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PARENT BEHAVIOR GUIDE IN CRISIS

SUPPORTING FAMILIES OF PERSONS TRYING TO GET RID OF DRUG ADDICTION

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PARENT BEHAVIOR GUIDE IN CRISIS MOMENTS

Purpose and scope of the module

The goal of this module is to help you act with a predefined structure instead of a “panic reflex” during a crisis: safety first, then stop escalation, then connect to professional support. Crisis intervention is not only about “getting through” the moment; it works when pre-crisis preparation, in-the-moment steps, and a post-crisis learning cycle are handled together. [1]

A substance-use–related crisis often unfolds within a medical emergency window (poisoning/overdose, altered consciousness, respiratory depression) and/or a behavioral emergency window (risk of violence, loss of control, severe agitation, risk of self-harm). The parent’s role is not to “deliver treatment,” but to establish safety without amplifying harm and to activate the professional response line. [2]

When family support is set up correctly, it can strengthen treatment engagement and outcomes; at the same time, family conflict, threats, and violence dynamics can accelerate a crisis. That’s why your approach has two pillars: compassionate contact and clear boundaries. [3]

This text was prepared in a printable handbook format according to conditions in Türkiye [4] (single emergency number 112; no waiting for missing-person reports; relevant legal framework). [5]

Defining the crisis correctly

Many families confuse a “crisis” with a “hard moment,” so they either become unnecessarily harsh or downplay a true emergency. Clarifying what counts as a crisis is the first step in moving from panic to structure.

A substance-related crisis is a clinically meaningful window of deterioration: a marked disruption appears in consciousness, perception, judgment, coordination, mood, or behavior, and the person may pose a risk to self/others. Such presentations may require an emergency department visit; especially severe agitation/violence, decreased consciousness, vomiting–seizure symptoms show that “substance effects” can resemble other emergencies. [6]

Non-crisis situations usually remain at a “disturbing but manageable” level: if the person is oriented, breathing is normal, there is no risk of harm to self/others, no threats, and the physical picture is not severe, then planned support is often more appropriate than the emergency department. Use the Emergency Screening list below to make this distinction. [7]

Emergency Screening: the “call 112” threshold

If any of the following is present, call 112 (no debate, no waiting):

- Shortness of breath / clearly slowed or labored breathing. [8]
- Loss of consciousness, fainting, hard to wake; the person is not responding. [9]
- Suspected poisoning/overdose (especially loss of consciousness + respiratory depression + turning blue/purplish). [8]
- Seizure, severe confusion, loss of control with hallucinations. [10]
- Suicide attempt or active risk of self-harm. [11]
- Assault/injury, serious trauma, chest pain or other "medical emergency" signs. [12]

The rule is simple: If you're unsure, treat it as an emergency. In crises, the cost of a "false alarm" is usually low; the cost of delay can be severe. [13]

Substance effect and withdrawal windows

Most crises come from two main windows: substance effect (intoxication) and withdrawal. Both can disrupt behavior and the body; the approach remains the same: safety + medical assessment + professional connection. [14]

What is withdrawal?

Withdrawal is the cluster of psychological and physical symptoms that emerges when substance use is stopped or reduced; clinically, withdrawal management refers to providing medical and psychological care to the person experiencing these symptoms. [15]

Key fact: Withdrawal is not the sole measure of addiction. Physical dependence (using to avoid withdrawal) does not, by itself, define the addiction syndrome (loss of control, compulsive use, continued use despite harm). Withdrawal is neither necessary nor sufficient. [16]

Risk and timing by substance (what parents need to know)

- **Alcohol and benzodiazepine withdrawal:** can rarely be life-threatening; "quitting at home on one's own" is risky and requires medical evaluation. [17]
- **Opioid withdrawal (heroin/morphine, etc.):** can be very severe and feel "like the flu," but is generally not life-threatening; still, medical support matters due to dehydration and co-occurring risks. [18]
- **Stimulant withdrawal (methamphetamine/cocaine, etc.):** in the "crash" period, depression, agitation, and intense craving can occur; especially in the first 1–2 weeks, suicidal thoughts may increase, so close monitoring is needed. [19]
- **Cannabis withdrawal:** usually low risk for severe medical outcomes; but irritability/anger, sleep disruption, depressed mood, appetite changes can impair functioning and trigger relapse; in heavy use, symptoms may extend to 2–3 weeks. [20]
- **Polysubstance use / "we don't know what was used":** makes the clinical picture hard to predict; the person may provide inaccurate/incomplete information, and

multiple substances may have been combined. This uncertainty means activating the emergency approach **earlier**. [6]

Critical note: Withdrawal is not the time for "deep talks." Physical and emotional instability is high; family therapy/integrated discussions are not practical in this period. [3]

Crisis-time protocol

This section is written to be used like a "crisis card": short and clear. The goal is not "to be perfect" but to prevent more harm. In a crisis, a parent's success is not saying the perfect sentence; it's following the correct sequence. [21]

From panic to structure: a 60-second frame

1. **Stop:** Reduce your voice/body intensity, slow down. (The environment won't calm down until you do.) [22]
2. **Establish safety:** Arrange distance and an exit path to protect yourself, others in the home, and the person. [22]
3. **Do emergency screening:** consciousness–breathing–violence risk–suicide risk. If the threshold is crossed, **112**. [8]
4. **One-sentence communication:** "I care about your safety. We're not going to argue right now. I'm calling/we're calling for help." [23]

Environmental safety

With an agitated/angry person, safety is physical and concrete: you reduce risk, not "read intentions." Clinical de-escalation guides emphasize creating a safe space, removing sharp objects, reducing overstimulation, and ensuring both parties can access an exit. [22]

- **Personal distance:** Keep at least two arm-lengths of distance; if the person says "back off," actually back off. [22]
- **Exit route:** Keep the door/exit open so both you and the person can use it; do not corner anyone. [22]
- **Object safety:** Remove glass, knives, scissors, heavy objects, pens, etc. that could become "instant weapons." [22]
- **Reduce the crowd:** Only one person speaks; others step back. This is not a "show of force," it's risk reduction. [22]

What parents must NOT do in suspected unconsciousness or poisoning

If the person is unconscious/unresponsive, this is not a discussion; it's a medical emergency. In that situation, what's needed is calling emergency services and basic safety, not "calming talk." [24]

- Do not give anything by mouth (water, medication, tea, food). [25]

- Do not slap, splash water on the face, or shake them. [26]
- Do not try to induce vomiting. [27]
- If the person is unconscious but breathing, airway-protective positioning (side/recovery position) is included in first-aid sources; if you can't do it, don't panic—call 112 and follow phone guidance. [28]

Communication: right time, right goal, right sentence

In a crisis, the goal of communication is not "to persuade." It is to stop escalation and establish safety. When someone is under the influence, the benefit of talking can be low; waiting until they sober up is often more appropriate. [29]

Keep crisis sentences short:

- "Safety comes first right now. We'll talk later, not now." [30]
- "I want to help you. I won't yell right now; if you yell, I will step back." [31]
- "If there's a threat/violence, I will call 112. This isn't punishment; it's a safety rule." [32]

Communication styles to avoid (they usually escalate the crisis): commanding, criticizing, threatening, cornering with moral/religious judgment, long logical speeches trying to "convince" someone in the moment. [30]

Anger, threats, and violence risk

Agitation/anger may look like a "behavior problem," but it can be an urgent clinical condition; the aim is to quickly control the symptom and reduce injury risk. [33]

If there is a threat, take it seriously. Assuming "it's just a bluff" is the classic mistake that burns families. [34]

If there is domestic violence/severe threat, trying to hold a "family meeting" is not appropriate; safety and professional intervention are required. [3]

If the crisis is escalating: step back, move others to another room, build an exit plan rather than locking doors, and call 112. [35]

Disappearing/leaving home (especially adolescents and young adults)

Many families lose time due to the "wait 24 hours" myth. Law enforcement explicitly says to apply as soon as you learn the person is missing. [36]

Practical missing-person protocol:

- Immediately reach law enforcement via 112 (the 112 system routes emergency institutions including police/gendarmerie; older 155/156 calls may also route to 112). [37]

- In the report, share a recent photo, clothing information, and distinguishing features. [38]
- Last seen location/route, vehicles used, risky friends/locations, and possible substance use are not "shameful"—they speed up the search. (Multi-source information gathering for safety is standard in emergency assessment.) [39]

The first days: managing the short crisis window

This is the "high wave" period. Principle: manage the environment, not the argument.

- In withdrawal, a calm, low-stimulation environment and allowing rest are recommended. [15]
- "Forcing therapy" often doesn't work at this stage; starting counseling during withdrawal may not be appropriate. [40]
- "Forced exercise" is not a good idea; sources note there is no evidence that imposing exercise helps withdrawal, and it may even prolong it. [15]
- After withdrawal, tolerance drops; returning to use increases overdose risk. This belongs in both the parent's and the person's safety plan. [41]
- Clinicians may track withdrawal severity with scales (e.g., COWS for opioid withdrawal); this is not for parents to "score at home," but to show that treatment requires medical monitoring. [42]

Post-crisis parental stance

After the crisis, families often swing to one of two extremes: a "courtroom interrogation" or "pretending it never happened." Both make treatment harder. The post-crisis goal is to build a continuous care line; getting through withdrawal alone is not a guarantee of lasting recovery, and relying only on withdrawal management is not realistic. [43]

Two pillars of the family approach

Compassion (talk about behavior, not the person)
Addiction disrupts trust, roles, and communication within the family; empathic, open communication can open the door to recovery. [44]

Boundaries (loving but with clear consequences)
A boundary is not "punishment"; it is a "safety standard." Family conflict and negative social/familial pressure can increase relapse risk; therefore, setting boundaries is also a treatment component. [3]

Printable "Boundary Statement" example (one paragraph; everyone uses the same language):
"We love you and we will support you in reaching treatment. We'll make appointments and go with you. But if there is threat/violence at home while there is substance use, we will call

112. We won’t give money, and we won’t take on anything that makes use easier. Our safety is not negotiable.” [45]

Building a post-crisis support line for the family

Family involvement can improve treatment entry and outcomes under the right conditions; however, the core condition is safety (in violence/threat/withdrawal periods, the format is planned differently). [46]

One evidence-based family-oriented model is structured approach packages aimed at “bringing a resistant loved one into treatment” (such as CRAFT); the literature includes studies and reviews examining effects on treatment entry and family well-being. [47]

Professional referral channels (Türkiye)

- **In crisis:** nearest emergency department or 112. The Turkish Ministry of Health [48] clearly directs “if they are in crisis, go to the emergency department/112.” [49]
- **Free counseling and appointment guidance:** The Green Crescent Counseling Center (YEDAM) [50] provides counseling to people with addiction and their relatives via the 115 hotline. [51]
- **ALO 191** is part of the counseling and referral system related to substances (a critical gateway for families, especially in “we don’t know what to do” moments). [52]

Safety boundaries and the legal framework

This section is not a “law class.” It clarifies what you actually need for crisis management. For detailed procedures, you need a lawyer/specialist.

Communicating with law enforcement and the emergency system

The Ministry of Interior [53] states that emergency numbers were consolidated under 112 and that institutions such as police/gendarmerie/fire/health can be reached through 112. Practically, this means: in violence, threats, missing persons, and urgent safety risks, the correct unit can be activated via 112. [37]

Among situations 112 treats as “emergency,” poisoning, shortness of breath, loss of consciousness, suicide attempt, and assault/injury are explicitly included; substance crises can fall under multiple of these headings at once. [54]

Missing-person report

Sources from the General Directorate of Security [55] emphasize reporting a missing person as soon as you learn they are missing and sharing a current photo/description. No waiting. [38]

Treatment obligation under judicial control

Turkish Criminal Procedure Code (CMK) art. 109/3-e regulates a judicial control obligation such as “to be subject to treatment or examination measures—including hospitalization—aimed at recovery from dependence on narcotic/stimulant/volatile substances and alcohol, and to accept these.” This is not a power a parent applies in a crisis; it relates to court/judge decisions within an investigation/prosecution process. [56]

Guardianship and restriction of liberty for protective purposes

Turkish Civil Code (TMK) art. 406 provides a framework for restricting (guardianship processes) an adult who, due to alcohol or drug dependence, creates a danger of impoverishing themselves/their family and is in ongoing need of protection or threatens others’ safety. [57]

Additionally, TMK art. 432 regulates conditions under which an adult who poses a danger to society due to reasons such as alcohol or drug dependence may be placed in or kept in a suitable institution for treatment/education/rehabilitation if personal protection cannot be ensured otherwise; this process is procedural and may require conditions such as an official medical board report. [58]

What this means for families in plain terms: if there is long-term severe risk, it cannot be resolved through “family management,” and the person is a danger to themselves/others, the legal system defines certain protective mechanisms. These are not “crisis sentences,” but institutional processes. [59]

References

Sarkar, S., Bhatia, G., & Dhawan, A. (2023). *Clinical practice guidelines for assessment and management of patients with substance intoxication presenting to the emergency department.* Indian Journal of Psychiatry. [6]

World Health Organization. (2009). *Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings* (NCBI Bookshelf). [60]

World Health Organization [61] & UNODC. (2020). *International Standards for the Treatment of Drug Use Disorders* (overview page). [62]

Substance Abuse and Mental Health Services Administration (SAMHSA) [63]. *Five Essential Steps for First Responders* (Opioid Overdose Prevention Toolkit). [64]

Richmond, J. S., et al. (2012). *Verbal de-escalation of the agitated patient (Project BETA).* Western Journal of Emergency Medicine. [65]

YEDAM. Family communication in addiction; motivating for treatment; counseling by phone. [66]

Green Crescent (Yeşilay). *There is a person with substance addiction in my family/social circle—what should I do?* [67]

Republic of Türkiye Ministry of Health ALO 191. Guidance to emergency department/112 in crisis moments. [68]

Scope for applying to 112 and emergency examples: Provincial Health Directorate information and 112 Emergency Call Center FAQ. [69]

Missing-person application: General Directorate of Security sources. [38]

Turkish legislation: CMK 5271 art. 109/3-e; TMK 4721 art. 406 and art. 432. [70]

Basic first aid principles: MedlinePlus (do not give anything by mouth in unconsciousness); NHS (recovery position/poisoning). [71]

Links

[1] [21] Crisis Intervention and Management Guide
https://www.yedam.org.tr/uzman-yazilari/krize-mudahale-ve-yonetim-rehberi

[2] [6] [10] [14] [39] [63] Clinical Practice Guidelines for Assessment and Management of Patients with Substance Intoxication Presenting to the Emergency Department - PMC
https://pmc.ncbi.nlm.nih.gov/articles/PMC10096213/

[3] [32] [34] [45] [46] THE IMPORTANCE OF FAMILY THERAPY Advisory 39
https://library.samhsa.gov/sites/default/files/pep20-02-02-016.pdf

[4] [42] Clinical Opiate Withdrawal Scale
https://nida.nih.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf?utm_source=chatgpt.com

[5] [37] Republic of Türkiye Ministry of Interior - All Emergency Numbers Consolidated Under 112
https://www.icisleri.gov.tr/tum-acil-numaralar-112de-toplandi

[7] 112 Emergency Call Center - Frequently Asked Questions
https://www.112.gov.tr/kocaeli/sikca-sorulan-sorular

[8] [9] [11] [12] [54] [69] In Which Situations Should 112 Be Called?
https://giresuniasb.saglik.gov.tr/TR-20759/hangi-durumlarda-112-aranmalidir.html

[13] [64] Five Essential Steps for First Responders
https://library.samhsa.gov/sites/default/files/five-essential-steps-for-first-responders.pdf

[15] [17] [18] [40] [41] [43] [55] [60] Withdrawal Management - Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings - NCBI

Bookshelf
https://www.ncbi.nlm.nih.gov/books/NBK310652/

[16] Drug dependence is not addiction—and it matters - PMC - NIH
https://pmc.ncbi.nlm.nih.gov/articles/PMC8583742/?utm_source=chatgpt.com

[19] Chapter 3—Medical Aspects of Stimulant Use Disorders - Treatment for Stimulant Use Disorders - NCBI Bookshelf
https://www.ncbi.nlm.nih.gov/books/NBK576550/

[20] Clinical management of cannabis withdrawal - PMC - NIH
https://pmc.ncbi.nlm.nih.gov/articles/PMC9110555/?utm_source=chatgpt.com

[22] [31] [33] [35] [50] [61] [65] Verbal De-escalation on the agitated patient
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/docs/verbdeescalagitatedpatientarticle.pdf

[23] [30] [67] There is a person with substance addiction in my family/social circle—what should I do? | Yeşilay
https://www.yesilay.org.tr/sikca-sorulan-sorular/madde-bagimliligi/ailemde-veya-cevremde-uyusturucu-madde-bagimlisi-var-ne-yapmaliyim/

[24] [25] [26] [53] [71] Unconsciousness - first aid
https://medlineplus.gov/ency/article/000022.htm?utm_source=chatgpt.com

[27] First aid
https://www.nhs.uk/tests-and-treatments/first-aid/?utm_source=chatgpt.com

[28] Recovery position - First aid
https://www.nhs.uk/tests-and-treatments/first-aid/recovery-position/?utm_source=chatgpt.com

[29] How can I persuade my relative/child to seek treatment? | YEDAM
https://www.yedam.org.tr/ailelerin-sik-sordugu-sorular/yakinimicocugumu-tedaviye-nasil-ikna-edebilirim

[36] [38] General Directorate of Security, Department of Public Order - Frequently Asked Questions
https://www.asayis.pol.tr/sikca-sorulan-sorular

[44] [66] Family Communication in Addiction | YEDAM
https://yedam.org.tr/aileler-icin-yazilar/bagimlilikta-aile-ici-iletisim

[47] Community Reinforcement and Family Training and Rates ...
https://pubmed.ncbi.nlm.nih.gov/31770469/?utm_source=chatgpt.com

[49] [68] My relative who uses substances is currently in crisis—what should I do?
https://alo191.saglik.gov.tr/TR%2C50353/madde-kullanan-yakinim-su-anda-kriz-geciriyor-ne-yapmaliyim.html

[51] Counseling by phone | YEDAM
https://www.yedam.org.tr/telefon-ile-danismanlik

[52] Republic of Türkiye Ministry of Health
https://alo191.saglik.gov.tr/

[56] [70] alternatifcozumler.adalet.gov.tr
https://alternatifcozumler.adalet.gov.tr/Resimler/icon/5271%20Sayili%20Ceza%20Muhakemesi%20Kanunu.pdf

[57] [59] cocukhaklari.barobirlik.org.tr
https://cocukhaklari.barobirlik.org.tr/dokuman/mevzuat_kanun/turkmedenikanunu.pdf

[58] General Directorate of Disabled and Elderly Services | Turkish Civil Code
https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/kanunlar/turk-medeni-kanunu/

[62] International Standards for the Treatment of Drug Use Disorders
https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders