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UNDERSTANDING

Imagining Tomorrow: How Future-Oriented Thinking Is Transforming Recovery for Returning Citizens — and What It Means for Their Families

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When a loved one comes home from incarceration, families often describe the same bittersweet mixture of emotions: relief, hope, and a quiet, terrifying uncertainty. Will this time be different? Will the patterns that led to addiction — and to prison — reassert themselves? What does it actually take for someone to choose a different future when the present feels overwhelming and the past keeps pulling them back?

A 2026 study published in *Health & Justice* by Sulaiman and colleagues begins to answer that question with something more than platitudes. It offers a behavioral science framework, an intervention model, and — quietly, meaningfully — a vision of what hope can look like in practice.

****The Problem of the Present: Understanding Delay Discounting****

To understand why recovery is so hard for returning citizens specifically, it helps to understand a concept that addiction researchers call *delay discounting* — the tendency to devalue future rewards the further away they are in time. Everyone does this to some degree; we all prefer a dollar today to a dollar next week. But research has consistently shown that people with substance use disorders, and people who have been incarcerated, exhibit *steeper* rates of delay discounting than the general population (Sulaiman 2026). In plain terms: the future feels farther away and less real, while the immediate relief of substance use feels urgently, vividly present.

This is not a moral failure. It is a measurable, documented feature of how prolonged substance use and institutional environments reshape decision-making. Families who have watched a loved one choose the drug over the relationship, over the job, over the children, and have been devastated by that choice — need to understand this. The choice feels personal. The neuroscience says it is also structural.

For people re-entering society after incarceration, this challenge is compounded by what the researchers describe as "resource-poor and unstable environments" (Sulaiman 2026). Returning citizens often face limited housing options, restricted employment prospects, severed community ties, and the psychological disorientation of navigating a world that moved on without them. In this context, making "future-oriented decisions" — showing up consistently to treatment, resisting immediate temptations, building slow and uncertain pathways toward stability — requires neurological and psychological tools that incarceration and addiction may have eroded.

This is the landscape families are asked to support their loved ones through. And it is, without question, an extraordinarily difficult one.

****Episodic Future Thinking: What Hope Looks Like, Clinically****

The Sulaiman study tests an intervention built around a concept called **episodic future thinking** (EFT) — a structured practice in which individuals are guided to vividly imagine specific positive future events in rich sensory detail. This is not generic positive thinking. It is a carefully designed cognitive exercise that activates the same mental machinery we use to remember the past, but projects it forward. When people can **feel** the future — see themselves at their daughter's graduation, smell the coffee in the apartment they're going to have, hear their grandchild's laughter — that future becomes more psychologically real and more capable of competing with immediate rewards.

Research cited in the study indicates that EFT has been shown to reduce delay discounting and improve decision-making — and the Sulaiman team adapted this approach for delivery by *peer recovery coaches*: individuals with their own lived experience of incarceration and substance use disorder, trained to guide returning citizens through these future-focused exercises (Sulaiman 2026).

This detail matters enormously. A clinician sitting across a desk can explain episodic future thinking. A peer recovery coach who has *lived* the reentry experience — who knows what it feels like to walk out of a correctional facility with a bus ticket and not much else — can make that intervention feel true. The therapeutic alliance that peer coaching creates is not incidental to the intervention. It may be central to it.

For families, this model carries a profound implication: *hope is not simply felt, it is practiced.* And the people best positioned to teach that practice are often those who have walked the hardest path themselves.

****What This Means for Families on the Outside****

When a family member is in recovery — especially during the precarious reentry period after incarceration — the people who love them are also in a kind of psychological survival mode. They are often managing their own grief, their own exhaustion, their own disrupted futures. And they are frequently making the same kinds of decisions the research describes: weighing the immediate emotional cost of setting a boundary against the longer-term hope of a healthier relationship. Weighing the short-term peace of enabling behavior against the longer-term, uncertain possibility of their loved one finding genuine recovery.

The lens of delay discounting applies to families too. It is *hard* to hold onto a vision of long-term flourishing when every day brings immediate crises. It is hard to maintain boundaries when violation of those

boundaries brings immediate emotional relief — your loved one is no longer angry, the scene is defused, the night is peaceful. Families, like their loved ones, can get trapped in the gravity of the present.

The episodic future thinking model suggests something actionable for families as well: cultivating a vivid, specific, sensory-rich vision of the future you are working toward — not vague hope, but a concrete imagined scene — may help sustain the difficult behavioral choices that recovery support requires. Some family recovery programs and therapists already incorporate visualization practices; the neuroscience behind EFT gives those practices firmer empirical footing.

****Peer Support as a Bridge Across the Divide****

One of the most significant design choices in the Sulaiman study is the use of peer recovery coaches rather than licensed clinical professionals as the primary intervention deliverers (Sulaiman 2026). This reflects a growing recognition in addiction science and public health that lived experience is a form of expertise — and that the trust, credibility, and specific understanding that peers bring cannot be fully replicated by professional training alone.

For families, the parallel is the peer support movement within family recovery itself: organizations and mutual aid groups that bring together people who have loved someone through addiction. The specific anguish of watching a child or spouse or parent cycle through treatment and relapse, of managing hope and despair simultaneously, of trying to maintain your own life while holding space for someone else's chaos — that experience creates a kind of knowledge that a textbook cannot fully capture. Families who find peer support — from other families who truly understand — report profound benefits that mirror what peer recovery coaches offer their clients: validation, practical wisdom, and the living proof that things can get better.

****The Moral Argument for Hope****

There is a deeper argument embedded in research like Sulaiman's, one that extends beyond clinical efficacy into the realm of values. The delay discounting model of addiction helps dismantle one of the most corrosive myths in our cultural understanding of substance use disorder: that people who struggle with addiction are simply choosing badly, that they lack willpower or character, that their failures are moral failures.

The research tells a different story. It tells us that addiction and incarceration systematically alter the cognitive architecture of decision-making. It tells us that the ability to imagine and care about the future is not a fixed personality trait but a trainable capacity — one that can be diminished by trauma and deprivation, and restored through targeted intervention. It tells us that when we provide people with the tools to genuinely envision a better future, and surround them with peers who embody the reality that such a future is achievable, behavior changes.

This is not soft thinking. This is science. And it is science that points, with unmistakable clarity, toward compassion as strategy.

For families who have been told — by culture, by stigma, by their own exhaustion — that their loved one is simply broken or bad, this research offers something precious: an alternative framework. Not a framework of unlimited excuses, but one of genuine understanding. Understanding that makes appropriate expectations, healthy boundaries, and sustained hope not contradictions but complements.

****Conclusion: The Future as a Practice****

The Sulaiman study is preliminary. The authors themselves are careful to frame their findings as feasibility data and early outcomes, calling for

larger trials. Science is a slow and humble enterprise, and we should honor that humility rather than overclaim.

But what is already clear is the direction. Recovery science is increasingly affirming what many families have learned, painfully, through years of experience: that recovery is not a single decision but a practice, not a moment of willpower but a sustained reorientation toward the future. It is supported not by shame but by imagination. Not by isolation but by the particular grace of someone who has been where you are and found their way forward.

For families of people with addiction, especially those navigating the extraordinarily high-stakes terrain of reentry, this research offers both a clinical framework and a moral anchor. The work of recovery — for the person with the disorder, and for the family that loves them — is the work of learning to make the future feel real enough to choose.

That is hard work. It is also, the evidence suggests, possible.

Works Cited

Sulaiman. “Results from a peer recovery coach-delivered future orientation intervention for returning citizens in substance use treatment: feasibility and preliminary outcomes.” Health & Justice, 2026. <https://pubmed.ncbi.nlm.nih.gov/42348052/>.

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