Recovery and Relapse

Audience: Child welfare

Quote of the day…
thanks to Sarah Lansford, of Green Chimneys

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

Charles Darwin

Today’s Themes
• About recovery
• About relapse
• How treatment providers respond to relapse
• Implications of relapse in a child welfare context

Take Home Messages
• Recovery is a life-long process
• NYS is increasing “recovery” services
• Relapse is normal and common
• Last stage of relapse is breaking abstinence
• Relapse is a process that begins with change
• Your role: notice “prelapse”

Continuum of addiction
• Experimentation
• Recreational use
• Habituation
• Abuse
• Dependence
• Addiction
  • Recovery
  • Relapse

Continuum of addiction
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What is recovery?

Recovery is...
- Resolution of AOD problems along with development of:
  - Physical health
  - Emotional well-being
  - Spiritual/life meaning
  - Relational reconnections
  - Occupational health

Old school v. new school thinking
- Before the focus was on:
  - what is deleted from one’s life
    - i.e., addiction, arrests, hospitalizations
- Now we focus on:
  - what is added to life with recovery
    - i.e., health, happiness

Recovery means changes in attitudes, values, behavior, thinking, feelings, and identity that results in a productive, drug-free lifestyle.
- Recovery is more than abstinence.

Domains of recovery
- Relationship with drugs (primary and secondary)
- Physical health
- Psychological/emotional health
- Family/relational health
- Lifestyle health
- Makes up global health

Since addiction is a brain disease, recovery also includes the rewiring of brain circuits that have been altered by drugs.
Types of recovery

- Abstinence
- Moderation
- Medication supported

Some harm reduction models

- Safer modes of use, such as safer crack pipe, use of screens (not brillo pad)
- Safer use strategies, such as chaser of water between drinks
- Substitute decision maker or power of attorney so rent is paid before drug purchase
- Needle exchange
- Safe needle injection sites
- Designated driver programs
- Legalization of drugs

Harm reduction approach is based on compassionate pragmatism instead of moralistic idealism.

G. Alan Marlatt

How likely is recovery for someone with an addiction?

Stable remission

- Most people typically have three or four false starts before they’re able to successfully maintain a year of sobriety.
- Over the course of many years, about two-thirds eventually recover.
- Differs by modality and duration of treatment

Treatment Effectiveness

- Treatment participants
  – Decrease drug use
  – Decrease criminal activity
  – Increase employment
  – Improve their social and intrapersonal functioning
  – Improve their physical health
- Drug use and criminal activity decrease for virtually all who enter treatment, with increasingly better results the longer they stay in treatment.
Recovery capital

- Internal and external resources that help a person initiate and sustain recovery from addiction
- The question to ask: “What are your resources and supports?”

Sources of strength and support in recovery

- Spirituality
- Family
- Recovering peers
- Spouse
- Self/inner strength
- Friends
- Clinicians

Predictors of sustained recovery

Predictors of sustained recovery appear to differ across recovery stages...

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Compounding issues in recovery

- Socio-economic
- Single parent
- Ethnic
- Matriarch/Patriarch
- Gender
- Religion
- Treatment
- Co-dependency
- Employment
- Domestic violence
- Living situation
- Extended family

Determinants of recovery

- How old person is
- How long they have been using
- To what degree their addiction may be complicated by co-occurring mood and anxiety disorders
- What substances used

Looking at treatment to understand recovery is like looking at birth to understand life.
- William White
**Phases of recovery**

- Transition/stabilization
- Early
- Middle
- Late recovery/maintenance

**Family recovery**

- Process through which family members impacted by substance abuse problems individually and collectively regain their health.
- Families don’t automatically recover when addicts go into recovery
- Family recovery is critical to supporting individual recovery
- Family recovery takes conscious effort.

**Recovery Oriented Systems of Care**

**New paradigm**

- Old emphasis – acute care for treatment
- New emphasis – long-term care for chronic disease

**Systems of care approach**

- In the recovery-oriented systems of care approach, the treatment agency is viewed as one of many resources needed for a client’s successful integration into the community
- No one source of support is more dominant than another
- Various supports need to work in harmony with the client’s direction, so that all possible supports are working for and with the person in recovery

**Recovery management services**

- Telephone support and check-in
- 12-step meetings
- Specialized groups
- Recreational activities/social events
- Referrals
- Health education and fitness activities
- Life skills (computer, financial, vocational)
- Family activities
- Speaker’s bureau

Source: Addiction Messenger, November 2007, Vol. 10 Issue 11, published by the Northwest Frontier ATTC.
ROSC support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve health, wellness, and recovery from alcohol and drug problems.

ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual’s needs and chosen pathways to recovery.

ROSC encompass and coordinate the operations of multiple systems...

ROSC require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.

Research: what we still don’t know

- Defining recovery and long-term recovery
- What promotes recovery initiation
- Longitudinal recovery patterns
- Pathways to recovery
- Effectiveness of various recovery paths
- Cost effectiveness of recovery paths
- How addiction recovery differs from other chronic condition recovery
- How to sell wellness
About relapse

What is relapse?

- Progression of feelings and events that lead to AOD use after a period of abstinence
- Return to drug use after period of abstinence
- Failure to use new coping strategies and avoidance skills
- Response of the brain to craving
- Return to old ways of thinking and behaving

Relapse begins with changes in:

- Behavior
- Attitudes
- Feelings or moods
- Thoughts

Relapse chain (Terrence Gorski)

- Relapse is caused by a progression of feelings and events lead to actual substance use.
- The relapse chain often begins with something the user believes is insignificant, an "apparently irrelevant decision."
- Analysis of the relapse chain can help client understand their relapse triggers and help them detect "relapse drift."

Relapse is common

- On average, people experience 2.3 treatment episodes on their way to prolonged abstinence (6+ months).
- Up to 90% of alcoholics are likely to experience at least one relapse over the four year period following treatment (relapse defined as re-use).
Relapse is not failure.

Relapse-prone clients...
- Are not hopeless!
- Over 50% of all relapers will achieve permanent abstinence with effective treatment.
  - many of the remaining 50% will significantly improve the quality of their lives and lower their health care costs in spite of periodic relapses.

What causes relapse? (Gordon and Marlatt)
- Negative emotional state 35%
- Social pressure 20%
- Interpersonal conflict 16%
- Positive emotional state 12%
- Urges and temptation 9%
- Testing personal control 5%
- Negative physical state 3%

Why people relapse
- Exposed to triggers 39%
- Stressful event/situation 32%
- Craving, wanted to use 12%
- Felt could handle it 10%

Gender differences
- Women
  - relapse after experiencing negative emotions and interpersonal problems
  - relapse prevention: learn to cope with unpleasant emotions and interpersonal problems
- Men
  - relapse after reporting positive experiences, and engage in self-justification and rationalizing after
  - relapse prevention: counter men’s tendency to let down their guard when feeling good

What is craving?
- Drugs activate circuits that motivate eating and sexual behavior
- “Cues” activate the brain’s “Go!” circuit – creates cravings
Stop! And Go! Systems

- Motivation centers in the brain – Go! Systems (hippocampus and amygdala)
- Reasoning and organization – Stop! System (sober second thought)
- When things are working, Stop! And Go! Are interconnected and communicating.
- With addiction, the stop and go systems disconnect – go! Is operating solo. It is a rogue system

Example of reward pathway

- William is long-time cocaine addict
- When Will undergoes PET scan, shown images of beautiful sunset or laughing children, his brain produces little or no dopamine response.
- When Will is show brief flashes (fractions of a second) of a coke spoon, old neighborhood corner, or heroin needle, his hippocampus and amygdala light up like an Xmas tree.
- His Go! System is in charge. His Stop! System is mute.

Cue-induced craving

- Have their beginnings outside conscious awareness
- Cues as brief as 33 milliseconds can activate the go! System even if a person is not aware of the cues

Stop and Go

- Some people have less effective stop circuitry
- We differ both in our brain response to drug rewards and in our ability to manage the powerful impulses toward drug reward

Early drug use

- Trigger – I’ve got weed
- Dopamine flood – Look forward to using
- Use -
- Pleasure – Pleasure from the drug

Later drug use

- Basal dopamine level is subnormal
- Trigger – have money
- Awareness of low dopamine
- Reward pathway tells you that drugs can resolve low dopamine
- Punishment pathway tells you I don’t like not having enough dopamine
- I need dopamine – craving – intense
- Need to survive
## Triggers
- People
- Places
- Things
- Physical feelings
- Moods
- Events

### High-risk situations
- Achieving success
- Evenings or weekend
- Free time
- Lack of hobbies or leisure time activities
- Physical pain or problems
- Celebrations

## Relationship triggers
- Arguing with others
- Difficulty meeting new people
- Difficulty trusting others
- No or few friends
- Family/friends use AOD
- Sexual problems
- Relationship problems (i.e., parenting, marital, domestic violence)
- Urges, cravings, testing
- Having AOD in the home
- Putting self in drug challenging situation
- Having unexplained cravings
- Testing self and trying to maintain control

## Parenting triggers
- Tough child behaviors
- Feeling judged by others
- Unresolved grief and loss
- Ambivalence
  - Parenting skills
  - Parent/child bond
  - Relapse potential

## Family triggers
- Intimate relationship with user
- Family members who encourage use or “prelapse”
- Strong feelings about family members seen frequently
- Access to substances at relative’s homes or family gatherings
- Going through drug neighborhoods when traveling to family event
- Cravings, urges, or fantasies around family events
- Dishonest with recovery support group about feelings, thoughts, or actions relating to family
- Spending less time with recovery-supportive family

## Court/child welfare triggers
- Feeling judged
- Caseworker reminds parent of past trauma
- Transportation to mandates challenging
- Don’t have appropriate clothes for meetings
- Feel embarrassed
- “Consequences” emphasize failures
Social pressures

- Social or recreational events where drug or alcohol are likely to be used, e.g., weddings, parties, ball games, parties, etc.
- Difficulty refusing alcohol or drugs
- Being around people who are using drugs or alcohol, or those who are intoxicated
- Having only friends who use

Relapses are not all the same

- Duration
- Extent of use
- Context/situation
- How discovered
- How handled after

Lapse or slip

- An isolated incident of drug or alcohol use that does not result in a return to previous patterns of behavior.

- The person who has lapsed must let others know that it occurred and revise his/her recovery/relapse prevention plan.

Some signs of relapse

- Change following improvement (in wrong direction):
  - Not following rules
  - Reduced attention to appearance and hygiene
  - Impulsivity
  - Less attention to job search, housing search, mandates
  - Lack of follow-through
  - Poor grades or work performance
  - Less focus during parent/child visit
- Putting self in drug situation as test
- Trying to have a few drinks or drug doses to see if control can be maintained
- Unexplained urges or cravings

Relapse prevention is...

- the set of practices and tools that help people recognize and avoid high risk situations for relapse
How have you handled…

- Making new friends
- Intimate relations
- Employment
- Having fun without drugs
- Structuring your time
- Wanting to get high
- Coping with stress & physical pain

More relapse prevention questions

- What have been your most dangerous situations?
- Have you been secretive or open about your past?
- How have people responded to you?
- How do you see yourself now in recovery?
- What problems do you still have from your life of using, or otherwise slow your growth and self-improvement?
- What do you most value that being clean has made possible?

Personal emergency plan
If I experience a lapse, I will…

- Get rid of the AOD and get away from the setting
- Recognize a lapse as just that, not a full relapse
- Call for help
- Explore this with counselor at next session

High Risk Situation
My emergency plan:

- Leave or change the situation or environment
- Put off the decision to use for 15 minutes
- Will challenge my thoughts about using
- Think of something unrelated to using
- Remind myself of my recent successes
- Call my list of emergency numbers

Relapse prevention treatment plan

- For relapse-prone clients
- Four-step process:
  - Assessment
  - Warning sign identification
  - Warning sign management
  - Recovery planning

Parenting-specific relapse prevention plan

- Names of people who regularly check on the well-being of children
- Child safety plan
  - Where child can stay if parents cannot provide safe environment
  - Where parent can send child if expect to start using
- Parenting-specific relapse triggers
Responding to relapse

Appropriate response

• deal with relapse therapeutically
• Suspend current treatment plan
• Help client stop using and re-stabilize
• Formal assessment and inquiry into relapse
• Adjust treatment plan
• Re-assess level of care

Clinical exploration of relapse

• Where did it begin?
• What was happening?
• What came next?
• What were you feeling?
• Where are all the holes in the current treatment plan, and what can be shored up?

Determinants of appropriate consequences

1. What are the legal or procedural requirements of referral sources?
2. What is in the best interest of the client’s ongoing recovery?
3. What is in the best interest of the client’s family?
4. What is in the best interest of the community in which the client lives?
5. What is in the best interest of maintaining the integrity of the treatment program.

People who relapse feel...

• Guilty
• Angry
• Frustrated
• Ashamed
• Depressed
• Anxious

Visits and relapse

• No reason to cancel or suspend visits (but no visits while actively intoxicated)
• May be a need to increase supervision
• Visits may be motivation to quickly respond to relapse
• Suspension of visits punishes child
• Explain relapse in age-appropriate terms to child
Questions YOU can ask parents about relapse

• Have you talked with your child about your slip?
• Have you talked with a counselor about your slip?
• What did you learn from this slip?
• What might you do differently next time?
• How are you adjusting your treatment plan?
• How do you think your relapse/slip has affected your child? Your family?

Your responsibilities

• Explore recovery capital
• Support self-efficacy
• "Prelapse" lookout
  – Look for signs of change and ask
  – Help parents explore underlying reasons
• Avoiding casting negative judgment
  – Straight talk – about consequences
  – Encouraging feelings of self-efficacy
• Ensure communication between treatment provider and child welfare professionals
  – Re-assess level of care
  – Explore reasons for relapse

Session 3
Take home messages

• Recovery is a life-long effort
• Recovery is more than abstinence
• Everyone’s recovery is different
• Relapse is normal and common
• Last stage of relapse is breaking abstinence
• Relapse is a process that begins with change