“Preparing & Supporting Substance Abuse Treatment Program Clients for Transition”

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The need to better educate participants prior to their departing substance abuse treatment programs and better support their process through transition into recovery is a particular area of interest to me both personally and professionally. Beyond that, I am aware of a need for more attention in the substance abuse field to the perils and effective supports of clients in transition.[1][2] I have some ideas I wish to introduce and some recommendations to make regarding these needs.

While working with clients over the years I have found it useful to use powerful, simple terms or analogies to capture complex issues to help them remember and understand helpful education on the difficult matter. With regard to the challenging period of transition, I have chosen the term “limbo” and found it particularly effective for clients. What do I mean by limbo? Limbo is a state of being – a condition that someone is in for a period of time before reaching recovery and healthy sober reintegration with society. As in Catholic theology, it is a state of being between Hell and Heaven. The client, likewise, is in between the “hell” of addiction and the “heaven” of recovery life. I will now discuss some of the many aspects of this limbo-like period as may be experienced by clients.

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[1] “Relapse Prevention and Therapy”, relapse prevention.org. 6/18/07, pg.1, para. 1, Cites 54% relapse rates in addiction recovery; also pg. 2, para 7 Cites William Fals-Stewart Study, SUNY, Buffalo, NY, Cites 50% of 106 men relapsed after one year.

[2] The Science of Addiction. (The Well; Behavior; Addiction) (Cover Story, Michael D. Lemonick. *Time*, 170 .3 (July 16, 2007); Pg. 42. Full text copyright 2007 Time, Inc., Pg. 1 para 5 Cites studies of AA success rates of 20%.

When clients depart a program there are things that are still with them. One is their body that has been mistreated and exhausted. Their vitality has been depleted. The client may be in poor health. During substance abuse their brain was hijacked, meaning that their highs or pleasures came from external and not internal processes. Their brain's ability to produce normal levels of serotonin (the pleasure neurotransmitter) has been replaced by reliance upon external chemicals. Clients behave in a certain way that they think will make them feel comfortable or better. When this doesn't happen they may get confused and wonder if this new sober living is not working.[3]

The primitive brain which affects our hunger, thirst and our pleasurable feelings, helps maintain homeostasis and physical survival, and drives our physical bodies to experience pleasure and satisfy appetites. In transition, this is a powerful impulse machine. Just a passing smell can trigger relapse. It is always there. It is regulated by our frontal cortex – the conductor and decision maker of our physiology. During transition, the primitive brain is waiting to take over again. It reacts powerfully and quickly to what it wants.

With regard to physiology, clients may experience waves of cravings and remembering the highs. They may have sleeping dreams of using and distressing nightmares. They may have sleep disturbances, such as insomnia. They expect to feel good physically because they have stopped using. The brain, however, is still affected by the chemical use and therefore does not give them a sense of well being. Old physiological conditions that the using has masked may resurface such as ADHD, bi-polar disorder, dual diagnoses, et cetera, and they may experience periods of high levels of free floating anxiety that cause confusion.[4] Clients may feel uncomfortable, more so than the average person, because of the sensitivity of their bodies in transition.

Another aspect of limbo is being alone and feeling alone. When a client leaves a program, they have left the support system and are now on their own except for the time in meetings or with sponsors or counselors. Most of the time they are on their own – no longer is there staff available 24-7. In my counseling, relapsed clients reported the toughest times for their maintaining sobriety was at night after meetings were over. They are alone with their dilemma.

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[3] Brown, Ph.D., Stephanie, and Virginia Lewis, Ph.D., The Alcoholic Family in Recovery: A Developmental Model, Guilford Press, Guilford Publications, Inc., New York, NY (1999). Pgs. 138-9. Describes transition as may being traumatic, painful, and anxious, depressing with feelings of helplessness and extreme dependency. Thought processes also may be disturbed.

[4] Mueser, Kim T., Douglas L. Noordsy, Robert E. Drake & Lindy Fox, Integrated Treatment for Dual Disorders: A Guide to Effective Practice, The Guilford Press, New York, NY (2003). Pgs. 30 – 3. It describes various treatments for relapsed clients.

Another contributing factor to feeling alone is that clients are now different – no longer the person they were before abuse or during abuse. During treatment in the program they changed so it is hard to explain to others about themselves, where they are at and what they need. Others may not quite know how to relate to them either.[5]

When clients reach out socially others may confront them with their abuse and possibly present triggers that would challenge their abstinence. Others may present them with the negative affects of their abuse. In other words, clients face their burnt bridges which is difficult.[6]

They may have a lot of unrealistic expectations and dreams about how things are supposed to be now in abstinence.[7] They face a whole lot of work in terms of rebuilding themselves and their life. They can be hypercritical of themselves and of others and may be falling into negativity. They can feel helpless.[8] Clients are alone with themselves and their discomfort. In addition, they rediscover their environment with different eyes which is difficult if you are totally alone because your view of reality is subjective. They may have distorted perceptions of reality which can create anxiety which could lead to triggers and relapse.[9] The anxiety of this relearning coupled with the fact they do not feel competent, challenges their self confidence and therefore they have a strong need to feel competent. So there is a resulting strong pull back toward what was familiar; toward that which can lead to relapse.[10]

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[5] Faulkner, Mary, Easy Does It: Relationship Guide for People in Recovery, Hazeldon, Center City, MN. (2007) Chap. 7, pgs. 73 – 86. HALT technique: Being hungry, angry, lonely and/or tired makes relapse more likely.

[6] Manville, Bill, Cool, Hip & Sober – 88 Ways to Beat Booze & Drugs, Tom Doherty Associates, LLC, New York, NY (2003), Pgs. 160 – 4. Good limbo description.

[7] Meyers, Ph.D., Robert J. & Wolfe, Ph.D., Brenda L., Get Your Loved One Sober; Alternatives to Nagging, Pleading, and Threatening, Hazeldon, Center City, MN (2004) Chapter 12, "Relapse Prevention" pgs. 187 – 201. Identifying high risk situations, moods, relationship difficulties, learning from mistakes.

[8] Dodes, M.D., Lance, The Heart of Addiction, Harper-Collins Publishers, Inc., New York, NY. , (2004) Pgs. 4 – 7. Addictive acts followed feelings of helplessness or powerlessness. Addictive act creates a sense of empowerment and regained control although not true empowerment. Rage at helplessness drives addictive behavior. Addictive behavior is seen as a redirection of energy, a substitute, a displaced action.

[9] Ketcham, Katherine and William F. Asbury, with Mel Schulstad & Arthur P. Ciaramicoli, Ed.D., Ph.D. Beyond the Influence: Understanding and Defeating Alcoholism, Bantam Books, New York, NY (2000) Chapter 11, "Relapse Prevention, pgs. 163 – 171. Common experience of lingering dysfunction from substance abuse damage including emotional hypersensitivity, sleep problems, cravings, coordination problems, concentration difficulties, problems being misread by user and others, all seen as factors undermining recovery.

[10] Brown, Ph.D., Stephanie, and Virginia Lewis, Ph.D., The Alcoholic Family in Recovery: A Developmental Model, Guilford Press, Guilford Publications, Inc., New York, NY (1999), Pgs. 285 – 6. Quote on primacy of the human need for attachment and a deep emotional connection with others. Family therapy model was used to treat addiction. Good rates of recovery for 28 couples. Therapy oriented toward improving healthy relationship connectedness and moving family with client toward health.

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Another aspect of being alone and feeling alone is the criminal thinking that the client learned to sustain his addiction. It became easy to lie, cheat, avoid truth, hide or stay in the shadows, steal and be very opportunistic. The need to trust and be trusted and be believed is universal and essential to building good abstinence behavior and healthy relations. Trust building, however, takes time. Clients need to establish a good track record and others may remain mistrustful.

During limbo or transition, clients experience heightened emotional vulnerability.[11] They do not feel safe with the normal stresses of life. There is still a lot of lost hope. There is shame and guilt from being an addict and hurting others. Those powerful feelings can eventually be better addressed in recovery and not in limbo. Old painful memories and issues of family (especially of how they were cared for) can resurface at this time. All the primal issues are there.[12] The desire to escape this distress in the past encouraged their self-medicating which emotionally separated them from the whole of their lifestyle and social network even when they were together as a group getting high. There is a heightened desire to be nurtured, understood and accepted, but reaching out may result in rejection or in temptation to relapse. In the program they were taught coping skills and when these work, in limbo, it still doesn't feel good. That is why being alone is so dangerous in limbo – clients can revert to negative self identification and low self esteem. They must experience normal emotions of disappointment, rejection, sadness, frustration, anger, embarrassment, anxiety, impatience, negative judgments, misinformation, confusion, et cetera – all without their chemical defenses. An analogy I like to use that describes this raw naked vulnerable feeling is being "without your inside overcoat".

Clients also feel pressure at extreme levels to accommodate and conform to family and friends' values and rules and subsequently put pressure on themselves to comply and to please.[13] Returning to a problem that is known rather than facing a problem that is not known is a natural human tendency and a powerful pull towards relapse.

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[11] Fletcher, Anne M., Sober for Good: New Solutions for Drinking Problems – Advice from Those Who Have Succeeded, Houghton Mifflin Company, New York, NY (2001) Pgs vii – viii, pg., 193. Author studied 222 currently sober recovering alcoholics. Biggest challenge for relapse was found to be dealing with emotions, personal issues and problems without using alcohol.

[12] Jung, Jung, Psychology of Alcohol and Other Drugs: A Research Perspective, Sage Publications, Inc., Thousand Oaks, CA (2001). Pgs. 467 – 491. Discusses motivation and commitment, social learning theory, conditioning models, sensitizing model, conditioned withdrawal, cognitive behavioral therapy, cue extinction, and easing re-entry.

[13] "Relapse Prevention and Therapy", relapse prevention.org. 6/18/07, Pg 2, para 7. Cites William Fals-Stewart Study, SUNY, Buffalo, NY. In reporting that 50% of 106 men relapsed after one year, researchers noted that those reporting the greatest criticism from partners were more likely to relapse.

What clients learned in addiction was the ability to satisfy their desire for immediate gratification.[14] A question posed to me at one time was "what is the difference between a child and an adult?" The answer was that a child wants immediate gratification and the adult can handle delayed gratification. In limbo, the inner child is still looking for immediate gratification (a negative style of self-nurturance). In recovery, the ability to delay gratification more easily has been significantly learned. Seeking immediate gratification is a learned habit which turned into addiction. In transition, the client needs to learn patience in this regard.

The ritual that accompanied the addiction, with its anticipation and excitement of moving towards the high, is in my view as strong a force as the addiction itself. So in limbo that is still a desire that is thwarted and needs to be addressed. Hopefully that desire will be redirected into healthy self care and nurturance.

The client is changing their identity from an "addict" to a "person in recovery". How they think about this is very important as it involves their judgments, self perception and self labeling. At this time the truth is very important. Changing identity is a confusing process. There is uncertainty and this new identity may not feel real to the client yet because of the need to integrate all they have learned. Again, integration takes time.

When the client feels both alone and emotionally vulnerable – two of the most difficult feelings we can have as human beings – they are more at risk for relapse during this period of limbo. If they have a negative history and lots of failures, then being alone reminds them that they are alone with that part of themselves that they dislike and of which they are ashamed.

Another stress of limbo for the client is being surrounded by the modern society to which they are returning which is a society advocating consumption. Everywhere they look they see advertisements that encourage self medication. Modern society is very complex, especially for someone in limbo because some of the inducements to self medicate are viewed as normal. The alcohol ads to drink, party with others and feel good is very appealing to clients in limbo. The nonprescription drug ads encourage self medicating to relieve anxiety and pain which to a client, in limbo, can be a trigger.

Returning to their previous environment with its familiar places of using and people who use makes the person, in transition, feel out of place and therefore pulled toward relapse to fit in again. Today's society is intensely over-stimulating, fast and reactive as well as complex. This can remind clients of being high and can make them feel out of place. The client may perceive that their abstinence does not seem to fit into our addictive culture. The client in transition needs to learn to cope with who he is in a world of who he was. He has to cope with the changes he needs to make. This is challenging and it is

[14] Inaba, Darryl S., Pharm. D., and William E. Cohen, Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs, 4th Ed., CNS Productions, Inc., Ashland, OR (1989, 1993, 1997, 2000) pgs 141 – 144. Pain is a gateway to relapse because of previous experience and usage of addictive substances. Brain reaction to dull lingering pain is particularly likely to put one at risk for relapse without adequate preparation and understanding since instant gratification is an aspect of abuse.

better for him not to be alone while struggling with his dilemma of how to fit back into the culture without his chemicals.

Taken all together, limbo is an amorphous condition and an uncomfortable existential state of being. It is a veritable minefield of triggers and pitfalls that await the client upon leaving their treatment program. This period of transition, which I liken to and term "limbo" has no roadmap and no timetable. The great comfort is getting to and into recovery training. That point, most likely, lies further distant in the future for the clients than they and their significant others expect. Since this transition period undertakes such an important and significant task in client's lives, it is important for the health profession to examine this state of being in more depth and better appreciate the importance of what goes on during this period.

I have some suggestions to make for substance abuse counselors regarding preparation and education of clients for limbo and for the support of clients during limbo. First of all I would recommend that substance abuse treatment programs be longer in duration. There is a great need for clients who are getting lots of new information about how to cope to have more time to integrate what they are learning. Likewise, there is a corresponding need for counselors to understand how the clients are integrating this information. It takes time to integrate. Basically clients are being reparented into society. I would like to see a range of twelve months to a more optimal eighteen months. I've watched so many clients relapse coming out of short term programs and seen better results from longer term programs. An analogous situation is that of a child being forced to grow up too fast.

My second recommendation is that counselors in treatment programs be more knowledgeable about limbo as a stage towards recovery.[15] Besides issues of addiction and learning not to rely on chemicals to cope, the clients face lots of life issues. They have many challenging situations and painful, difficult issues to address because of the effects of their substance abuse, time in treatment and the enormity of what they have undertaken. Therefore, they need to be better educated about what may lie ahead. I think that counselors need to prepare clients that transition is uncomfortable, without a timetable, very challenging and important hard work. It is essential that counselors reassure clients that getting through transition is attainable.

Besides AA, NA, outpatient therapy, and other support groups which clients are encouraged to access upon leaving programs, I would like to see available to clients who ask for it – a coach who understands limbo – who would be available when the client is alone and feeling vulnerable. This coach would serve as a guide and as a support to the counseling and self-help programs. Since clients have often been made to feel ashamed of asking for help without knowing and sharing the reason, this coach would be a lifeline.

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[15] Alcohol: Opposing Viewpoints, Karen Balka, Ed., Greenhaven Press, The Gale Group, Inc., Thompson Leaning, Inc., Farmington Hill, MI (2004). Pg. 102, para. 4, lines 3-12. Patients who achieve abstinence seem to disappear from the public – little known about that population's recovery.

This could be done via telephone. Although there are hotlines for suicide, chat rooms, and other 24-7 available contacts, this coach would be specialized in limbo and therefore best suited to catch that vulnerable client at the critical time before relapse. It is very difficult for clients feeling vulnerable to call their previous program, their sponsor or their group members. I would make the coaches available to clients upon release from their treatment program to help clients deal with the perilous journey through transition to recovery. The purpose of the coach is to be with the client in those moments when feelings of aloneness and vulnerability come up. The client needs to feel heard without judgment and they are not alone. They need to realize they are with a sober, caring human being instead of a substance.

As a recovering alcoholic and drug addict, I care very much about this issue. Having gone through a very difficult limbo it would have been very helpful to me to have understood what I was going through and to not have been alone with my struggle during so many raw moments. I want to protect others from unnecessary pain and potential relapse during this critical period.

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