassionate Communities



Two Programs Built in Response to the Problem

SMART Recovery Family & Friends Founded in 1994, SMART was a leader in offering people with a substance use problem a science-based, secular alternative pathway to change – grounded in CBT and motivational approaches rather than moral frameworks.

- Recognizing that families needed the same support, SMART built its Family & Friends program on those same principles: skills, self-empowerment, and CRAFT.

Invitation to Change ITC grew out of years of training families in CRAFT at CMC. What we kept seeing was that while families needed skills – they needed understanding and compassion first, or they struggled to embrace the skills. We integrated CRAFT, MI, Self-Compassion and ACT to create a framework that addresses: how families understand behavior – their loved ones and their own, and how they learn to respond to it.

Two organizations. Parallel development. The same recognition that families deserved something better than what they were being offered.

Shared Conviction and Shared Fight

Both programs treat family members as people who can develop skills and have real influence on their loved ones ability and willingness to change.

The SMART handbook now incorporates ITC content – two parallel tracks converging because the evidence pointed the same direction

In offering evidence-based ideas and skills, we've both been pushing back against the dominate messages families receive:

- Tough love
- Detach with love
- Let them hit bottom
- Codependency as diagnosis
- Enabling as explanation
- One path to recovery: treatment, 12-step, acceptance of a disease identity – or nothing

These traditional messages are not neutral.

**They tell families to back up, step away,
and accept that their
involvement makes things worse.**

Families are Not the Problem. They Are Part of the Solution

What We Know from Science and Lived Experiences:

- **Families have enormous impact** — on whether a loved one seeks help, stays in treatment, and sustains change over time .
- Many people will never seek treatment — because of cost, access, cultural norms, stigma, and a host of other understandable reasons!. For those people, the family relationship may be the most powerful change environment available.
- Traditional messages of detachment go against how many families experience their role. Across many cultures, staying involved, staying connected, and fighting for your loved one isn't pathology — it's what love looks like. Telling families to detach is culturally tone-deaf.

Disempowering families doesn't protect the person struggling.

It removes one of their most important resources for change.

What We Offer Together

SMART offers the tools families need to support change: communication skills, understanding of ambivalence, reinforcement principles, a non-confrontational stance.

ITC draws from the science of motivation, behavioral reinforcement, communication, and self-awareness - working to create the conditions under which those tools can be embraced. That lens includes:

- A de-stigmatized understanding of why behavior persists – because shame and judgment block learning for everyone in the room, not just the person struggling.
- A values-based framework for leaning into the pain and difficulty that comes with helping over time – because this is hard, and families need more than techniques to stay in it.
- Self-compassion as a capacity builder – not self-care as an add-on, but what actually keeps a family member functional and engaged over years, when the process is long and the setbacks are real.

The perspective you bring to a skill – how you understand the person you're trying to help, and yourself in that process – is not separate from the skill. It's foundational.

Of all the messages families receive, from treatment providers, neighbors, clergy, well-meaning friends, one deserves particular attention.

It sounds like wisdom.

It comes from people who mean well.

And it causes real harm.

Tough Love: An Answer to My Problems?

The advice is typically well-intended. Here's what the person giving it is trying to say:

Set firm limits: Be clear about what you will and won't do. Protect your time, money, and safety. Stay calm and consistent.

Let them experience consequences: Allow natural outcomes when it's reasonably safe. Don't shield from every discomfort.

Don't rescue them: Don't repeatedly step in to solve the same problem in a way that prevents learning.

Give them an ultimatum: Force a choice. Make them feel the weight of that choice to finally choose differently.

Stay engaged but keep your distance: Until they're ready to change (or comply)

Most Likely Intended Message = "Protect Yourself and Let Them Learn"

Tough Love: Why It Sounds Appealing

It can sound like a new pathway forward that will "do" something or have an effect.

- "Stop paying his bills – he needs to feel the consequences"
- "Change the locks. She can't come home until she's sober."
- "Don't bail her out this time. Let her sit in jail."
- "If he won't go to treatment, he's not welcome at Thanksgiving"
- "The kindest thing you can do is nothing"
- "Tell her it's the drugs or the family"
- "Stop negotiating. Give him one chance and mean it."



Remember: The Impact of Stigma

The family member hearing this message is not starting from a neutral place. They've absorbed the cultural messaging about who their loved one is:

- "They're choosing this"
- "They'll manipulate anyone who shows kindness"
- "They don't really want to change"
- "Consequences are the only language they understand"
- "They have to hit bottom before they'll listen"
- "Nothing you do matters until they want it"

They have heard messages that their loved one is **fundamentally different** (e.g., an addict), **operates on different rules** (e.g., selfish, amoral), **responds to force** rather than love (e.g., let bottom out, confront denial).

And that **something is wrong with the way they love** - codependent, enabling etc

The Person Hearing the Tough Love Message

They are likely:

- Scared and angry – sometimes both at once
- Physically and emotionally exhausted
- Reactive – running on months or years of crisis
- Carrying their own shame: "I've clearly been doing something wrong all along"
- Possibly dealing with their own trauma responses – wanting to escape, wanting to control, shutting down

The Risk: "Tough" doesn't activate strategic thinking.

**It gets amplified by stigma to activate the harshest possible interpretation
of every situation they face.**

The Outcome of “Tough” Message

“Set firm limits”

- *What They Hear:* Stop helping. Say no to everything.
- *What It Becomes:* **“I can’t answer their calls anymore.”**

“Let them experience consequences”

- *What They Hear:* Step back no matter what. Don't intervene.
- *What It Becomes:* **“I have to let them get arrested.” “I can’t step in even if I’m scared.”**

“Don’t rescue them”

- *What They Hear:* Don't help, even in real need.
- *What It Becomes:* **“I shouldn’t pick them up when they call.”**

“Give them an ultimatum”

- *What They Hear:* Force a choice: us or the substance.
- *What It Becomes:* **“If you don’t go to treatment, you’re out.”**

Due to stigma, exhaustion, fear, and their own trauma responses, the intended message of tough love “protect yourself and let them learn” gets translated to “be harder, do less, pull back.”

And underneath all of it, given everything families are already carrying:

“I must have caused this. I should have been stronger sooner.

The way I love is the problem.”



I agree!! I just couldn't do it !! They put me down at the meetings, said I was just making him worse but we lived through all that with the Grace of God! 🙏🙏🙏❤️❤️❤️

Like Reply 9w

Rock bottom is usually death. When people are hurting, have a terminal illness unless proper help is provided, using tough love on them is cruel and doesn't tend to work. Love and support work and good treatment.

Like Reply 9w

OH YEAH!!! 🙌👍👎

Like Reply 9w

Two things I am sick of hearing, " he's got to want it", and "you have to give him tough love." What sucks is when they try so hard, yet have not been able to recover.

Like Reply 9w

I did do it...Then I realized I was doing it because "that's what you're supposed to do"...I looked for him for days until I finally found him and brought him home.

I call bullshit on tough love...When we know better, we do better...

Like Reply 9w Edited

Tough Love: Problematic Outcomes

- The belief that people only change in response to consequences
- Increased confrontation – which is associated with increased substance use and difficulty asking for help (Miller, 2007)
- Use of anger and hostility which can feel “tough” but close down communication
- Reluctance to use positive reinforcement: “Wait – you want me to reward them?”

“Tough love” promises results.

What it risks is distance, damaged relationships, and families discouraged from becoming the powerful agents of change they can be for the people they love.



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Tough Love Risks Making Things Worse

SUDs rarely travel alone. Well-documented, high rates of co-occurrence with:

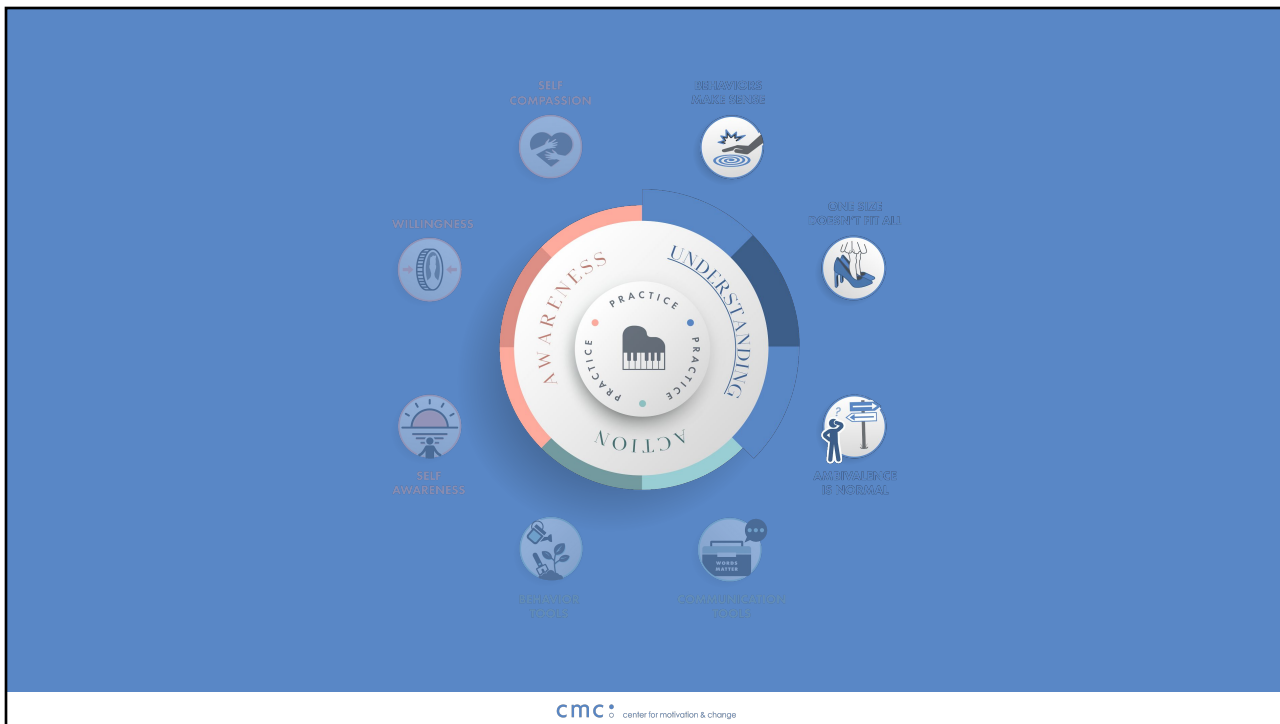
- Trauma and PTSD
- Mood disorders
- Anxiety disorders
- ADHD and executive function difficulties
- Learning Disabilities
- Chronic pain
- Sleep and eating disorders
- Personality disorders

Co-occurrence is the rule, not the exception.

Tough love advice is often the opposite of what is effective for supporting people with these conditions



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Behavior is not Random. It is Learned

If substance use were like touching a hot stove, people would have stopped already. **Substances meet real needs:**

- Pain and stress relief
- Social ease and connection
- Emotional escape and relaxation
- Sleep, focus, calm
- Managing withdrawal symptoms

Family behaviors meet real needs too: controlling, withdrawing, overhelping all serve safety, protection, connection, and a desperate attempt to regain some sense of control.

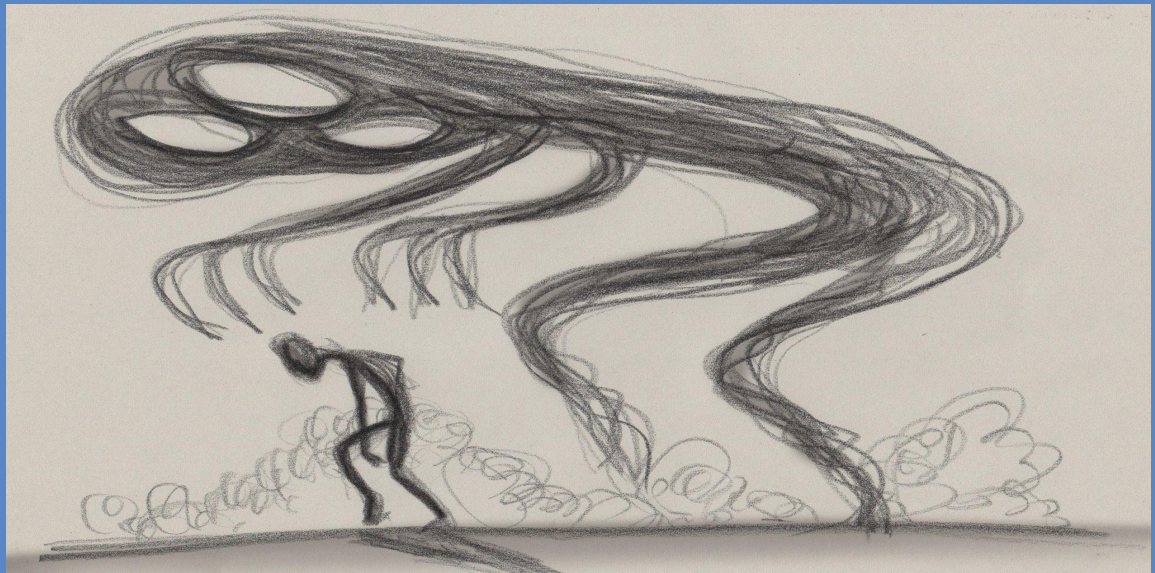


Behavior that gets reinforced gets repeated. That's how learning works. Before we can help someone change, we have to understand what the behavior is for.

Understanding Behavior Makes Sense

- Mellow out or feel less tense
- Feel less depressed
- Help you enjoy sex
- Turn down or numb painful emotions
- Help your physical pain
- Help you feel excited about something
- Help you socialize
- Let you feel part of something
- Help you focus and concentrate
- Help feel safe and connected
- Cut your anxiety way down
- Help you feel less angry
- Help you appreciate others
- Get you a good sleep
- Help you to face the day

Substances, gaming,
gambling, sex, sugar,
shopping, do all of
these things!



Behavior Makes Sense: Trauma

- Keep you in your body when a stranger asks you a question
- Numb the intensity of a **flashback**
- Help you not tremble and shake when in public
- Help you fake that you don't feel scared all the time
- Help you feel less **disgusted with yourself**
- Help you go to the grocery store without having a panic attack
- Keep you asleep instead of covered in sweat **thinking you are dying**
- Help you not want to **kill yourself**
- Help you leave your home
- Help you forget how much you **hate yourself**
- Help you feel brave enough to make eye contact



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When Your Loved One Has Trauma

A person with trauma is already living with a nervous system that is dysregulated – primed for threat, likely full of shame, and frequently in flight, fight, or freeze – not as a choice, but as a physiological state.

- Confrontation and ultimatums tell a dysregulated nervous system there is a threat – and it responds accordingly. Not with reflection. **With fight back, shut down, or run.**
- Shame doesn't motivate someone who is already drowning in it. It pushes them further under, **confirms their worst beliefs**
- Distance removes relationships that might actually feel safe
- Consequences land as **punishment**, not information because a flooded nervous system cannot access the reflective thinking that turns a consequence into a lesson.

If your loved one has trauma, tough love is likely not teaching a lesson. In many cases it's triggering the exact physical and emotional states the substance use is trying to manage.



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Behavior Makes Sense: Mood & Anxiety Disorder

Depression:

- **Feel something** when you're completely numb
- Give you energy when **getting out of bed feels impossible**
- Make the flatness lift, even briefly
- Help you stop crying long enough to get through the day

Mania / Hypomania:

- Slow you down when your brain won't stop
- **Take the edge off** when you've been awake for three days and your body won't quit
- Help you come down without crashing completely
- Make the intensity feel manageable for a few hours

Anxiety:

- Make social situations feel survivable when they usually aren't
- Stop the physical symptoms of a **panic attack** – the shaking, the sweating, th
- Get you out the door when your body is telling you to stay home
- Allow you to socialize in spite of **contamination fears**

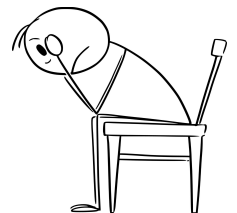


When Your Loved One Has Mood or Anxiety Disorder

- **Creates constant misunderstanding and conflict** – symptoms get read as character, not illness:
 - Low motivation and withdrawal read as **laziness or not caring**
 - Volatility and irritability read as **manipulation**
 - Avoidance and canceling read as not trying or **making excuses**
 - Difficulty making decisions read as **passive aggression**
 - Overcompensating in social situations read as **selfishness**
 - Emotional reactivity read as **entitled**, full of drama or immature
- Pressure and ultimatums increase shame, which worsens mood, which worsens use
- Families are told to stop accommodating what is often a medical reality

Tough love often misapplies a moral framework to a medical condition.

While looking for accountability, it creates misunderstanding that makes everything harder.



Behaviors Make Sense: Neurodivergence

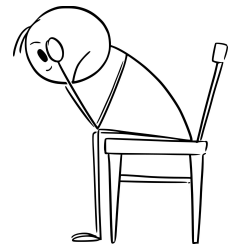
- Focus when your **brain won't stop jumping** between things
- Start a task when your brain refuses to initiate — no matter how much you want to
- Sit through a meeting, a meal, a conversation
- Quiet the internal noise that makes everything feel urgent and overwhelming at once
- Tolerate boredom **without climbing out of your skin**
- Give you a reliable way to calm down when you can't regulate on your own
- Find a way to **distract from reality that you can't read.**
- Find a way to **hide that you don't understand what people mean.**
- Stay in your body during a conversation instead of drifting somewhere else
- Quiet the shame spiral after **you've failed at something again**
- Help you feel less broken — for a while
- Help you stop disappointing people, at least for tonight
- Make you feel like you can do what everyone else seems to do without trying



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When Your Loved One is Neurodiverse

- **Creates constant misunderstanding and conflict** — symptoms get read as character, not neurocognition:
 - Impaired follow-through reads as **not caring or being lazy**
 - Failed intentions read as **lying or manipulation**
 - Impulsive decisions read as **selfishness** or not caring about consequences
 - Difficulty initiating reads as procrastination, **lack of motivation**
 - Losing track of commitments reads as **not taking things seriously or in denial**
 - Emotional dysregulation reads as immaturity or drama
- **Consequences and pressure add to shame** without addressing the underlying difficulties
- Distance prevents family from providing the structure, scaffolding, consistency, and relationships that improve functioning.



If you're applying a moral framework to a neurocognitive problem, you're missing what they need and there are real costs for everyone involved..

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The Problem with “Just Do This Instead”

Change requires learning new behaviors that may not work immediately (Prochaska & DiClemente, 1983)

Co-occurring conditions (e.g., anxiety, PTSD) **complicate the change process** (Kelly & Daley, 2013)

Old Behavior (e.g. substance use)

- Helps me mellow out and feel less tense
- Helps me feel less depressed
- Help me enjoy sex
- Turn down or numb painful emotions
- Helps my physical pain
- Makes me excited
- Helps me socialize
- Lets me feel part of something
- Helps me focus and concentrate
- Help me feel safe and connected

New Behaviors (that don't work right away)

- Yoga
- Exercise
- Listen to music
- Pick up a new hobby
- Learn to meditate
- Connect with family and friends
- Ask for help
- Manage my temper
- Change my job
- Go back to school
- Join a group for support

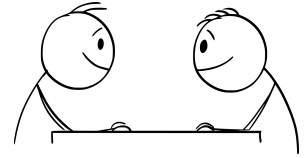
When we are **curious**, we can begin to understand what a behavior is doing *for* someone instead of judging them for engaging with it.

From there, we can be **strategic**—offering help that aligns with our values, reduces shame, and makes us more effective helpers.

When Families Understand, Everything Changes

For the **person struggling**:

- Feels validated as a **whole person** — often for the first time
 - *What am I actually struggling with?*
- Experiences **safety and acceptance** instead of judgment and shame
 - *Maybe I can open to and maybe even accept help?*
- **Can consider change** instead of defending their use
 - *Maybe I can talk about what I will miss and what is hard about changing?*
- Given time to learn and practice new skills - **hope** that things can be different
 - *I don't know how to do this yet, but I'm trying and will get stronger*
- Sees **curiosity** modeled — the prerequisite for their own new learning
 - *What can be different here?*



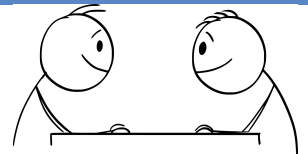
Understanding doesn't excuse the behavior.

It allow for self-reflection and acknowledgement of what is hard about change.

When Families Understand, Everything Changes

For the **family member**:

- Replaces fear, anger, and harsh judgment with **empathy and curiosity**
 - *What is this behavior doing for them?*
- Makes problematic behavior more predictable and efforts to help **more strategic**
 - *When do I talk about this? How do I talk about this? How do I want to respond?*
- Opens up **new ways to help**:
 - *"What other behaviors can I support? What can change in the environment?" What can I do differently?*
- **Reduces shame**:
 - *"My child is struggling with anxiety. He's not just using drugs because he's an addict and I'm a bad parent"*



Understanding doesn't excuse the behavior.

It makes it understandable and allows for responses that help support change.

An Alternative: What Families Can Learn Instead



- **Self-Awareness creates safety** – a family member who can stay steady during chaos, de-escalate instead of escalate, and respond instead of react is changing the environment their loved one lives in
- **Communication skills change outcomes** – how you listen, what you say, and when you say it affects whether the door stays open or closes; these are learnable skills
- **Reinforcement over confrontation** – catching small steps, noticing effort, staying warm when use is down; behavior that gets reinforced grows
- **Asking for their own help models the process** – going to a SMART meeting or ITC group show what it looks like to say “I need support. I need new skills and I’m willing to learn from others”
- **Many family members are carrying their own trauma, mood struggles, and attention difficulties** – the tough love message lands on those people and tells them to get harder; what they need is the same understanding as their loved one needs
- **Self-compassion sustains engagement** – there is no quick fix; families who can be patient with themselves stay in the process long enough for change to happen

***The family relationship, when it's skilled and steady, is not just support.
It's the environment where positive change can happen...for everyone.***

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Behavior Change is a Process, not a Set of Answers

No Erase Button: The old behaviors are not forgotten and they still work!

New Learning is Hard: We feel awkward. We need time to learn, practice, fail, and try again. All in context of “this is scary, change now!!!”

As helpers, we are competing with behaviors that work quickly and reliably – are rewarding in powerful ways.

Self-compassion and building community sustain us through the time it takes for change to happen

There is no quick fix.

There is learning, practice, time.

***AND the people who stay with you through it – helping you
grow new behaviors and while tending to their own.***



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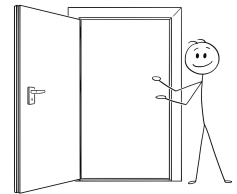
Our Shared Progress

Both SMART and ITC, we now have **national and global reach** across multiple pathways

- in-person, virtual, peer-led, professional, and community-based.
- reached families through books, workbooks, podcasts, digital learning, professional training
- created community

That matters because families need options that meet them where they are, and peer support is often more powerful and more accessible than anything a professional setting can offer.

We made real progress. That matters. And there is still more to do.



But...What Families Actually Find at 1am

Mix of marketing and simplified guidance. Blog posts, treatment websites sell:

- "Set limits." "Stop enabling." "Let them face consequences."
- "They have to want it." "They need to hit bottom."
- Codependency language – rarely defined, mostly functioning as a warning about the parent's own behavior
- Tough love logic under softer phrases: "detaching with love," "natural consequences"
- Many top results tied to treatment programs funneling toward a specific endpoint – admission



Remember: A family member at 1am is not landing in a neutral field.

What they pursue next, is impacted by stigma and all the pain they are in....

There is More Work to Do!

SMART Family & Friends and ITC are present – but not dominant. In practice, you usually have to scroll, refine the search, or already know what you're looking for.

The traditional messaging tends to win because:

- It's **simpler to package**: "stop enabling" fits in a headline
- It aligns with cultural ideas about responsibility and consequences
- **Urgency**—raising advice surfaces more in commercially driven environments
- Evidence-based family approaches are newer in dissemination, even when the underlying science isn't

Family members who find ITC or SMART usually do so after the dominant messaging didn't fit or didn't work. They rarely encounter it as the default starting point.

***That's the landscape we're working in.
And that's why we have more work to do!***

There is More Work to Do!

- **Talk about SMART Family & Friends and ITC by name** – with colleagues, in waiting rooms, in treatment plans, on social media
- When a family member comes to you in crisis, **slow the conversation down** – be curious about what they're carrying and what they've already been told
- Offer a **"behaviors make sense" lens** before offering advice – understanding why the behavior persists changes everything about what comes next
- **Facilitate or refer** to a SMART Family & Friends meeting or ITC group before families find something else first
- **Question "tough love" recommendations** – name what it does and offer something better
- Share what works. Word of mouth reaches people that algorithms don't.
- **Support each other in this work!!!**

Evidence-Based Peer Support for Families

SMART Family & Friends

Peer led groups offering strategies (mostly CRAFT) to help CSO's support a loved one's motivation to change while living a balanced life themselves (smartrecovery.org/family)

Invitation to Change (ITC) Community Groups

Peer/professional groups offering effective understanding, communicating, and behavioral tools to create an environment that supports change while making time for practice and self-compassion (cmcffc.org)

Helping Families Help

CRAFT & ITC based resource hub and provider directory for family members - professional trainings, consult groups, and provider community (helpingfamilieshelp.com)

Thrive Family Recovery Resources

Peer groups sharing CRAFT, ITC, and MI strategies with families. Faith-based support groups available (thrivefr.org)

Hopestream: Offering evidence-based support to parents - online community, podcasts, workshops (hopestreamcommunity.org)



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From **labels** to
curiosity

From **shame** to **skills**

With **Science and Kindness** we build the
conditions for change

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Resources

- smartrecovery.org/family
- invitationtochange.com
- cmcffc.org
- motivationandchange.com

