

When someone you love is in recovery, it can be tempting to focus on the big milestones: returning to work, repairing relationships, staying on track, or feeling like themselves again. Those hopes matter. But recovery rarely moves in a straight line, and a goal that feels motivating one week may feel overwhelming the next.

Your role isn't to set the "right" goals for your loved one or keep them on schedule. It's to help them think through what matters to them, notice what's manageable, and find a next step they're willing to try. That approach supports **patient autonomy**—the person's ability to make informed choices about their own care—while making room for encouragement and practical help.

In my years helping families navigate assessments and outpatient schedules, I've found that a useful question is: **"What would make this step 10% easier?"** It's small enough to answer honestly, and it can turn a stuck conversation into a workable plan.

What Makes a Goal Realistic During Recovery?

A realistic goal is meaningful to the person, clear enough to act on, and flexible enough to adjust when life gets complicated. It isn't necessarily small forever. It's a goal that fits the person's current capacity, support, health, and circumstances.



For example, "get my life back together" may express a genuine hope, but it's hard to know what to do with it today. The person might choose to start by calling their care team, making a weekly routine, attending one scheduled appointment, or asking for help with transportation. These **small steps** don't diminish the larger goal; they make it possible to approach it without having to solve everything at once.

Some people find it helpful to make goals specific and time-limited. Others prefer a looser plan that doesn't feel like a test. Ask which format feels useful rather than prescribing one method. A goal can be revised, paused, or replaced without that change being a moral failure.

Broad hope Possible next step Question that preserves choice "I want a better routine." Choose one regular activity to try this week. "What part of the day feels easiest to start with?" "I need to reconnect with people." Send one text or arrange a short, low-pressure visit. "Who would feel okay to reach out to first?" "I want to get help."

Write down questions for a clinician or contact a service. “Would you like company while you make the call, or would you rather do it privately?”

Start With What Your Loved One Wants

Families often have strong reasons to want change. They may be worried about safety, finances, work, or the strain on the household. Those concerns deserve attention, but a plan is more likely to feel usable when the person can see their own priorities in it.

Try opening with curiosity instead of advice. You might ask what they hope will be different in a month, what feels most important right now, or what they’re already doing that helps. If they don’t know, that’s an answer too. You can offer to revisit the conversation later rather than filling the silence with a plan of your own.

Helpful questions include:

- “What would you most like to feel more able to do?”
- “What feels manageable this week—not perfect, just possible?”
- “Would you like ideas, practical help, or just someone to listen?”
- “What do you want me to leave up to you?”

These questions support patient autonomy without leaving someone isolated. Your loved one can make their own decisions and still welcome help with reminders, transportation, childcare, scheduling, or figuring out what questions to ask a provider.

Pay Attention to Timing and Tone

A good question asked at the wrong time can still land badly. A conversation about goals may go better when neither of you is rushing, exhausted, in the middle of an argument, or trying to address several problems at once. If emotions are already running high, consider pausing and agreeing on a time to return to the topic.

Tone matters as much as wording. Aim for calm, direct, and respectful. Avoid a rapid-fire list of questions, sarcasm, lectures, or language that turns recovery into a character test. Even a well-meant “You just need to...” can sound like a verdict rather than support.

Keep the opening simple. Here are a few one-sentence scripts you can say out loud:

- “Would now be an okay time to talk about one thing you’d like to work on?”
- “I don’t want to take over; would it help to think through the options together?”
- “I care about you, and I’m not here to judge. What feels hardest today?”
- “We don’t have to solve the whole thing right now.”

If your loved one declines the conversation, try not to treat that as a final answer about their willingness to recover. You might say, “Okay. Would another time work better?” Then respect the answer as much as you can. A calm invitation can keep the door open better than repeated pressure.

Listen Without Rescuing

Listening can be more difficult than problem-solving. When someone describes a setback, families may rush to fix it, reassure them, or take over. Sometimes practical assistance is exactly what the person wants. But first, ask what kind of help would be useful.

Try reflecting what you heard before offering a solution: "It sounds like the appointment feels like a lot to manage this week." Then pause. You don't need to agree with every choice to show that you understand the person's perspective.

Listening without rescuing means you can care deeply without automatically removing every difficulty. It may mean helping your loved one list options, then allowing them to choose. It can also mean being honest about what you can and can't do. Offering a ride on Tuesday is clearer than promising, "I'll always be there for anything." Boundaries can make support steadier, not colder.

If your loved one asks for help, offer choices rather than taking control. For example: "I can help you make the call, look up the number, or sit nearby while you do it. Which would you prefer?" This keeps the task practical and leaves the decision with them.

Notice Early Warning Signs Without Labeling

Families may notice changes before the person is ready to discuss them. Early warning signs can look different for everyone. They might include changes in sleep, appetite, energy, usual routines, communication, attendance at appointments, or interest in activities. A return of behaviors or symptoms the person has identified as concerning may also be a reason to check in.

These observations are not proof of a diagnosis, a relapse, or a lack of effort. They are reasons to approach with care and curiosity. Focus on what you've noticed rather than assigning a label: "You've missed two appointments and seem to be sleeping less. How are things feeling from your side?" This is less likely to provoke defensiveness than "You're spiraling again."

If your loved one has a written plan with their clinician for what to do when warning signs appear, you can ask whether they want help following it. If the change seems serious, persistent, or concerning, encourage them to contact their care team. With immediate danger or an urgent medical emergency, seek emergency help in your area rather than relying on a family conversation alone.

Make Goals Smaller, Not More Punitive

When a goal isn't met, it can be tempting to respond by adding pressure: more reminders, stricter <https://www.israelnationalnews.com/news/434238> rules, or a speech about consequences. But a missed goal is information. Perhaps it was too broad, the timing didn't work, a barrier got in the way, or the person's needs changed.

Ask what made the step difficult, and whether your loved one wants to change the plan. You might break a task into parts: instead of "sort out treatment," identify one provider to contact, one question to ask, or one form to complete. If the person doesn't want to take that step, ask what they would choose to do instead. A smaller goal should still belong to them; it shouldn't become a disguised order.

It's also okay to notice progress that doesn't look dramatic. Keeping an appointment, asking for clarification, or telling someone "I'm not ready for that" may represent useful information or effort. Recognition is most supportive when it's specific and not used to demand the next achievement: "I appreciated you telling me what kind of support you wanted."



Talk About Treatment Costs and the Missing Price Problem

One common and genuinely frustrating barrier is that a treatment program may describe its services without listing prices. If no prices are listed, families can't easily compare options or know whether a program is affordable. Don't assume that a missing price means treatment is free, covered by insurance, or within budget. Ask for the information directly and, where possible, get it in writing before making a financial commitment.

If you're considering a service such as Marietta Springs, use its official contact or admissions channels to ask about the specific program you're considering. Availability, insurance arrangements, and costs can change, so verify details with the provider rather than relying on an old directory listing or someone else's experience. A family member can help collect information, but the person receiving care should be included in decisions whenever possible.

Questions to ask may include:

- What is the total estimated cost, and what does that estimate include?
- Are there separate fees for assessment, medication, labs, groups, or follow-up care?
- Do you accept my insurance, and can you explain what I may owe out of pocket?
- Are payment plans, reduced fees, or other financial assistance options available?
- What happens financially if I cancel, change programs, or need a different level of care?

Be cautious about making financial decisions based on a general statement like "we take your insurance." Coverage depends on the plan and the service. Ask both the provider and the insurer to clarify benefits, deductibles, authorization requirements, and possible out-of-pocket costs. If you can't get a clear answer, it is reasonable to pause and ask for written details or compare other options.

Use Reliable Information Without Turning It Into a Script

The NIH Bookshelf, part of the National Library of Medicine's online book collection, can be a useful place to explore health-related reference material. It can help families learn general concepts and terminology, but it doesn't replace advice from a clinician who knows the person's circumstances. Check the title, publication date, and scope of any chapter you read; a source may be thorough and still not answer a specific question about one person's care.

Bring questions from your reading to the treatment team rather than using a web page to argue that your loved one “should” follow one particular plan. Information works best as a starting point for shared decisions, not a tool to win a family disagreement.

A Simple Way to Plan the Next Conversation

You don’t need to produce a perfect recovery plan. You can make the next conversation more manageable by keeping it focused and collaborative:

1. **Ask permission:** “Would you be open to talking about one goal?”
2. **Listen first:** Find out what matters to the person and what feels difficult.
3. **Choose one small step:** Make it clear, possible, and chosen by your loved one.
4. **Ask what support is welcome:** Offer specific options instead of taking over.
5. **Agree to revisit:** Decide when to check in, while leaving room to adjust the plan.

Then ask yourself the question I return to often: **“What would make this step 10% easier?”** Maybe it’s writing down the provider’s number, asking about price before booking, choosing a less stressful time to talk, or simply not having to explain everything in one sitting.

Helping someone set realistic goals isn’t about finding the perfect words or ensuring that every step goes smoothly. It’s about staying respectful, noticing when support may be needed, and making room for the person’s own choices. Small steps can create momentum—but patient autonomy is what makes those steps theirs.

References and Further Information

- **NIH Bookshelf:** Browse the National Library of Medicine’s online collection of health-related books and documents. Use it for general background and discuss personal treatment questions with a qualified provider.
- **Marietta Springs:** If considering services there, contact the provider directly to confirm current program details, availability, insurance participation, and full costs. Request a written estimate when possible.