FACING ADDICTION WITH HOPE AND UNDERSTANDING

The Hidden Injury Within the Hidden Injury: Why Family Behavioral Health Cannot Be Separated from Youth Recovery

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There is a phrase that appears in a 2026 systematic review published in the *Journal of Pediatric Orthopaedics* that deserves to stop every parent, coach, and family member of a young athlete in their tracks. The study, authored by Koshinski and colleagues, describes the psychological consequences of sports injuries in youth as "the hidden injury" — a wound that exists alongside the physical one, often unacknowledged, frequently undertreated, and quietly capable of derailing everything the surgical team worked so hard to repair. "The psychological toll of injuries in youth athletes is often overlooked," the authors write, "even while these injuries continue to increase in incidence" (Koshinski 2026).

That phrase — *the hidden injury* — is one that families navigating addiction will recognize immediately. It is the wound beneath the wound. It is what happens inside a household when a child's suffering goes unnamed.

This article is not primarily about sports medicine. It is about what sports medicine, in a remarkable and instructive way, is beginning to understand about recovery — and what that understanding means for families facing addiction. The convergence is not coincidental. It is, in fact, a window into something profound about human healing, about the inseparability of mind and body, and about the irreplaceable role that family environment plays in whether a young person gets better or does not.

THE HIDDEN INJURY AND THE FAMILY SYSTEM

Koshinski's systematic review examines what happens when behavioral health goes unaddressed in pediatric orthopaedic patients — young people recovering from surgeries, fractures, and sports-related injuries. The findings are sobering: failing to address the psychological dimension of recovery is "detrimental to return-to-sport and postoperative outcomes" (Koshinski 2026). The researchers advocate for "integrated care pathways" as the mechanism for optimizing recovery, acknowledging that the physical and the psychological cannot be cleanly separated in the healing process.

For families dealing with a young person's addiction or substance use disorder, this framework is immediately translatable. The literature on addiction recovery has long understood what pediatric orthopaedics is now catching up to: that treating the body without treating the mind — and without treating the *environment* in which the mind and body exist — is incomplete medicine. A young person leaving a rehabilitation program returns not into a sterile clinical setting but into a family. Into a household. Into a web of relationships that either support recovery or, without meaning to, undermine it.

The hidden injury in addiction is often the same as the hidden injury in sports: it is the psychological wound that no one talks about. The shame. The fear. The grief that both the young person and their family carry. And just as Koshinski's review argues that integrated care pathways — ones that bring behavioral health explicitly into the treatment model — improve outcomes for injured athletes, the same integration principle applies to addiction recovery. You cannot surgically remove the trauma and leave the family unchanged. You cannot treat the substance use and leave the suffering that surrounded it unaddressed.

WHAT STRESS DOES TO RECOVERY

A 2026 study published in the *Journal of Sports Sciences* adds another layer to this picture. Researchers examining motor performance under stress found that "maintaining stable motor performance under stress is crucial" and that the *conditions* of learning — not just the content of what is learned — shape whether skills hold up when pressure mounts (2026). The study used a golf putting task to examine how different learning methods and individual tendencies toward what researchers call "reinvestment propensity" affect performance under stressful conditions, and found measurable neural differences between groups.

The parallel for addiction recovery is striking. Relapse, like the breakdown of motor performance under stress, is not primarily a failure of knowledge or intention. A young person in recovery typically *knows* what they should do. What the research on stress and performance tells us is that *how* a skill — including the skill of coping — is learned, and *under what conditions* it is reinforced, determines whether it survives contact with real pressure. Families are the pressure environment. Families are where the skills either hold or collapse.

This is why the approach a family takes — whether it is rooted in judgment and confrontation or in hope and understanding — is not merely a matter of emotional preference. It is a clinical variable. It is the environmental condition under which the recovering person either consolidates their coping skills or watches them dissolve under stress. The family that responds to a slip with shame activates exactly the kind of high-stress, high-stakes emotional environment in which learned skills are most likely to fail. The family that responds with calm, compassion, and continued presence creates the conditions under which recovery learning actually sticks.

THE WHOLE PERSON, THE WHOLE FAMILY

A news feature on sports medicine from Froedtert & MCW, published in 2026, makes a point that seems simple but carries real weight: sports medicine exists to "help athletes stay active" — to restore function, to return people to the lives and activities that give them meaning and joy (Froedtert & MCW 2026). That framing — restoring not just physical capacity but *meaningful participation in life* — is precisely the goal of addiction recovery as well. Recovery is not merely the absence of substance use. It is the restoration of a person's ability to participate meaningfully in their own life, in relationships, in work, in joy.

Families are the arena in which that meaningful participation either re-emerges or remains foreclosed. When a family approaches a loved one's addiction with shame and judgment, they are — without intending harm — closing the arena. When they approach with hope and understanding, they are holding it open.

Koshinski's review specifically calls for "integrated care pathways" as the mechanism for improving outcomes (2026). Integration is the operative word. Not parallel tracks — a physical therapist over here, a psychologist over there — but a genuinely woven, coordinated approach in which the behavioral dimension is not an afterthought but a primary consideration from the beginning. This is what family recovery programs, peer support models, and family-involved treatment approaches represent in the addiction space. They are integrated care pathways for the whole family system.

WHAT THIS MEANS FOR FAMILIES

There is something quietly radical in what Koshinski's research team is arguing. They are saying, in the context of a young person's broken arm or torn ligament: *the psychological piece is not optional*. They are saying that outcome data supports it, that the evidence demands it, and that leaving it out is a clinical failure — not just an emotional one.

Families of people with addiction have often been told, implicitly or explicitly, that their role is secondary. That the "real" treatment happens in a clinic or a program. That their job is to step back, detach, perhaps attend a support group, and wait. And while boundaries and self-care are genuinely important — for families as for any caregiver — the framing of family as peripheral to recovery is increasingly difficult to sustain against the evidence. Families are the return-to-life environment. They are the post-operative setting. They are the conditions under which everything the treatment team worked to build will either flourish or fracture.

This is not pressure to be perfect. It is an invitation to be integrated — to understand that the family's own healing, the family's own understanding of addiction as a health condition rather than a moral failing, the family's own capacity to respond to their loved one with hope rather than shame — these things are active ingredients in recovery. They are not background noise. They are part of the medicine.

CONCLUSION: NAMING THE HIDDEN INJURY

The youth athlete lying in a hospital bed after surgery carries a hidden injury that her surgical team may not be asking about. A teenager struggling with substance use carries a hidden injury — often rooted in pain, in trauma, in the unbearable weight of shame — that his family may not know how to name. What the emerging science of integrated care in pediatric orthopaedics tells us, and what the broader evidence base in addiction medicine has long been pointing toward, is that naming the hidden injury is the beginning of healing it.

Facing addiction with hope and understanding is not a soft position. It is not the easy path. It is, in fact, the more demanding one — requiring families to resist the pull of anger and shame, to learn a new framework, to take their own psychological needs seriously, and to show up, day after day, as a healing environment rather than a shaming one. But it is the

path the evidence supports. It is the integrated care pathway that families themselves can provide.

The hidden injury does not heal in the dark. It heals when someone shines a light on it — gently, persistently, and with hope.

Works Cited

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