

## Moving Beyond Macro Level Dysfunctional Dynamics – Supporting Addiction Recovery Efforts in America

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On Tuesday, January 13<sup>th</sup> in the evening, around 9:30 PM on the east coast or 6:30 PM on the west coast, thousands of emails went out across America from SAMHSA, the nation's mental health and substance use condition federal authority. Attached was a form letter notifying service providers, their staff and the people they served that programming for tens of thousands of people were abruptly terminated as of midnight on that evening. Not one dollar could even be spent notifying recipients that they no longer had services or employees that they no longer had jobs. A vital care infrastructure shut down instantly under the cover of darkness. The letter indicated that the programs, no longer "aligned with agency priorities." The estimated 2,700 programs included direct care, suicide prevention hotlines, drug courts among a myriad of other services. The abrupt elimination of funding represented roughly one quarter of SAMHSA's discretionary grant portfolio. The overnight shuttering of services suddenly destabilizing the fragile network of community behavioral health services. It was unexpected, unprecedented and catastrophic.



People woke up across the country the next morning to absolute chaos. A [STAT News article](#), described how lawmakers, public health groups, and providers could see that many of the programs defunded overnight were central to the administration's own stated goals on overdose, crisis response, and behavioral health support. A massive and spontaneous field response ensued across the country. People called their elected officials in red and blue districts to restore the funding. 100 members of Congress [sent this letter](#) to the White House before the close of day on Wednesday January 14<sup>th</sup>, 2026. By dawn on January the 15<sup>th</sup> the cuts were reversed, and letters went out to programs restoring federal support.

### The Response

Much could be written about what made this possible for a chorus of support nationwide. Suffice to say that addiction not only kills Republicans and Democrats alike, but recovery occurs on both sides of the aisle. The voices rose up because we are embedded across the diversity community that makes up America. There are recovery advocates on either side of the political divide, every culture and from every walk of life. Those of us in recovery are assets to communities. We go to work and are civically engaged. Some of us have learned to connect with members of Congress over the years to educate them on how these dollars support their districts in ways that resonate across the aisle. Many of those Congressional offices also experientially understand the value of recovery and that these investments save lives and resources.

When the crisis came on the morning of the 14<sup>th</sup>, many members of Congress already knew what these programs were and the roles they served in their respective districts. The crisis was averted, but one of the lessons learned in the first half of the second week of 2026 is that at any moment it could occur again. It also transpired in a period in which programs are already being shuttered. There are noticeable fewer Notice of Funding Opportunities (NOFOs) suggesting a backlog of unobligated funds authorized by Congress but not yet disseminated into the field. There is little moving through the funding pipeline. Service providers are still grappling with slow death challenges because there is less funding coming out to them.

### Where is the Money Congress Approved?

A recent article in HealthAffairs, [Federal Discretionary Spending To Address Substance Use Disorders: How Big A Shift?](#) found that a large portion of SAMHSA's appropriated budget would expire, estimated at around two thirds of SAMHSA's budget. Members of Congress intended these dollars to be spent in their districts to support the communities they

represent, but that appears to not be happening. These silent reductions in funds reaching our communities is already having disastrous impacts across our country. There are legal ways for an administration to do this, which includes a notification of rescission that would allow Congress to respond. Unlawful impoundment occurs when funds are withheld to prevent execution of the law, Notice of Funding Opportunities (NOFO) are never released without explanation, funds expire unused and there is no rescission request sent to Congress. At some threshold what is unfolding may be seen as impoundment of dollars legally authorized for expenditure by Congress who holds the power of the purse.

### **Parallel Dynamics Between Systems and Families**

These dynamics of cruel cuts rapidly reversed or done silently send mixed messages on Congressionally authorized spending. Familiar dynamic to many of us, even if the scale and lack of process of the chaos was far different this time around. It is not an uncommon experience in our field to build up an effective care system to see it ripped apart when a key elected official who had a negative historic familial experience with addiction slashes funding because “those people did it to themselves and they do not deserve help because they are bad and they don’t get well.” Or when different branches of government or changes in administration lead to changes in funding priorities.

Many of us have also lived in families with disorienting and disturbing mixed messages. The SAMHSA funding reversal mirrored the classic dysfunctional dynamic seen in families affected by addiction: abrupt withdrawal framed as principle, rapid restoration driven by crisis, and unresolved ambiguity that ultimately erodes trust rather than fosters resiliency.

#### **Dysfunctional Dynamics Running in Parallel:**

- **Abrupt withdrawal of support:** without warning or apparent cause and the unilateral destabilizing of resources.
- **Power asymmetry and emotional whiplash:** leading to uncertainty, fear, and scrambling for basic needs.
- **Reactive restoration after crisis escalation:** similar to when the family members wake up the next day and the impaired caretaker emerges from the blackout and it is as if the prior evening never occurred.
- **Profound mixed messages:** that erode trust and eliminate continuity. If our provider systems are existentially unsafe on a day-to-day basis, how can we help those we serve find what we ourselves lack because of the message of abrupt and cruel overnight funding elimination?
- **Repair without reckoning:** In families, restoring support without acknowledging harm often leaves wounds unhealed and free-floating anxiety. Likewise, funding restoration occurred without a clear explanation, apology, or process correction, leaving grantees with the reasonable anticipation of future volatility.
- **The unspoken moral judgment:** Addiction has long been incorrectly viewed through a moral lens. We feel unworthy because we are treated as such. Viewed as flawed people who cannot be helped. We have shown that nothing is further from the truth, but the defunding of our care infrastructure in the middle of the night sends the parallel message that our providers and those we serve are not worth a proper reckoning of what is cut and how funding changes can occur to support sustainability.
- **Gaslighting & reality destabilization:** In dysfunctional families, especially those impacted by addiction, caretakers often deny or minimize harm after the fact (“That didn’t happen the way you think it did”). Framing cuts as “no longer aligned with agency priorities” reframes an objectively destabilizing act as a neutral or principled adjustment, implicitly questioning the field’s lived experience of harm.
- **Intermittent reinforcement (the trauma bond mechanism):** In families, unpredictable cycles of withdrawal and restoration are among the most destabilizing patterns for family members. It leads to hypervigilance, compliance, and fear of speaking up. The government parallel here teaches providers that cuts can come at any time for little or no reason. To not rely on continuity and to stay quiet to avoid cuts. Shut up and do not make waves.
- **Avoidance of shared meaning-making:** In dysfunctional families, the morning after a night of chaos, members learn to just move on. To not name what happened and to not openly discuss how to prevent recurrence. What is unfolding in respect to the mid-January defunding and restoration of resources is restoration without reckoning. This prevents institutional learning and process correction. Silence here equals dysfunction.
- **Boundary confusion (who actually holds the role?):** Dysfunctional families experience role blur. Who is responsible for what functions within the family constellation? The government parallel here is that Congress has authorized funds but the executive branch effectively stalls or withholds them without formal rescission, the “parental roles” of the system become unclear. Boundary confusion is destabilizing in families and governance; both forms of dysfunction are profoundly harmful to our society.

#### **Looking forward Towards Repair:**

Healthy systems are collaborative. The chaos that just unfolded is also an opportunity for a new beginning. Families that heal develop constancy, transparency, open communication and shared power where appropriate. There is an old recovery saying that one cannot give away what one does not have. Our systems of care must be grounded in healthy dynamics to be effective. Such systems ultimately provide the best return on investment of our federal dollars. We all want the same thing.

The current administration just completed its first year. They are our fresh eye on how to best allocate resources to our field. This is part of what keeps our systems resilient. In recovery we learn that change can be good when it is done in healthy ways. The very strength of our form of government is a collaborative process between our elected members of Congress and the Executive branch prioritizing and allocating funding and then ensuring that these resources reach all of our communities. We are all part of that system and communities no matter what role you hold. While we may have different strategies and priorities, we ultimately share the same goal.

We see many people in elected office who know what recovery is and have ideas on how to forward those goals, let's work together on goals that support long term recovery. Our provider systems, our Representatives in Congress and SAMHSA can and should act collaboratively to support mutual goals in respect to our behavioral health system. History shows us that when our field is engaged collaboratively to meet new alignments and priorities that help individuals, families and communities revitalize we can make great things happen.

People, and systems do recover. Let's move from dysfunction to function. No system or person is perfect, but we can and should do better.

That should be our pathway forward.

#### **Sources**

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