

Interpersonal Relationships during Addiction and Recovery

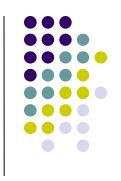
A qualitative exploration of the views of clients in therapeutic community

Jan Klimas SSA November 2010

Collaborators

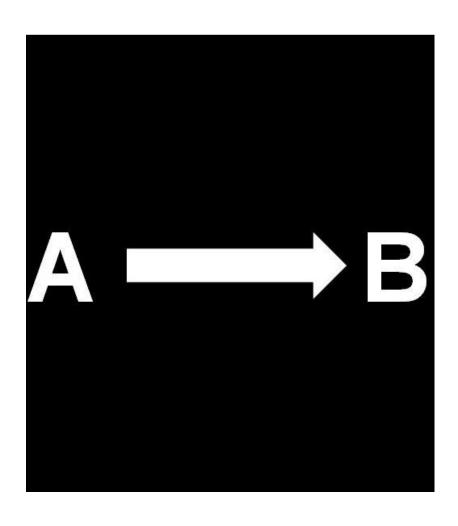
- Peter Halama, PhD
- Matus Biescad, PhD

- Thanks to:
 - Davina Swan, PhD
 - Ross Kelly















 'The way in which two or more people or things are connected, or the state of being connected'

(Oxford dictionary, 2010)

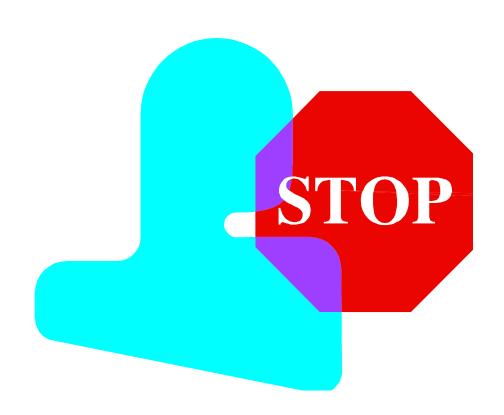




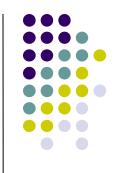


Relationships and Drugs?



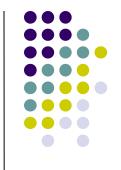






- Childhood trauma is highly prevalent among DUs in treatment (Grayson & Nolen-Hoeksema, 2005)
- Alcohol and intimate partner violence: A meta-analytic review (Foran & O'Leary 2008)
- Dynamic interaction in IDU couples
 - I love you... and Heroin (Simmons & Singer 2006)
 - Is peer injecting a form of intimate partner abuse? (Wright et al, 2007)

Relationships and Recovery



- Treatment improves relationship functioning by 23-29% (Crits-Christoph et al, 1999)
- TCs are effective (Lees et al, 1999- CRD Review)
- Individual treatment of alcoholic fathers benefit their families (O'Farrell et al. 2003, Andreas et al. 2006)
- When the counsellors do not tend to the therapeutic relationship, the addiction therapy goes wrong (Barber et al. 2006)
- Processes of therapeutic change
 - 'Helping relationships' (Prochaska, DiClemente 1982)
 - Family and friends support (Orford et al, 2006)

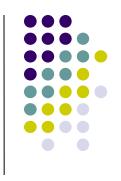
Current study (2009)



- Pilot design
- Retrospective views of former drug users in TCs on their past and current relationships:

- 1. Do relationships play any role in the beginnings of drug use? If yes, what?
- 2. How do they change in the course of drug use and recovery?

Sample & Setting

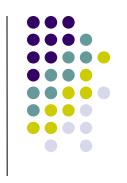


- 10 clients (1 female):
 - Mean age = 25.9
 - Mean length of the residential programme: 9.9 months.
 - Almost all poly-drug users
- Semi-structured interviews (35-50 min)
- Main components of TC (work, therapy, regime)
- 'Relationships in the TC are used to foster recovery and personal growth' (De Leon, 2000)

Data Analysis



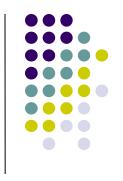
Data analysis



- Guided by:
 - Descriptive-interpretive approach (Elliot, Timulak 2005)
 - Consensual Qualitative research (Hill et al. 1997)
- External auditor: experienced in addiction research and treatment

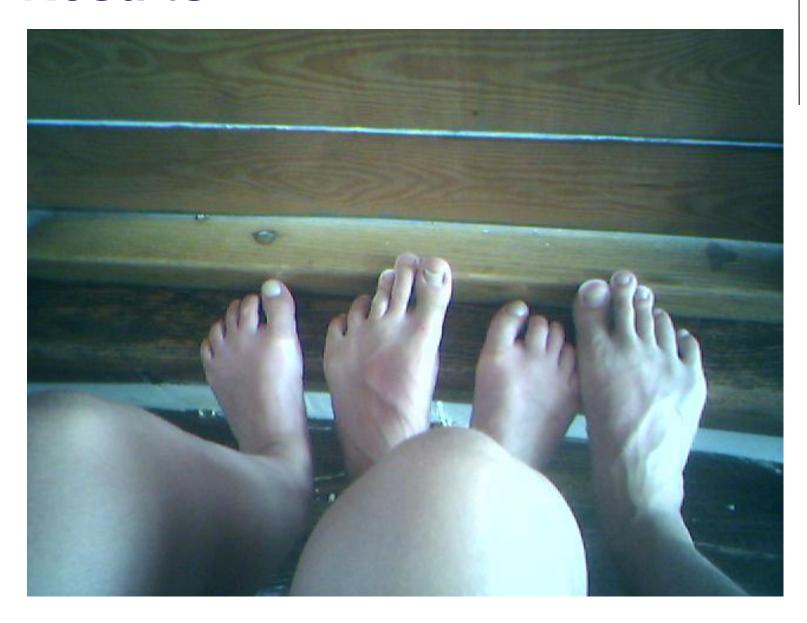
Computer Assisted Qualitative Data Analysis

Data analysis – cont'd



- Main steps of qualitative data analysis:
- Transcripts entered into NVivo software
- Meaning units delineated
- Categories based on the similarities between the core ideas from individual transcripts
- Domains developed
- Coding and classification into categories performed in NVivo

Results





Results



List of Topic Domains Developed From Client Interviews Data

Domain I.

Before the onset of drug use

Domain II.

During active drug use and addiction

Domain III.

 Today, in a therapeutic community (TC)





1.	The client (C) has a close and exclusive relationship with another family member	(7/10)
2.	C perceived the parenting style in the family as restrictive	(4/10)
3.	C perceives the family environment as incomplete or conflicting	(4/10)
4.	Lack of emotion expression and communication in the family (shallowness)	(6/10)
5.	C perceives relationships with peers or at work as trouble-free	(6/10)
6.	Peer group is a space for experimenting with soft drugs	(8/10)
7.	C began to use hard drugs when s/he made friends with people who used them	(7/10)
	- Older friends, who used drugs, provided role models	(5/10)





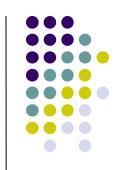
1.	C describes the relationships with friends and family as insincere/ dishonest during drug use	(7/10)
2.	C had intense problems in relationships with friends and family during periods of chaotic drug use	(6/10)
3.	Support and motivation for treatment from family and friends	(8/10)
4.	Drug related behaviour was prioritized over relationships whilst using drugs	(10/10)
	 C wasn't engaging in relationships with friends and family because of other needs and priorities 	(6/10)
	- C wasn't occupied with relationships with other DUs, s/he perceives them as cold/ distant and mutually harmful	(8/10)
5.	A change of friends creates an environment for drug use and relapse	(8/10)
6.	C uses drugs as a way of coping with interpersonal problems, loss	(8/10)
7.	C maintains good relationships with family members (and friends) during drug use	(5/10)

III. Today: in a Therapeutic Community (TC)



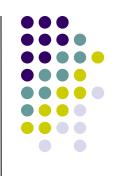
1.	C perceives relationships with fellow clients during group therapy and outside group therapy as beneficial	(8/10)
	- C starts to 'open up' and to perceive the benefits of talking out	(5/10)
	- C learns to cope with difficult interpersonal situations (skills and strategies)	(6/10)
2.	C felt that staff and therapists were helpful	(6/10)
3.	C gradually internalizes the goals, methods and philosophy of treatment	(8/10)
	 C has adopted an image of DU, i.e. addictive personality, behaviour (identifies him/herself as an addict) 	(5/10)

III. Today: in a Therapeutic Community (TC) cont'd



4.	C undergoes a process of adjusting to the life/ functioning of TC	(8/10)
5.	The external relationships did not change; they improved after a longer treatment	(6/10)
6.	Help& support from friends& family during the treatment and treatment endeavours up to date	(6/10)
7.	Re-prioritization, i.e. relationships with others became a priority for the C during the stay in TC	(7/10)
	 C feels a need for a support network after treatment and to plan the relationships 	(6/10)

Main findings

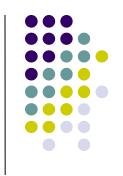


Lack of emotion talk/ expression in the family

Superficial, very superficial [communication]. We didn't do any emotions, feelings... we never talked about it.

Regarding his character [father], he never showed any emotion in his life, nor did he ever say that 'I love you or I don't love you'. (female, 27 years)

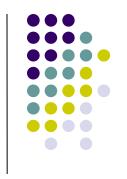
Main findings



Re-prioritization. Relationships are a matter of priorities and the preference for obtaining drugs.

I don't know how to explain this to you, because a man shooting drugs is not concerned about relationships [] I simply wasn't concerned about them, maybe I've had my family, because I was raised to trust my family, as only they can help you, but other relationships — I had a couple of friends... (male 25 years)

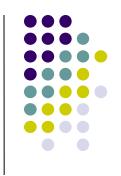




Drug use as a way of coping with interpersonal distress

There was no joy at all, I worked like a dog, came back from work after 8-10 hours and the only result was that I had a drunk mother at home and experienced those situations, scenes, accusations. What for? Who could enjoy this? So I went out, got something [drugs] and felt fine. (male 25)

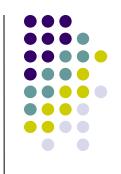
Main findings



Helping relationships in the TC facilitated shift of the relationships priority

Back then, I deemed the relationships with lads [DUs] outside as important, but now, when I lost everything and I have only them [TC], I value the relationships here. (male, 22 years)

Main findings



Clients perceived the TC as different and helpful

'Whom can I turn to? People outside who haven't used [drugs], they don't talk much about feelings. Or they tell you that they're O.K. and all those phrases, but you'll never or rarely find out how they really feel. (male, 22 years)

Conclusions



- changes occurring in drug users' interpersonal functioning may not be fully attributed to their lack of *interest* in social relationships.
- Addiction professionals need to be aware of the conflicting *priorities* that prevent drug users from engaging in and maintaining the relationships within their established social networks.

Not bothered about relationships?



