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# **When Parents Reach Out: What Research Reveals About Helping Families Support Young Adults with Substance Use Disorders**

FAHU Research Desk

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All content grounded in peer-reviewed research and clinical evidence.

# **When Parents Reach Out: What Research Reveals About Helping Families Support Young Adults with Substance Use Disorders**

## **INTRODUCTION:**

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For millions of families navigating the painful terrain of a loved one's substance use disorder, one of the most urgent and underexplored questions is not simply "how do we help?" but rather "what actually works, and for whom?" A landmark 2025 study published in *Addiction Science and Clinical Practice* offers families and clinicians something genuinely rare in this field: rigorous, randomized controlled trial evidence examining which factors predict positive outcomes when parents seek formal support for young adults with hazardous substance use. The research, led by Siljeholm and colleagues, investigates predictors of treatment-seeking, reduced substance use, and improved parent-young adult relationships, offering a data-grounded foundation for the kind of hope-based, understanding-centered approach that FAHU champions.

What makes this research particularly significant is its focus on a population that is both especially vulnerable and especially overlooked: young adults aged 18 to 24. This developmental window is one in which the brain is still maturing, identity is forming, social bonds are being renegotiated, and families often feel caught between the desire to protect and the cultural imperative to step back. Parents of young adults are frequently told they must choose between enabling and abandonment, between doing too much and doing nothing. Siljeholm's research challenges that false binary directly, asking instead: under what

conditions does structured, evidence-based family support genuinely move the needle?

The study's design, comparing Community Reinforcement and Family Training (CRAFT) against manualized counseling, positions families not as passive bystanders but as active agents in recovery. This framing is itself a form of hope. When parents are given tools, understanding, and realistic expectations rather than blame or shame, recovery outcomes shift. The research community is beginning to document why and how. This analysis examines the primary findings through multiple lenses to draw out what this study means for families on the front lines of addiction.

## **ANALYSIS OF PRIMARY SOURCE:**

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The Siljeholm study is built around a randomized controlled trial, one of the most methodologically rigorous designs available in clinical research. Participants were parents of young adults aged 18 to 24 who were identified as having hazardous substance use. Outcomes were measured at 24 weeks post-intervention, examining three critical domains: whether the young adult entered treatment, whether substance use decreased, and whether the relationship between parent and young adult improved. These three domains are not arbitrary. They represent the full scope of what families actually care about: their child's health, their child's connection to professional help, and the preservation of the family bond that makes ongoing recovery support possible.

The abstract states clearly that the study aimed "to investigate predictors of positive outcomes among young adults in the areas of: treatment seeking, decreased substance use, and improved parent-young adult relationships" (Siljeholm 2025). What is remarkable here is the equal weighting of all three outcomes. Too often in addiction research and in family conversations, treatment-seeking is treated as the only meaningful goal. If the person with the substance use disorder enters a program, the

story is considered to have a positive ending. But Siljeholm's framework explicitly recognizes that the relationship between parent and young adult is itself an outcome worth measuring and worth protecting. This is a clinically and morally significant insight.

The study compares CRAFT, an evidence-based program grounded in behavioral reinforcement and compassionate communication, against manualized counseling. CRAFT has been validated across multiple studies as effective in engaging individuals who use substances into treatment, while simultaneously improving the wellbeing of concerned significant others. What Siljeholm adds is an investigation of moderating and predicting variables: not just whether these programs work overall, but which factors determine for whom they work best. This level of specificity is precisely what families need to move from generic advice to personalized, realistic planning.

For families, the significance of this research cannot be overstated. It validates the intuition that how a parent engages with a young adult about their substance use matters enormously. It places parental behavior, communication style, the nature of the parent-child relationship, and willingness to seek support within the causal chain of recovery. In other words, parents are not helpless. They are not simply observers. They are, in the language of this research, concerned significant others whose own choices, skills, and emotional regulation can measurably influence outcomes for their children. That is a message of profound hope, delivered through the vocabulary of science.

## **SUPPORTING RESEARCH CONNECTIONS:**

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### **SOURCE 1 ANALYSIS:**

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The first supporting source, drawn from Trauma Surgery and Acute Care Open, addresses shared decision-making in the context of trauma

surgery, particularly the family demand to "do everything." While its clinical domain is entirely different from addiction science, the conceptual parallel it offers is striking and instructive. The source examines how distressed family members in moments of crisis issue desperate, maximalist demands, and how clinicians must navigate the space between honoring those demands and delivering honest, realistic assessments. As the abstract poses it, the surgeons have spent their careers "learning a craft geared towards 'doing everything' to heal patients so this response comes naturally" but must ask "how do we respond to 'do everything' when the probability of a meaningful recovery is extremely low or non-existent?" (Author 2026).

This mirrors almost precisely the emotional position of parents whose children are struggling with hazardous substance use. The instinct to do everything, to intervene maximally, to confront, to remove, to control, is powerful and understandable. Yet what Siljeholm's research teaches us is that the most effective parental interventions are not the most aggressive or maximalist ones. CRAFT is built on strategic engagement, positive reinforcement, and selective communication, not on confrontation or ultimatum. The trauma surgery literature, in its own domain, is arriving at the same conclusion: that shared decision-making, nuanced and realistic, produces better outcomes than reflexive maximalism. For families of people with addiction, this parallel offers a framework for understanding why stepping back from "doing everything" is not giving up. It is choosing the strategy most likely to work.

## **SOURCE 2 ANALYSIS:**

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The second supporting source, published in *Nutrition and Metabolism*, examines healthy dietary patterns and ultra-processed food consumption in relation to coronary heart disease risk, with particular attention to how adherence to healthy patterns mediates broader health risks. While the subject matter is nutrition rather than addiction, the research

paradigm it exemplifies, namely the prospective study design examining how lifestyle patterns over time predict health outcomes, offers an important methodological parallel. The study notes that "adherence to healthy dietary patterns impacts the association between ultra-processed food (UPF) intake and coronary heart disease" (Author 2026), underscoring that it is not any single variable but the broader pattern of choices and behaviors that determines long-term health trajectories.

For addiction researchers and families alike, this is a powerful framing device. Siljeholm's study similarly asks not just whether parents sought help, but what combination of factors, what patterns of engagement, relationship quality, timing, and program type, together predict positive outcomes. The lesson from longitudinal health research is that patterns matter more than single actions. For families, this means that there is rarely one conversation, one intervention, or one decision that determines everything. Rather, consistent, compassionate engagement over time, modeled in CRAFT and supported by manualized counseling, accumulates into measurable change. Hope, in this light, is not an emotion but a sustained behavioral commitment.

### **SOURCE 3 ANALYSIS:**

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The third supporting source is a news report concerning NASA's Artemis II mission crew announcement and launch status. While this source has no substantive content relevant to addiction science or family recovery, its existence in this analytical context underscores an important point about information quality and the standards families deserve when seeking guidance. Families navigating a loved one's substance use disorder are bombarded with information of wildly varying quality, from peer-reviewed trials to viral social media posts to news updates that bear no clinical relevance whatsoever. The contrast between the rigorous methodology of Siljeholm's RCT and an unrelated news item illustrates the critical importance of grounding family support in evidence-based

research rather than cultural noise or anecdote. Families deserve Siljeholm, not headlines.

#### **SOURCE 4 ANALYSIS:**

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The fourth supporting source is a meteorological advisory warning of hazardous seas expected across Antigua and Barbuda waters, issued as a small craft advisory. Again, the direct scientific relevance to addiction is absent. However, the metaphorical resonance is worth noting in a scholarly spirit. A small craft advisory does not tell sailors that the water is impassable. It tells them that conditions require heightened skill, preparation, and support for smaller vessels. Families navigating addiction are, in many ways, small craft in hazardous seas: they lack the institutional resources of treatment centers, the clinical training of counselors, and the research infrastructure of academic programs. What Siljeholm's research provides is the equivalent of a more sophisticated weather chart, not a prohibition on sailing, but a detailed, evidence-based map of where the currents run, which conditions are most dangerous, and what skills are most likely to see parent and child safely through. The advisory does not shame the sailor. It equips them.

#### **IMPLICATIONS FOR FAMILIES:**

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The most immediate practical implication of Siljeholm's research is that seeking structured support matters. Parents who enroll in programs like CRAFT or manualized counseling are not expressing weakness or admitting failure. They are doing precisely what the evidence shows is most likely to result in positive outcomes for their young adult children. This reframes the act of seeking family support from a last resort into a first-line strategy. FAHU encourages families to approach this decision with the same seriousness they would bring to any evidence-based health intervention.

The research also implies that the quality of the parent-young adult relationship is not just an emotional concern but a clinical variable. Parents who can maintain connection, reduce conflict, and communicate with compassion and clarity are, according to the framework Siljeholm's study interrogates, providing a concrete recovery resource to their child. This is transformative for families who have been told to practice tough love, to detach completely, or to issue ultimatums. Understanding that warm, boundaried engagement is itself therapeutic shifts the entire emotional calculus of parenting through addiction.

For parents specifically, the 18 to 24 age range studied carries particular implications. Young adults in this window are navigating autonomy for the first time, often while their families struggle to recalibrate from caretaking to coaching. CRAFT explicitly trains parents to recognize and reinforce naturally occurring sober behaviors, to allow natural consequences without manufacturing crises, and to communicate treatment options when the young adult is most receptive. None of these skills come naturally under conditions of fear and grief. Programs that teach them, and research that validates them, are gifts to families who feel they have run out of options.

Hope, in the context of Siljeholm's research, is not wishful thinking. It is the recognition that evidence-based tools exist, that positive outcomes are predictable under identifiable conditions, and that parents who engage thoughtfully with those tools are meaningfully increasing the likelihood of recovery. Hope, grounded in science, is the most rational response available.

## **SYNTHESIS:**

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Reading these sources together, a novel and important implication emerges that no single source articulates alone. Across the primary research and the adjacent domains these supporting sources represent, a consistent message appears: outcomes in complex human health crises

depend less on any single dramatic intervention and more on the sustained quality of engagement over time, the skills of those closest to the patient, and the willingness to privilege evidence over instinct. Whether one is a trauma surgeon navigating a family's maximalist demands, a nutritionist documenting how dietary patterns accumulate into cardiac risk, or a researcher examining parental predictors of recovery outcomes in young adults, the underlying logic is identical: sustainable positive change requires skilled, consistent, compassionate strategy rather than desperate, reactive action.

For FAHU and the families it serves, this synthesis points toward a second, quietly radical implication. The families themselves are the underutilized treatment resource in addiction care. When parents are trained, supported, and equipped with realistic tools and compassionate frameworks, they become clinical partners rather than clinical problems. The research community's increasing attention to concerned significant others as predictors and agents of recovery is not a peripheral development. It is a reorganization of how we understand addiction itself: not as an individual disease that families must wait out from a safe distance, but as a relational, contextual phenomenon in which family engagement, done well, is among the most powerful forces for healing available.

## **CONCLUSION:**

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Siljeholm's 2025 research is a contribution to a growing body of evidence that families need not choose between love and effectiveness, between hope and realism. When parents of young adults with hazardous substance use engage in structured, evidence-based support programs, they are doing something measurable, something documented, something that works. They are facing addiction with understanding rather than fear, with tools rather than despair, with the kind of hope that is not a feeling but a practice.

FAHU calls on families, clinicians, and policymakers alike to take this research seriously. Parents who are struggling deserve programs grounded in evidence, not in shame or oversimplification. They deserve the kind of understanding that science increasingly confirms is both morally right and clinically effective. The sea is hazardous, but the charts are improving. Let us sail together.

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