Learning objectives

01. RELAPSE
Participants will be able to develop a progressive paradigm in relapse prevention for a chronic medical condition.

02. STIGMA
Participants will be able to summarize four reactive responses, commonly found in treatment settings, that contribute to the negative stigma of relapse in recovery.

03. GUIDE
Participants will be able to utilize a guided discussion tool to address the stigma of treating a condition that’s both chronic and relapsing.
WORDS MATTER: SHOUT IT OUT

WHAT POPS UP IN YOUR MIND WHEN YOU THINK OF THE WORD: RELAPSE?

Relapse

WORD ASSOCIATION

- Recurrence
- Remission
- Fall back
- Lapse
- Recidivate
- Regress
- Abstinence violation
- Sobriety break
- Fail
- Relapse
- Return to use

Photo by Alex Green on Pexels
Substance Use Disorder

- SUD/OUD/Addiction is most often defined as a chronic illness involving a common repeated cycle of abstinence and relapse.

Relapse

- Relapse refers to a return to a previous level of substance use after a period of considerable reduction or abstinence from substance use.

Alternative Relapse Definitions

- Recurrence of a condition that was previously overcome
- When a person stops maintaining his or her goal of reducing or avoiding use of alcohol or other drugs

PROGRESSIVE PARADIGM IN RELAPSE PREVENTION

Relapse
Words matter

And yet, in a recent review of SUD/Relapse-related studies 32% of studies had no definition of ‘relapse’ and where relapse is defined, it is according to:

- Measure (26%)
- Time (17%)
- Use (26%)
- Amount/frequency (27%)

Inconsistent language use:

- Sobriety
- Abstinence
- Relapse
- Recurrence
- Remission
- # of days/months/years?
- Safety, reduction of harmful use?
- Less risky ROA?
- Decreased negative symptoms (i.e. feeling better)
DEALING WITH STIGMA: WHAT PATIENTS GET

- Disappointment
- Frustration
- Sorrow/grief
- Shame/guilt
- Loss of control
- Have to start over again
- Lost a phase
- Lost privileges
- Lost rights
- No more medications
- Restricted access to medications

Photo by Luis Quintero on Pexels
DEALING WITH STIGMA: WHAT PATIENTS NEED

- Compassion
- Support
- Guidance
- Evidence-Based Treatment
- Affirming responses
- Normalization (isn’t this an expected part of recovery?)
- Validation (if they are in front of you, then they are already on the right track)
- Objective discussion on the risks of continued use and individualized treatment

HIGHLIGHTS FROM THE LAST 10 YEARS OF RESEARCH

- Younger patients are at increased risk of relapse
- Having a co-occurring disorder is associated with elevated risk of relapse
- Having completed inpatient stay is associated with reduced relapse risk
- Transitioning from inpatient to IOP/PHP or from withdrawal detox to OTP/IOP is associated with reduced relapse risk
- Overall risk of relapse is related to characteristics of treatment sites

What we know about Relapse: From Research to Practice

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CHARACTERISTICS OF TREATMENT SITES FOR SUCCESSFUL RELAPSE PREVENTION

Historically, research showed that longer time in treatment is related to better outcomes. More present studies, however, show:

- Level of activity/involvement in treatment
- Greater service intensity (frequency of encounters w/ treatment team members)
- Success planning includes additional recovery initiatives outside of formal treatment environment
- Integration of housing and employment support

Presented by: Samson Teklemariam, LPC, CPTM
Progressing Forward in Relapse Prevention:
Dealing with Stigma

PROGRESSIVE PARADIGM IN RELAPSE PREVENTION

Debrief: Dealing with Stigma

• Embedded historical stereotype in addiction treatment that it’s just start/stop
• Lack of understanding of a chronic disease
• Substance use was originally solving something (started as pleasure)
• Professionals in recovery need SUPPORT: examples include peers, RCO/ROSC, EAP

https://www.recoveryiswhy.org/

Presented by: Samson Teklemariam, LPC, CPTM
Dealing with Stigma

- The Americans with Disabilities Act (ADA) is clear that people with AUD and SUD have many protections.
- An employee’s current illegal use of drugs is not protected under the ADA.
- Just because the ADA does not extend protections to an individual engaging in the current use of illegal drugs does NOT mean that the employer is required to take any adverse reaction against the employee.

The employer may choose to:
- Grant medical leave for treatment
- Establish a “last chance agreement”
- Provide EAP support

Emotional interview with Oce Harrison, Ed.D. – Project Director of the New England ADA Center

Email: oharrison@IHCDesign.org
Cell: 1-617-259-1647
For ADA Questions Nationwide Toll-Free 1-800-949-4232
Progressing Forward in Relapse Prevention: Dealing with Stigma

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Video interview with Dan Griffin, M.A. CEO & Lead Consultant for Griffin Recovery Enterprises

PROGRESSIVE PARADIGM IN RELAPSE PREVENTION

Debrief: Addressing Shame

- We are a traumatized field, working with traumatized people, sending them back to traumatized communities.
- There's an irony in the fact that a field that's predicated on caring for others can sometimes struggle so desperately with caring for ourselves.
- Trauma-Informed: a lot of focus on the services we provide, and not enough focus on the environments and systems we create.

For more info contact: Dan Griffin dan@dangriffin.com https://dangriffin.com/resources/
Understanding an expected norm: relapse is a part of recovery

You can only come to the morning, through the shadows.
-J.R.R. Tolkien

Adopting a Progressive Paradigm

**LAPSE IN PATTERNS OF THINKING**
- Justification
- Projection
- Disqualifying the positives
- Catastrophizing
- Hyper focusing on fear

**LAPSE IN PATTERNS OF FEELINGS**
- Not managing stress
- Unaddressed hopelessness
- Ruminating over anger
- Overconfidence
- Validating loneliness with isolation

**LAPSE IN PATTERNS OF ACTION/BEHAVIOR**
- Returning to a place where you used
- Speaking with a past dealer
- Maintaining unsafe relationships
- Avoiding support

**WHAT ELSE?**
- Not present
- How should I feel?
- How do people expect me to feel?
- How do I think I feel?
- Do I feel safe to feel?
Progressing Forward in Relapse Prevention:
Dealing with Stigma

Reactive vs. Affirming Responses

4 Reactive responses
1. “Just give up, there’s no use in trying to change”
2. “I told you so,” or, “I knew you were going to relapse”
3. “You have to start all over again”
4. “You don’t deserve this medication”

4 Affirming responses
1. “I’m glad you survived, let’s get back to work”
2. “You are still present, what triggers caught you off guard and what triggers did you see coming”
3. “You’re getting better at recognizing lapses sooner, which means you are growing”
4. “Your upward spiral started when you showed up to treatment today”

Guided Discussion: “If you return to use, here are a few safety considerations...”

1. Quickly identify closest support for physical safety (E.R., 911, Sober Support, CBT Plan, Journal, Safe Family/Friend, etc.)
2. Schedule a session with your primary counselor/treatment provider
3. Assess your physical environment – will it promote continued use or enable recovery?
4. Remember H.A.L.T. in identifying/documenting your triggers (Hungry, Angry, Lonely, or Tired)
5. Reconsider treatment intensity/frequency
References


