

In Addiction Recovery, a Relapse Can Be a Learning Opportunity

THE PULL OF ADDICTION

Relapse, the return to addiction-related behaviors after a period of abstinence, is disappointing and discouraging for anyone in recovery and for friends, family and others who have been supporting the individual's efforts. However, a setback doesn't mean that all is lost and it's back to square one, or that the individual "isn't ready." In fact, the majority of the estimated 23 million+ Americans living in recovery today experienced at least one setback or relapse on the way to recovery.

This isn't to say that relapse is a necessary part of recovery, but professionals involved in researching and treating addiction increasingly are viewing relapse as a factor in the recovery process—a detour, if you will, that holds lessons for making recovery more lasting.

Before there was scientific medical research to suggest otherwise, addiction and recovery were viewed as primarily a matter of willpower. And there is an important "willpower" or "proactive" element. But there is also an anatomical or medical component—physical and chemical changes to the brain and communication pathways, the existence of which is supported by brain imaging studies—that indicates addiction operates like a chronic (ongoing or long-term) disease. Based on the accumulating scientific data, as well as observation and experience, many professionals studying and treating addiction are now comparing it with illnesses like diabetes, hypertension, obesity, and asthma—conditions that change body parts or functions, but over which we also have a degree of control in terms of prevention and recovery.

The simple definition of disease is "a change in or interruption of the normal structure or function of any body part or system." Addiction physically changes brain cells and reroutes (some say "hijacks") the communication pathways involved in reward, motivation, memory and inhibitory control. This disruption suppresses a person's abilities to resist certain behaviors, even in the face of increasingly harmful consequences.

A study using imaging technology to measure metabolism in the brain and the heart showed how addiction and heart disease produce observable changes in organ function. In both, the healthy organ showed greater activity than the diseased organ. In drug addiction, the frontal cortex—a part of the brain associated with judgment and decision-making—is significantly affected. Neuroimaging technologies have also shown that certain "pleasurable" activities other than alcohol and drugs (i.e., gambling, shopping and sex) can alter the brain.

Studies showing that addiction causes chemical, structural, and functional changes to the brain are also showing that abstinence can reverse or counteract these effects, and that the brain continues to heal the longer the recovery process proceeds.

Stages of Change - One promising approach to recovery is based on the "Stages of Change" model developed by two alcoholism researchers through observations and analyses of how people go about modifying problem behaviors—from substance abuse to overeating to smoking. According to this model there are 4 main stages: pre contemplation, contemplation, preparation, and action.

Additional stages of maintenance and relapse are sometimes included. For simplicity's sake, these stages are typically represented visually as a cycle, which suggests these are progressive steps; in reality, people can move back and forth and even be in more than one stage at a time.

- Pre-contemplation – The individual typically doesn't consider his/her behavior a problem. Over time, mounting negative consequences can push the person into the "contemplation" stage.
- Contemplation – The individual thinks about changing, cutting down, moderating, or quitting addictive behavior. People can be in this stage for years, moving forward to the next phase, "preparation," or back to "pre-contemplation."
- Preparation – The individual has moved forward to planning and preparing to execute the changes they contemplated by obtaining resources, removing triggers, developing a support system, etc.
- Action – The individual makes behavioral changes. The pace and magnitude of these changes depends on goals set in the prior two stages.

WHAT RECOVERY INVOLVES

Relapse and Recovery

RELAPSE PREVENTION

• Maintenance– An addiction-free life is becoming firmly established and the threat of returning to old patterns becomes less intense and less frequent. Preparing for obstacles in order to successfully negotiate them allows people to move from the action stage to maintenance and stay there without a Relapse. However, Relapse is a detour that many people make.

Currently, the probability of relapsing at least once remains high. According to the National Institute on Drug Abuse (NIDA), in the first year of recovery, the odds of remaining abstinent are 36%; between 1 and 3 years, the odds rise to 66%; and from 3 to 5 years and beyond, they reach 86%. In other words, after 3 years, the recovery odds remain high and stable. Lending clout to the characterization of addiction as a chronic disease is the fact that relapse rates for substance addiction are similar to those of common chronic illnesses: 40% to 60% for drug addiction, 30% to 50% for diabetes, 50% to 70% for hypertension and 50% to 70% for asthma, according to NIDA.

In the case of diabetes, hypertension, asthma and other chronic medical conditions, the response to a relapse is to explore the reasons for the setback, reassess treatment (lifestyle changes, medications, other interventions), and make adjustments as needed. This is why many professionals maintain that the relapse should be viewed constructively, as a prompt to identify the reason for the backslide and to adjust strategies for remaining abstinent accordingly.

There are many reasons why people may return to addiction after a period of abstinence, including:

- Ambivalence about recovery/lack of commitment
- Unrealistic expectations
- A treatment/recovery plan insufficiently tailored to the individual's unique needs & circumstances
- Additional mental health, social, financial and/or other problems not being properly addressed
- Attempting to replace one addiction with another (workaholism or excessive exercising)
- Staying involved with people and places associated with their addiction
- Succumbing to feelings of loneliness/boredom because people, places and activities associated with the addiction haven't been adequately replaced by healthier relationships and activities

Relapse is a process, not an event.

Just as recovery has been characterized in stages, so has relapse. These include:

- Emotional relapse – The individual isn't thinking about using, but emotions and behaviors are setting him/her up for a possible relapse.
- Mental Relapse – Part of the individual wants to return to former behaviors, and the preoccupation becomes stronger as time passes.
- Physical Relapse – The individual returns to his/her pre abstinence behaviors.

Despite the high odds of relapse at least once, it's not easy for an individual to face it when it happens. It is frustrating for the people supporting the individual as well. Though the tendency to heap blame is understandable, it is counterproductive. A more constructive way to handle a relapse is to:

1. Respond immediately. The overriding emotion must be the desire to move past the misstep.
2. Deal with depression or other harmful feelings surrounding relapse.
3. Prepare to make changes. Treatment for addiction often involves working out a strategy for change, setting goals, and developing coping skills. A slip indicates that the individual may not have been adhering to the plan or that elements of the plan weren't effective.
4. Improve one's support system. This is one reason 12-step and other "fellowship" recovery groups are important.
5. Focus on restoring the individual's physical and emotional health through proper nutrition, adequate sleep, exercise, medical check-ups, counseling, and other positive activities.
6. Eliminate feelings of loneliness or boredom by developing new friendships & pursuing new interests.

It's also important to recognize incremental achievements and resist the temptation to condemn oneself for making a mistake. The key to preventing another relapse is to stay focused on recovery and learning from the mistake in order to make changes that can prevent another.

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RESUMING RECOVERY FOLLOWING RELAPSE