



LEARNING MODULE I

Seminar # 9

Relapse is part of the journey

Learning Objectives

1. What is the Issue
2. How can the issue impact the family
3. What are the options

What is the issue

The difficult part to accept is the awareness of the disease as a part of the loved one's life. But what then becomes known is this disease is going to be a part of that person's life for their entire time. It will never leave, however, it can be controlled, it is chronic and can be managed and life can be great.

A chronic disease does not have to define who we are, what we think and how we live our lives. It is ours and has a name, but it is not our name, it is the disease's name and what it is belongs to the disease, it does not belong to us.

Therefore, let our hearts not be worried that this disease is in charge, because it is not in charge and sustainable lifelong recovery is very possible.

The Video "Addiction is a Chronic Relapsing Brain

Disease Part 2

We do not normally ask the reader to leave the study guide and spend time viewing a video. It seems disruptive to the learning process. However, this topic can only be truly grasped by seeing a clinical expert present the topic as an introduction to the material. For this reason, we are asking in our introduction, you take time to go online and view this video and then return to complete the remainder of this study guide Seminar # 9

GO ONLINE: www.youtube.com
<https://www.youtube.com/watch?v=o7O1irTAmvc>

Search Title Addiction is a Chronic Relapsing Brain Disease, Part 2.

How can the issue impact the family?

Relapse is a part of this brain disease journey

Relapse is common. Studies suggest that approximately half of all individuals who try to get sober return to heavy use, with 70 to 90 percent experiencing at least one mild to moderate slip. In other words, not many people say, “I want to get sober,” walk into a treatment center, and never use again.

In this way, addiction is very much akin to other chronic diseases. As with chemical addiction, patients with chronic illnesses such as diabetes, asthma, and hypertension frequently fail to comply with their ongoing treatments—relapsing, if you will, often many times with dire consequences.

Thus, no matter the chronic disease, it is ultimately up to the individual to adjust his or her lifestyle and assume responsibility for managing his or her own care. Unfortunately, removing the drug (detoxing) is the easy part. Changing the behaviors that compel the addict to use is significantly more difficult.

Stage one: Numerous studies show that rats will quickly learn to press a lever that delivers a drug in preference to levers that deliver food or water. The more “rewarding” a drug is, the more furiously the rats will press the bar. We should not be surprised, then, that when presented with a drug like cocaine, rats display behaviors endemic in addiction, foregoing normal activities such as eating and sleeping in favor of getting high.

Stage two: In addition to going crazy for the drug, rats “remember” and “like” the places where they received it. For instance, when cocaine-addicted rats are placed in an environment where they receive only food and water, they accept that no drug is available, and they push only the food and water levers. However, when placed back in the cage where cocaine had been available, they immediately engage in a drug-bar-pressing frenzy. They recognize the location and associate it with past drug use. They are triggered by the environment and they become incredibly agitated—they crave—in expectation of the drug reward.

The chronic nature of addiction means that for some people *relapse*, or a return to drug use after an attempt to stop, can be part of the process, but newer treatments are designed to help with relapse prevention. Relapse rates for drug use are like rates for other chronic medical illnesses. If people stop following their medical treatment plan, they are likely to relapse.

Here is the problem in substance use disorders, after discharge from a treatment center there is often no further treatment or plan of care with strong follow up. They are left to fend for themselves. This is not what we do in other chronic disease, so why then are we doing it with substance use disorder. It is simple, there is no healthcare delivery system set up for this level of care, a little profit in providing such services.

Treatment of chronic diseases involves changing deeply rooted behaviors, and relapse does not mean treatment has failed. When a person recovering from an addiction relapses, it indicates that the person needs to speak with their doctor to resume treatment, modify it, or try another treatment.⁵²

Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated like any other chronic illness. Relapse serves as a sign for resumed, modified, or new treatment.

While relapse is a normal part of recovery, for some drugs, it can be extremely dangerous—even deadly. If a person uses as much of the drug as they did before they quit, they can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. An overdose happens when the person uses enough of a drug to produce uncomfortable feelings, life-threatening symptoms, or death.

Science has taught us that stress cues linked to the drug use (such as people, places, things, and moods), and contact with drugs are the most common triggers for relapse. Scientists have been developing therapies to interfere with these triggers to help patients stay in recovery.

Behavioral therapies help people in drug addiction treatment modify their attitudes and behaviors related to drug use. As a result, patients can handle stressful situations and various triggers that might cause another relapse. Behavioral therapies can also enhance the effectiveness of medications and help people remain in treatment longer.

Cognitive-behavioral therapy seeks to help patients recognize, avoid, and cope with the situations in which they are most likely to use drugs.

Contingency management uses positive reinforcement such as providing rewards or privileges for remaining drugfree, for attending and participating in counseling sessions, or for taking treatment medications as prescribed.

Motivational enhancement therapy uses strategies to make the most of people's readiness to change their behavior and enter treatment.

Family therapy helps people (especially young people) with drug use problems, as well as their families, address influences on drug use patterns and improve overall family functioning.

What are the options

The Journey with Substance Use Disorders

The process of seeing ‘the truth’ starts to happen as soon as the addict takes their first step towards treatment.

Without education, treatment and ongoing focus, addiction will never move from its destructive phase into something that can be managed.

To manage it, the individual must embark upon a complete overhaul in terms of body, mind, and spirit.

We focus on the following factors when helping people to manage their addiction:

- Nutrition – we discuss the benefits of certain food and drinks, and what should be avoided
- Sleep hygiene – many people who come into treatment need to re-learn how to care for themselves in this area
- Yoga, meditation, and acupuncture, as well as emotional freedom technique are therapies that we recommend and are all designed to promote calmness

Abstinence is the key to recovery, and therapy teaches our patients how to achieve this and stay focused.

A treatment center that does not consider the impact of addiction on an individual’s whole family would not be doing its job properly. The center needs to include the patients’ family members throughout treatment in the following ways:

- Encourage interaction with family members and loved ones from exceedingly early in the treatment to recovery journey.
- Encourage loved ones to write letters describing what it was like for them living alongside the illness. These letters are used very sensitively, as another denial-busting exercise.
- Provide a family support hotline and encourage loved ones to access it when needed.
- Offer family members further information and education about addiction.
- Deliver family support groups which are run specifically for loved ones.

The next 12 seminars will address 12 core competency issues a family needs to learn and will likely face in their journey with substance use disorder.

The Next 12 Seminars:

Seminar Ten: Issue # 1 Enabling vs. Consequences

Seminar Eleven: Issue # 2 Addiction Behavior

Seminar Twelve: Issue # 3 Family Intervention

Seminar Thirteen: Issue # 4 The Police Intervention

Seminar Fourteen: Issue # 5 Emergency Medical Services Intervention

Seminar Fifteen: Issue # 6 The Legal System Intervention

Seminar Sixteen: Issue # 7 The Treatment Center Intervention

Seminar Seventeen: Issue # 8 Support Agency Mapping

Seminar Eighteen: Issue # 9 The Relapse

Seminar Nineteen: Issue # 10 Successful Lifelong Recovery

Seminar Twenty: Issue # 11 Bereavement

Seminar Twenty-One: Issue # 12 Faith, Spiritual Practices