



Turning Point
Alcohol & Drug Centre

Coping with trauma in recovery from substance use

Associate Professor David Best
Turning Point Alcohol and Drug
Centre





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1. Desistance and mental health recovery

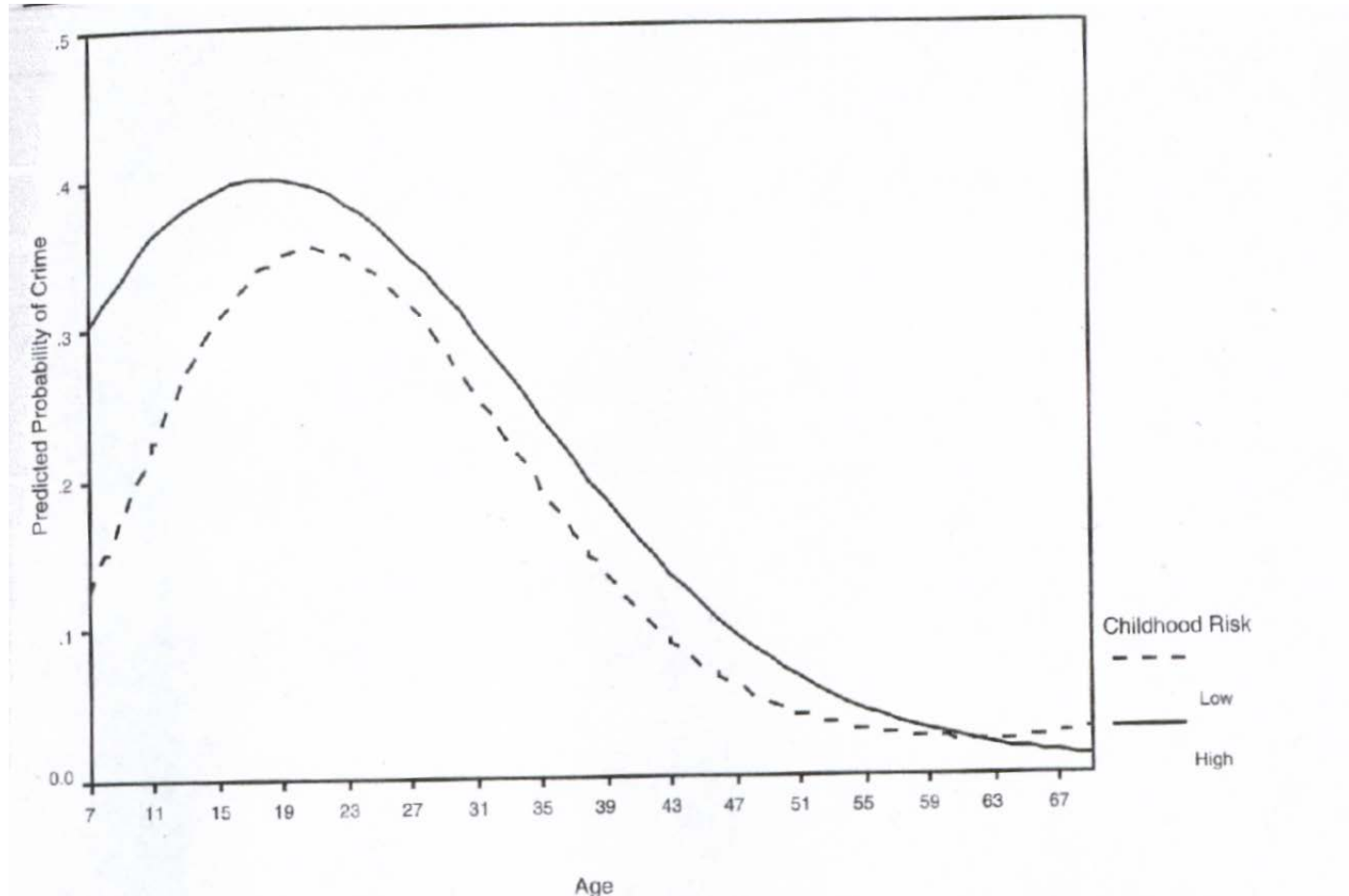
What can we learn from the 'developmental' model of criminology

- Laub and Sampson (2004) follow-up study of adolescents from youth offending institutes followed up to the age of 70
- Key predictors of change were successful relationships and stable employment
- Debate is about structure or function – what comes first?
- Treatment can act as a turning point if it provides a window of opportunity for change, and there are available resources to sustain and support that change in real-life settings
- White (2007): and the concept of recovery communities



Sampson and Laub's Reformatory

Sample followed from 15 to 70





MENTAL HEALTH RECOVERY MODEL – Leamy et al (2011)

- CONNECTEDNESS
- HOPE
- IDENTITY
- MEANING
- EMPOWERMENT



Recovery precursors – RETHINK (2008)



- Safe place to live
- Basic management of physical and psychiatric distress
- Basic human rights and choices

- Recovery time course
 - Alcohol 4-5 years
 - Opiates 5-7 years
 - Dennis et al (2007) – 27 years



Study of workers in the field in recovery from heroin addiction (n=108)

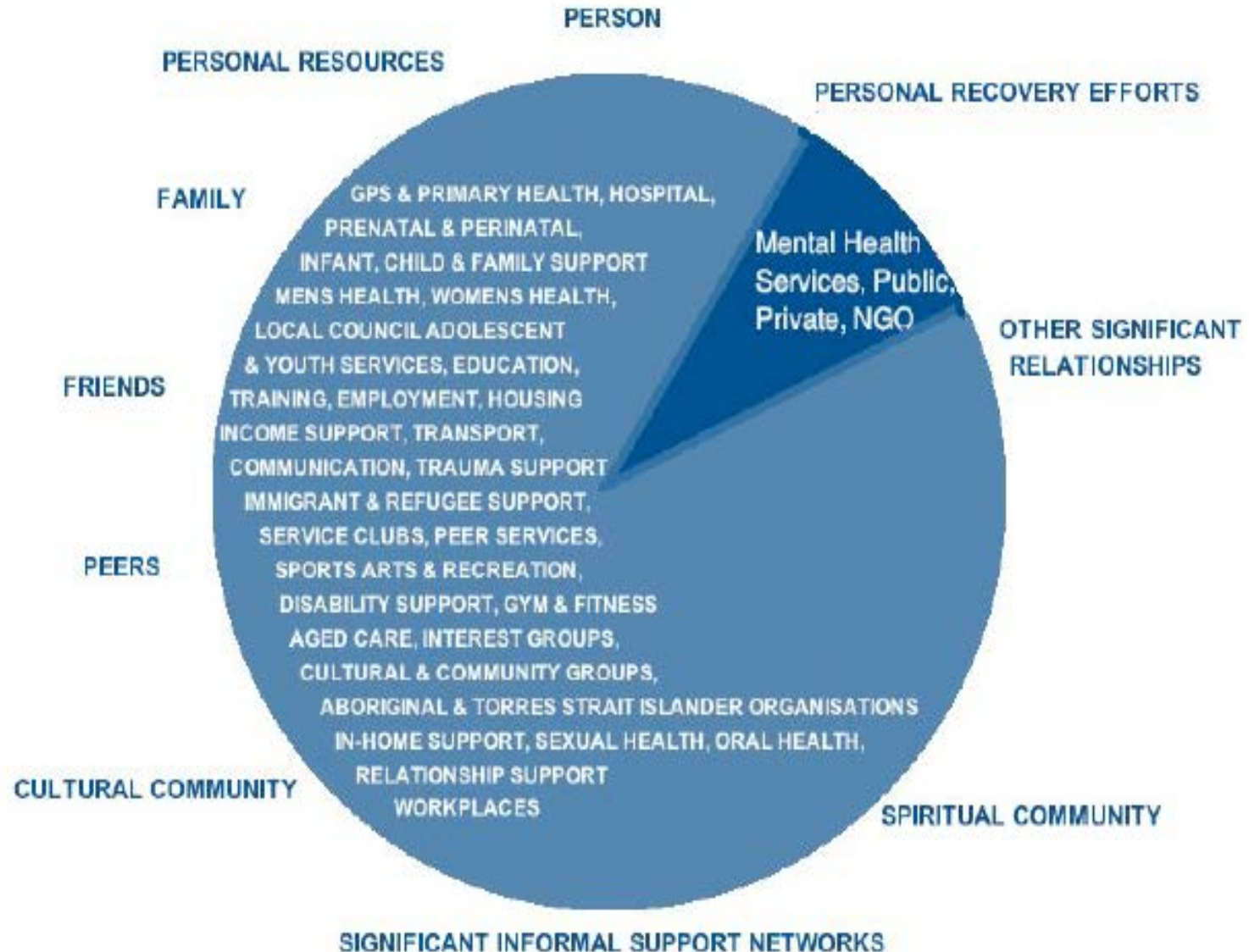


- Why did they stop? Tired of lifestyle plus a trigger event – physical, psychological or family based
- Why did they stay stopped? Other people
 - Moving away from using networks
 - Finding supportive non-using recovery networks

Best et al (2008)



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2. What is recovery?



SAMHSA (2012)



- Health: overcoming or managing one's disease or symptoms
- Home: A stable and safe place to live
- Purpose: Meaningful activities – such as job study, volunteering, family caretaking or creative endeavours
- Community: Relationship and social networks that provide support, friendship, love and hope

Do people get better?

Calabria et al (2010)

- Systematic review of remission papers between 1990 and 2009
- “Almost one quarter of persons dependent on amphetamine, one in five dependent on cocaine, 15% of those dependent on heroin and one in ten dependent on cannabis may remit from active drug dependence in a year” (P747-748)
- “The estimates suggest that persons who meet criteria for drug dependence at a given point in time have a relatively high chance of remitting within a short time frame” (P747)



Desistance rates

- CSAT (2009): 58% of life-course dependent users of substances will achieve lasting recovery
- Welsh workers' estimate: 7%



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3. What is the evidence base?



Study of workers in the field in recovery from heroin addiction (n=108)

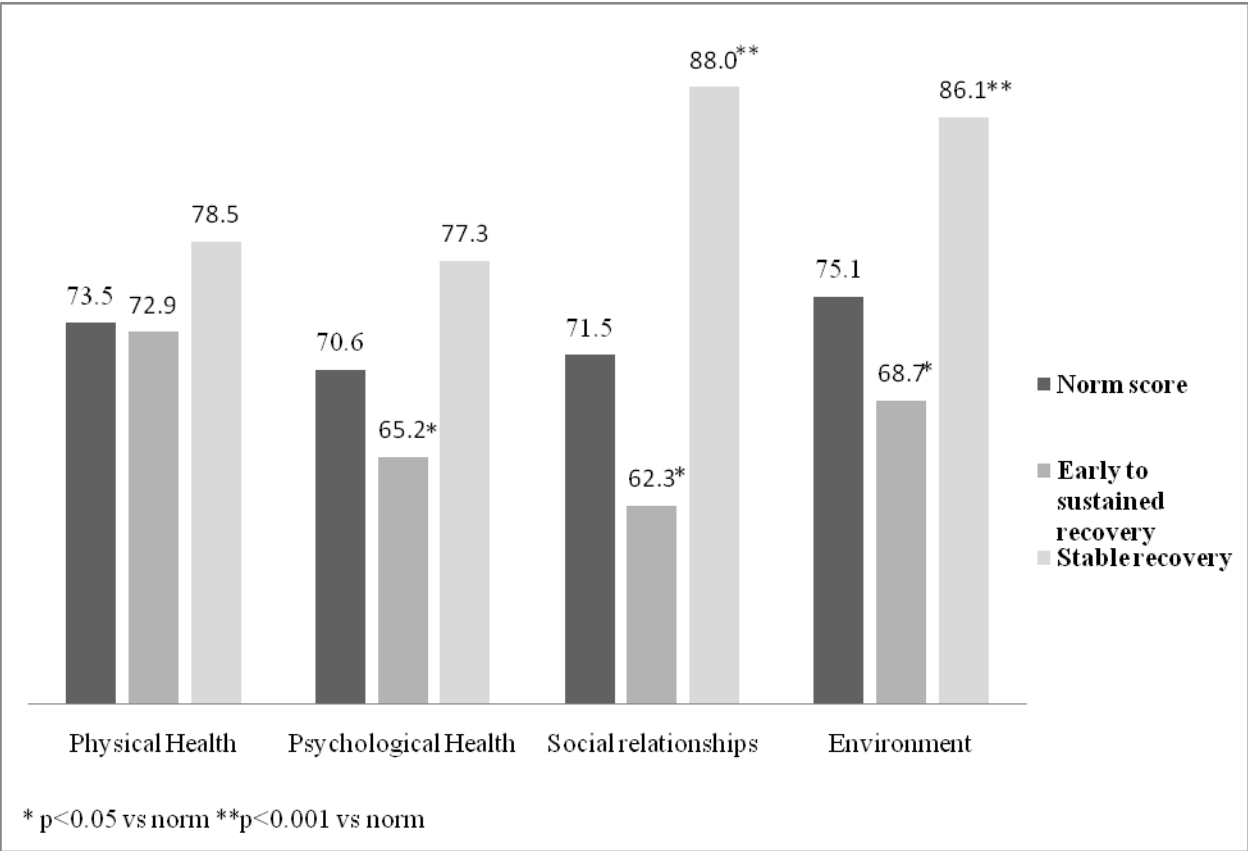


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Mapping the recovery journeys of former drinkers in recovery – Hibbert and Best (2011, *Drug and Alcohol Review*)

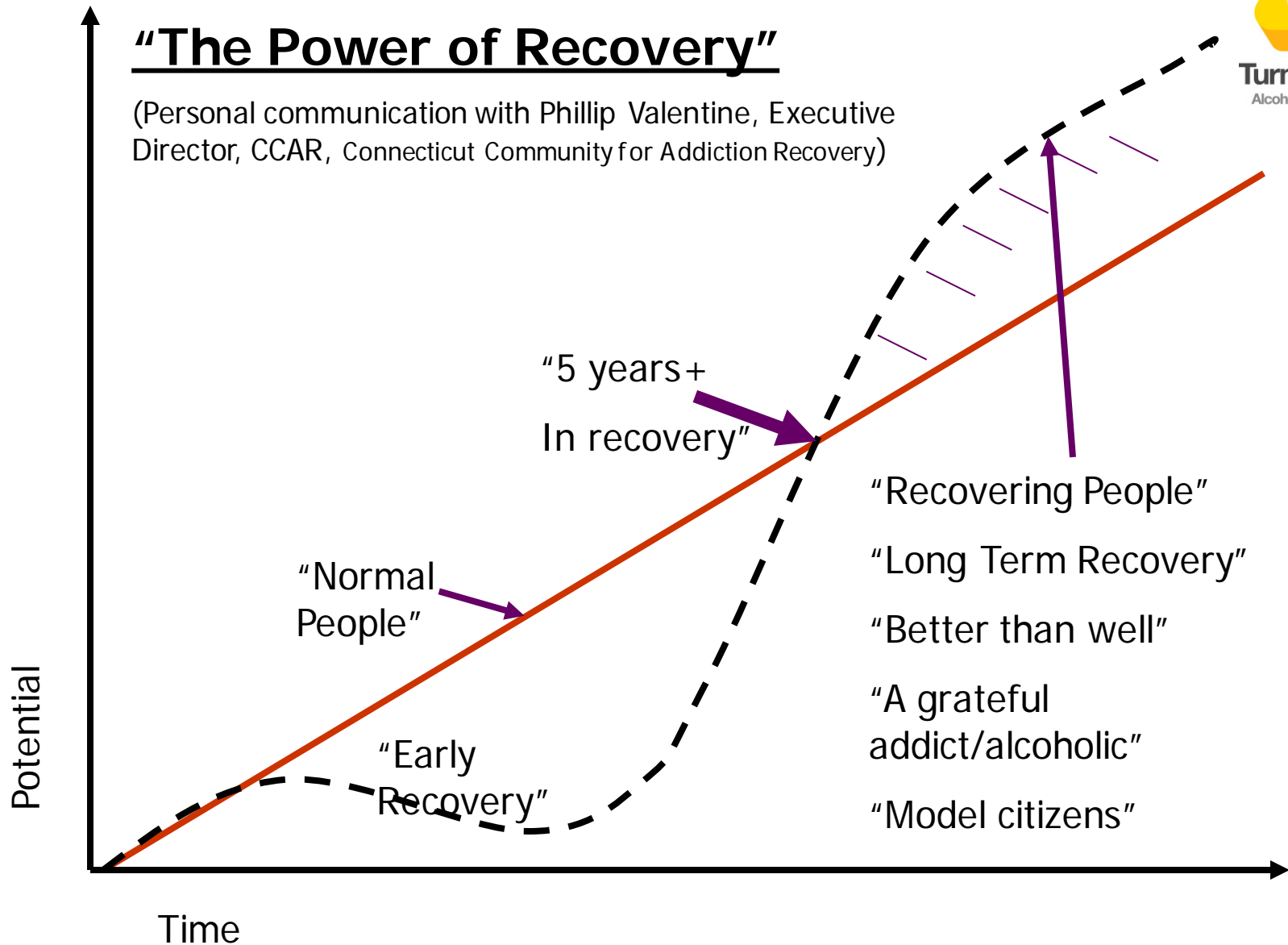


"The Power of Recovery"

(Personal communication with Phillip Valentine, Executive Director, CCAR, Connecticut Community for Addiction Recovery)



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Post-traumatic growth

- From natural disasters like tornadoes, plane crashes and murders (McMillan et al, 1997); sexual assault (Frazier et al, 2004); bereavement (Saka, 2008); terror attacks (Ai and Park, 2005)
- Manifested as more intimate with loved ones; a clearer sense of self-identity; appreciating life more, more courage to try new things
- Hardship is no longer seen as a purposeless experience but contributing to a different view of the world, discovery of hidden inner strengths, and renewed evaluation of relationships



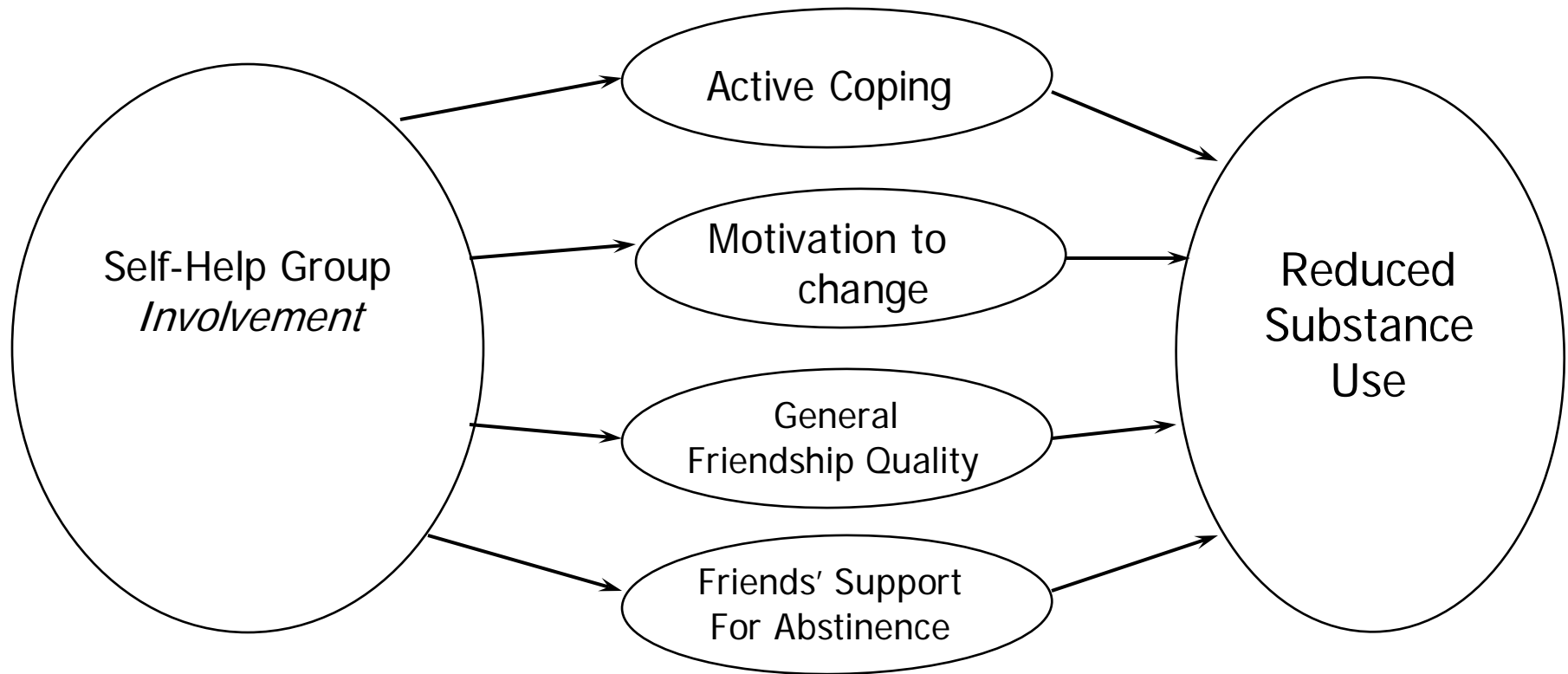
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4. How do people get better?

Why do people recover? Moos (2011)

	MODEL	MEANING
1.	Social control	Bonding and support; goal direction (from family, friends, etc); structure and monitoring
2.	Social learning	Observation and imitation of family, peers and mentors; learning positive and negative consequences
3.	Stress and coping	Building self-efficacy and self-confidence; developing effective coping skills
4.	Behavioural economics	Involvement in protective activities – alternative rewarding activities

Structural equation modeling results from over 2,000 patients assessed at intake, 1-year, 2-year



Note

All paths significant at $p < .05$. Goodness of Fit Index = .950.



Litt et al – “Changing network support for drinking” (2009)

- 186 participants randomised to network support (NS) or case management (CM)
- Network support condition resulted in better outcomes than case management
- ***“The addition of just one abstinent person to a social network increased the probability of abstinence for the next year by 27% ”*** (p230)
- Social networks can be changed by an intervention that is specifically designed to do so
- McKnight and Block (2010): Stronger support networks linked to better access to community resources and to better health



Comparison of US data with 113 participants recruited from Melbourne

	NEW YORK	MELBOURNE
Age	44.1 yrs	43.2 yrs
Duration of abstinence	45 months	72 months
Lifetime MH diagnosis	38.5%	63.2%
HIV+	26.7%	1.0%
HCV	31.2%	41.3%
Primary heroin	21.8%	41.6%
Primary crack	59.2%	0.9%
Current 12-step	79.7%	69.3%
Current social club/group	13.7%	40.7%
Employed FT	48.4%	58.3%
Currently in education	21.7%	31.9%



WHAT IS RECOVERY CAPITAL?

Granfield and Cloud (2008) define recovery capital as

"the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems".

White and Cloud (2008): Stable recovery best predicted on the basis of recovery assets not pathologies



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Best and Laudet (2010)





Negative recovery capital

- Mental health problems
- Frequent imprisonment
- Trauma
- Social isolation
- Social exclusion



Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b)

- More time spent with other people in recovery
- More time in the last week spent:
 - Childcare
 - Engaging in community groups
 - Volunteering
 - Education or training
 - Employment

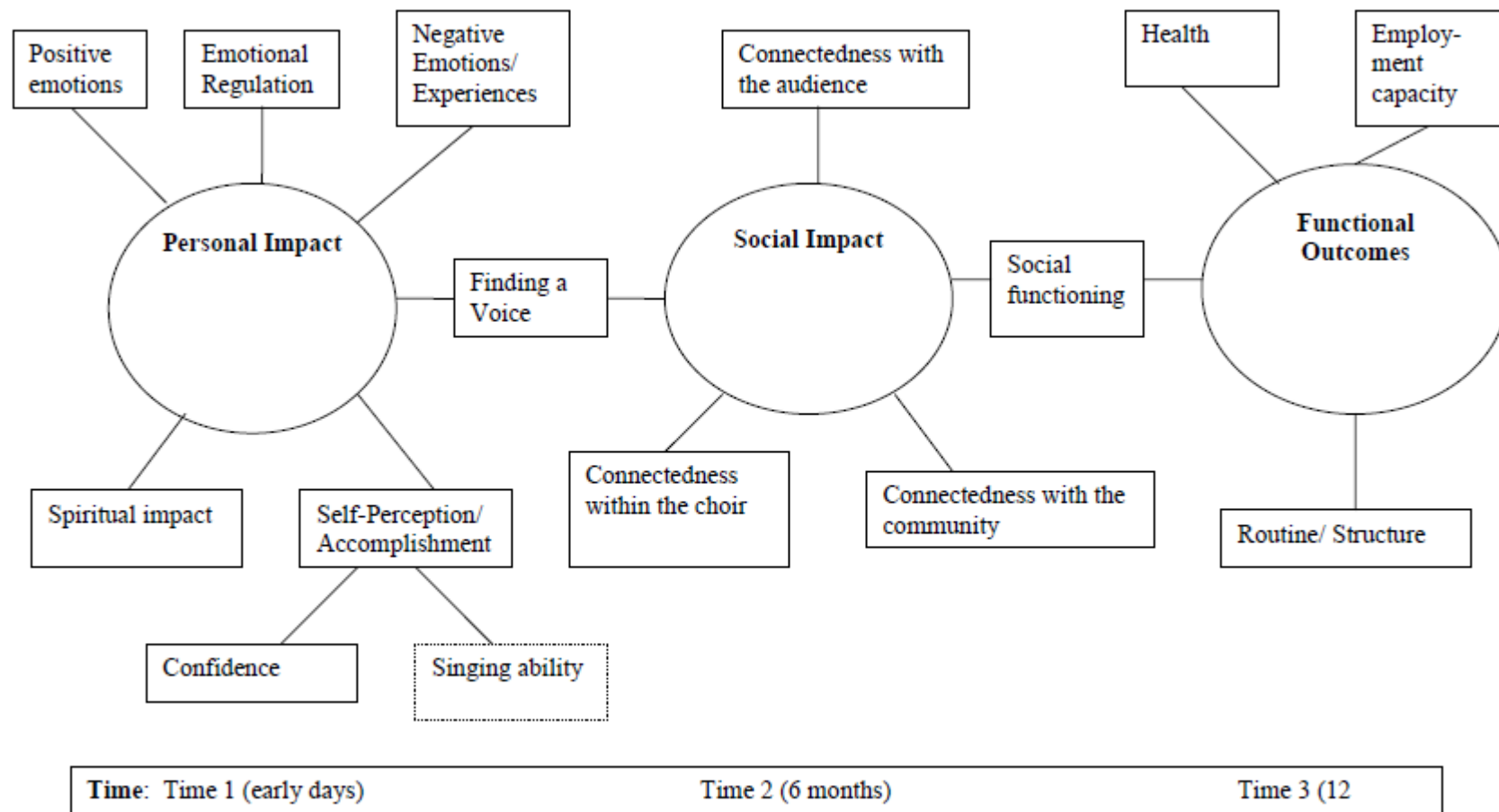
Social and mental health benefits of choir singing for disadvantaged adults



- Reclink community choir engagement at baseline, 6 and 12 months -21 IPA interviews
- PERSONAL IMPACT: positive emotions, emotion regulation, spiritual impact, identity
- SOCIAL IMPACT: connectedness with choir, with audience, with community
- FUNCTIONAL IMPACT: health, employment capacity, routine and structure

Dingle, Brander, Ballantyne & Baker (2012)

Dingle et al (2012): Personal, social and functional growth





Landale and Best (in press)

- Sporting Chance for treatment-resistant offenders: mechanisms for change:
 - Positive Identity including a sense of Self-Efficacy
 - Physical health and wellbeing
 - Positive social networks
 - Role models and social learning
 - Sense of hope and positive vision of the future



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5. SOCIAL INFLUENCE, WALKS AND VISIBILITY



Framingham Heart Study

Christakis and Fowler



- A person's odds of becoming **obese** increased by 57% if they had a friend who became obese, with a lower risk rate for friends of friends, lower again at three degrees of separation
- No discernible effect at further levels of remove
- **Smoking cessation** by a spouse decreased a person's chances of smoking by 67%, while smoking cessation by a friend decreased the chances by 36%. The average risk of smoking at one degree of separation (i.e., smoking by a friend) was 61% higher, 29% higher at two degrees of separation and 11% higher at three degrees of separation.

Social support and methadone maintenance (de Dios et al, 2013)

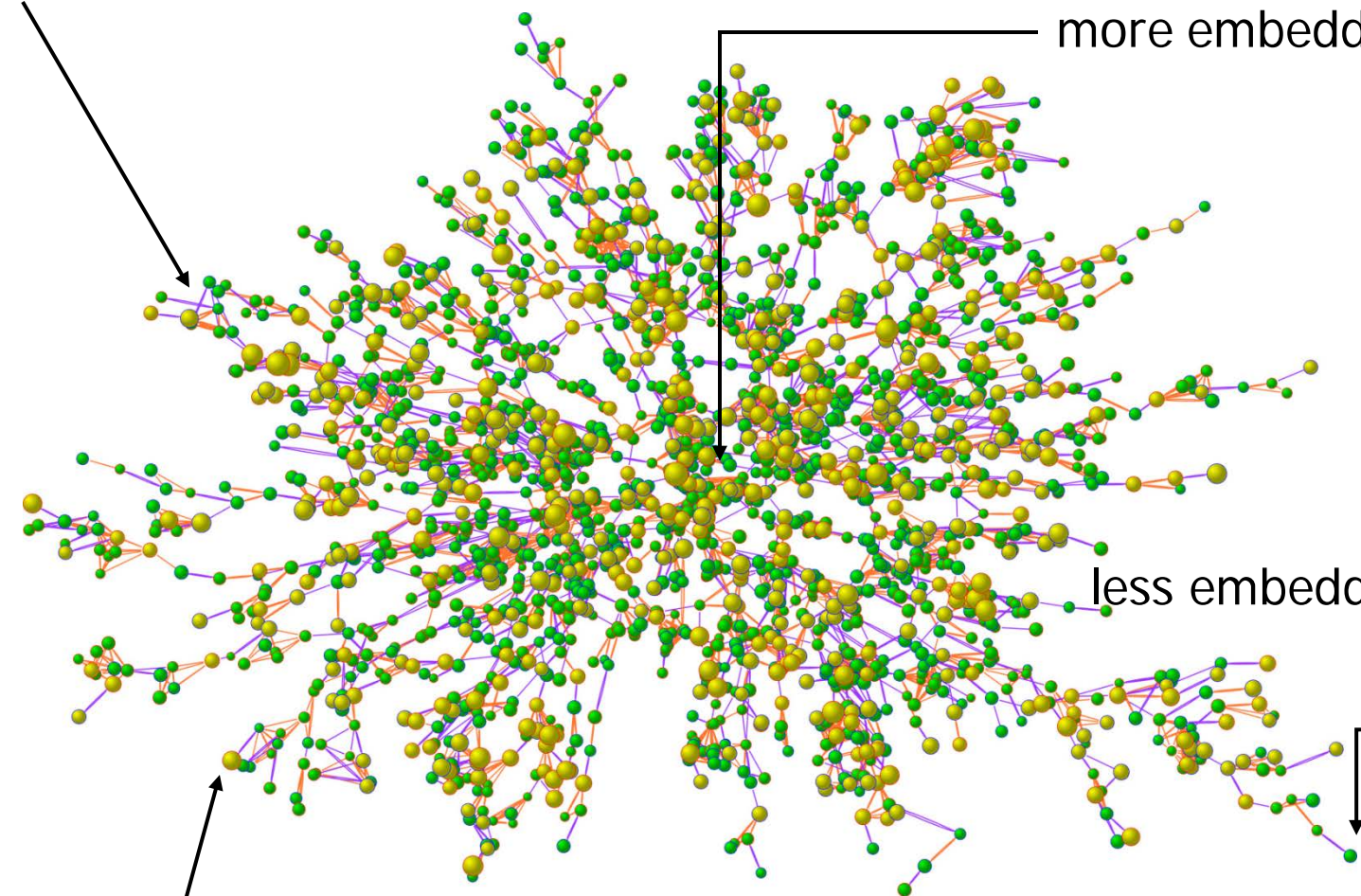
- While MMT clients in the study typically had a small social network (mean = 2.6), but strong functional support
- Number of cigarettes was positively associated to the number of smokers in the social network
- Quitting smoking self-efficacy in this group was negatively associated with partner smoking



Line = a relationship between two people

more embedded = **central**

less embedded = **periphery**

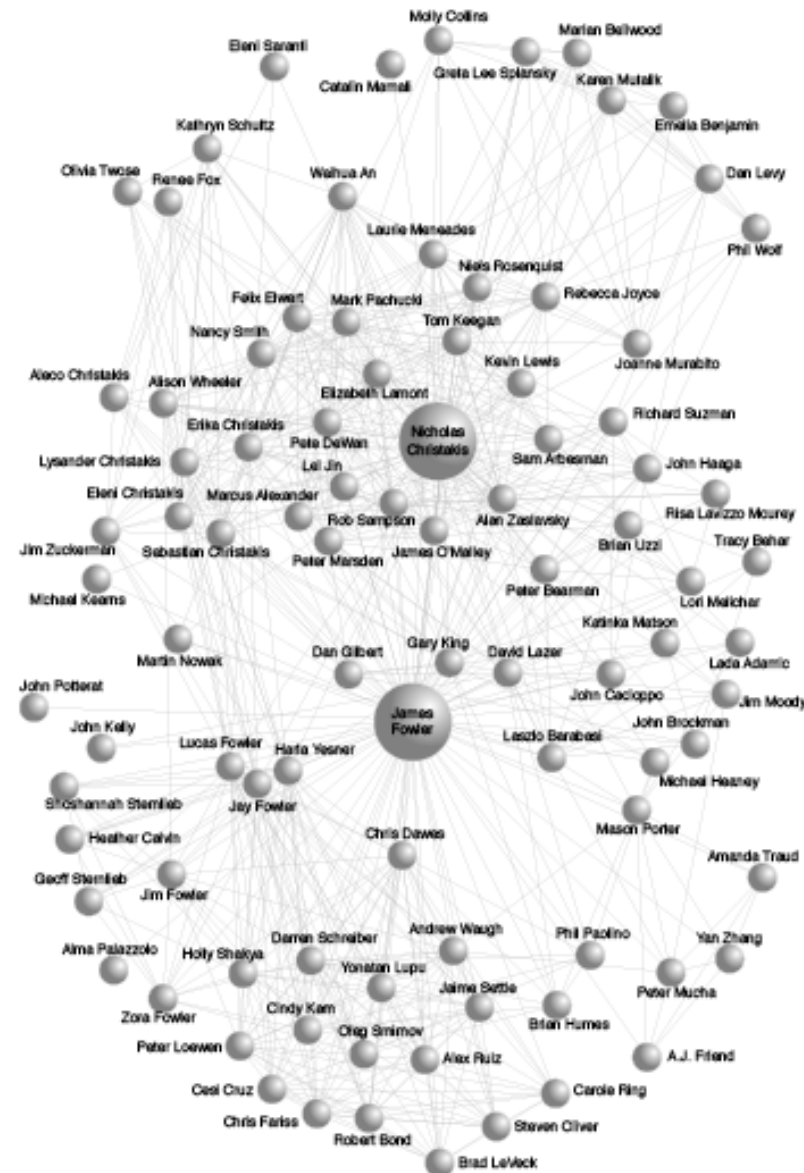


Node = a person

“embedded”: the degree to which a person is connected within a network

Terms

- **Contagion:**
what flows across ties
(*germs, money, violence, fashions, organs, happiness, obesity, etc.*)
- **Connection:**
who is connected to whom
(*ties to family, friends, co-workers, etc.*)
- **Homophily:**
the tendency to associate
with people who resemble
ourselves
(*"love of being alike"*)



The Obesity “Epidemic”

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Your Friends' Friends Can Make You Fat

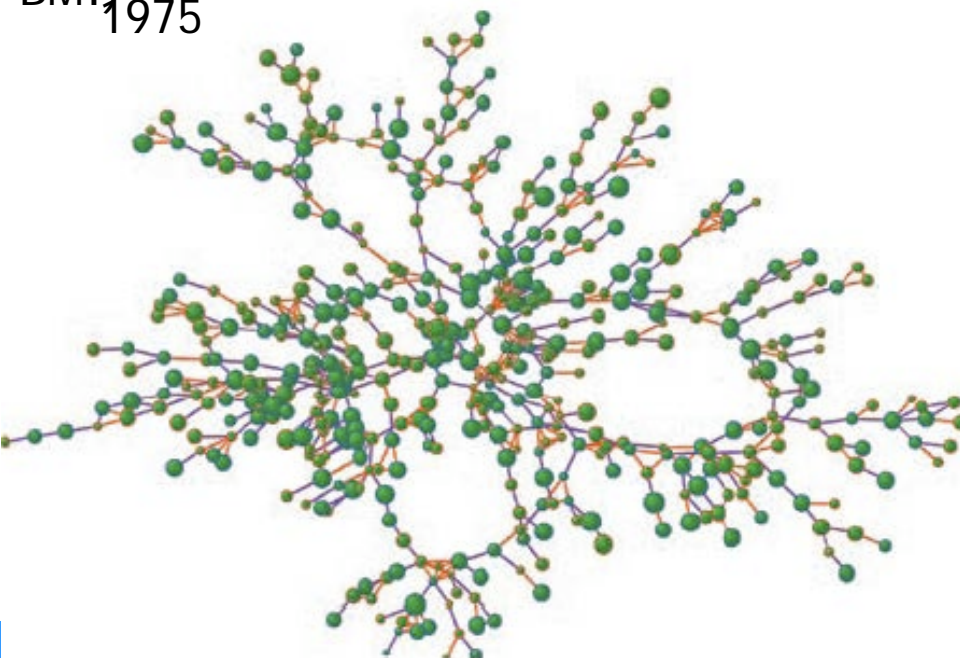


Photos by Colin Rose and
Sherrie G

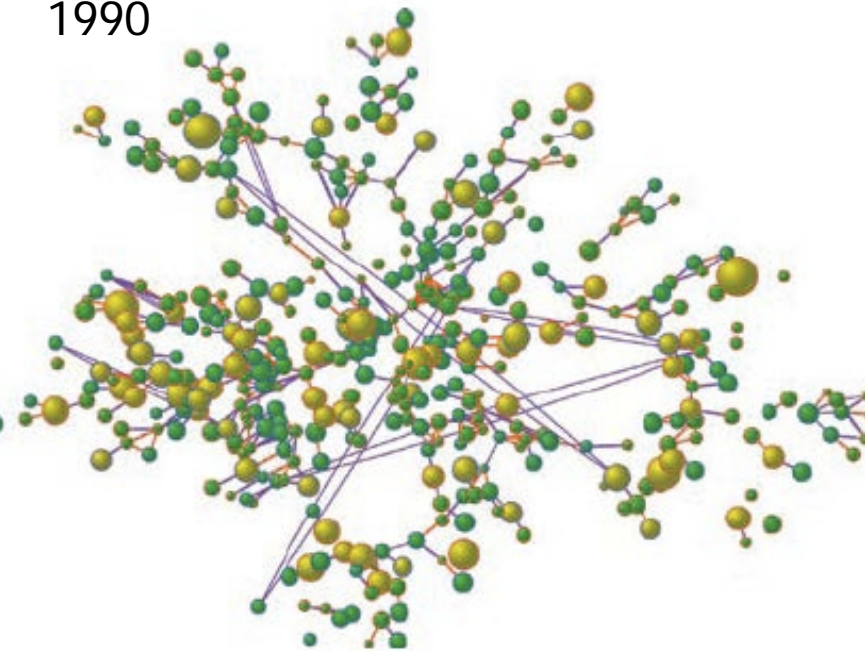
The Obesity “Epidemic”

- 66% of Americans are overweight or obese
- From 1990 to 2000, the percentage of obese people in the USA increased from 21% to 33%

Green Node: nonobese
Yellow Node= obese (size of circle is proportional to BMI)
1975



1990





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TRADITIONAL SCOTTISH LUNCH





Social networks and quality of life

- Holt-Lunstad et al (2010): meta-analysis: “individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (p.14)
- Participation in groups is associated with less psychological distress (Ellaway and MacIntyre, 2007)
- Volunteering is associated with reduced mortality (Ayalon, 2008) and higher levels of reported wellbeing (Morrow-Howell et al, 2003)





RECOVERY
ACADEMY
AUSTRALIA

BRIDGE WALK TO RECOVERY, MELBOURNE 15.4.2012



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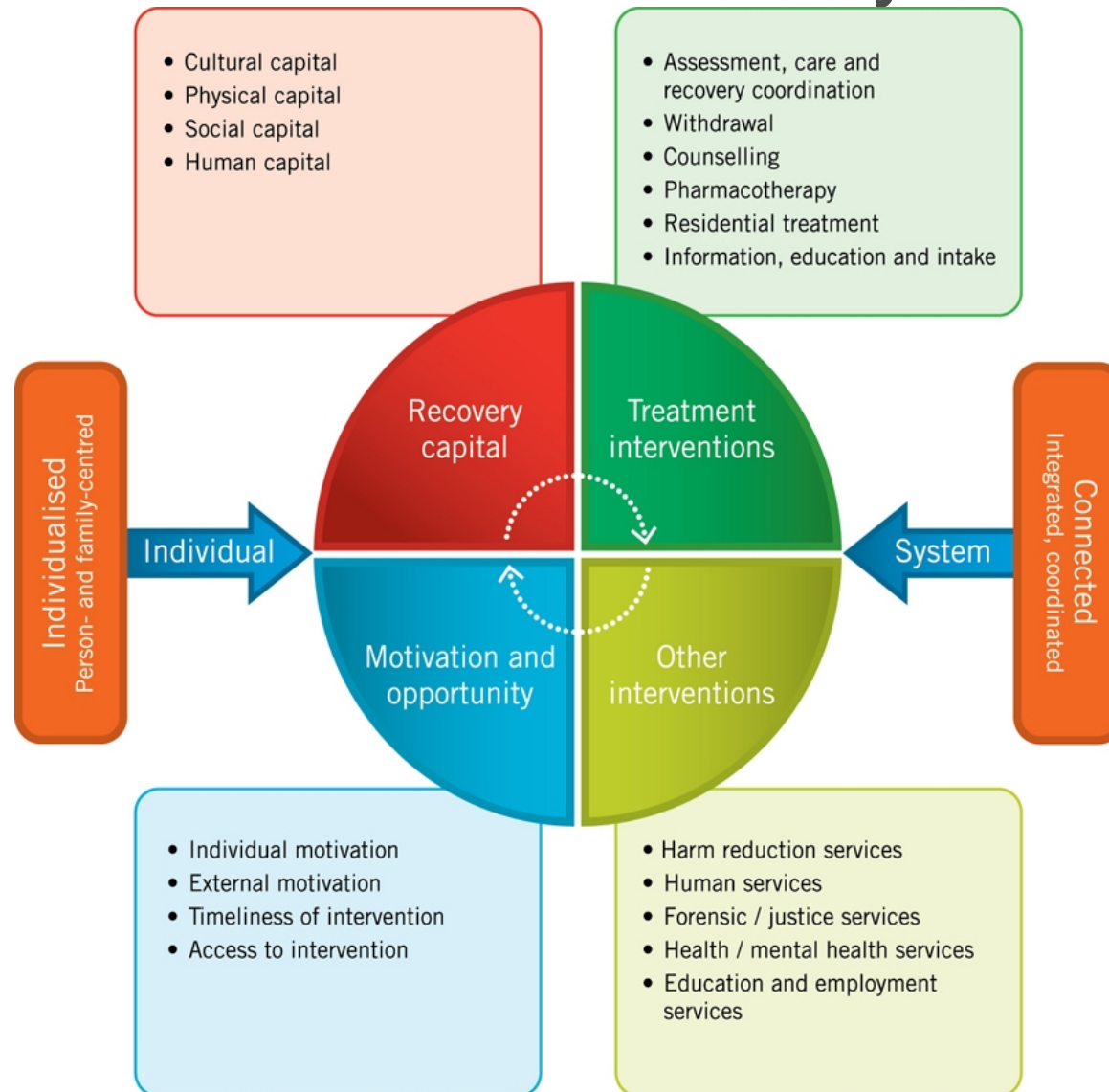




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6. RECOVERY AND THE FUTURE

Victorian reform – recovery

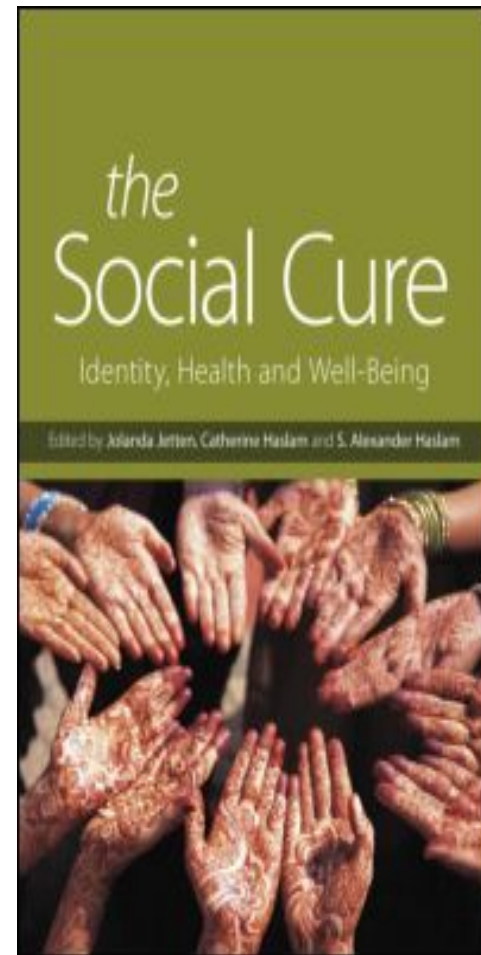


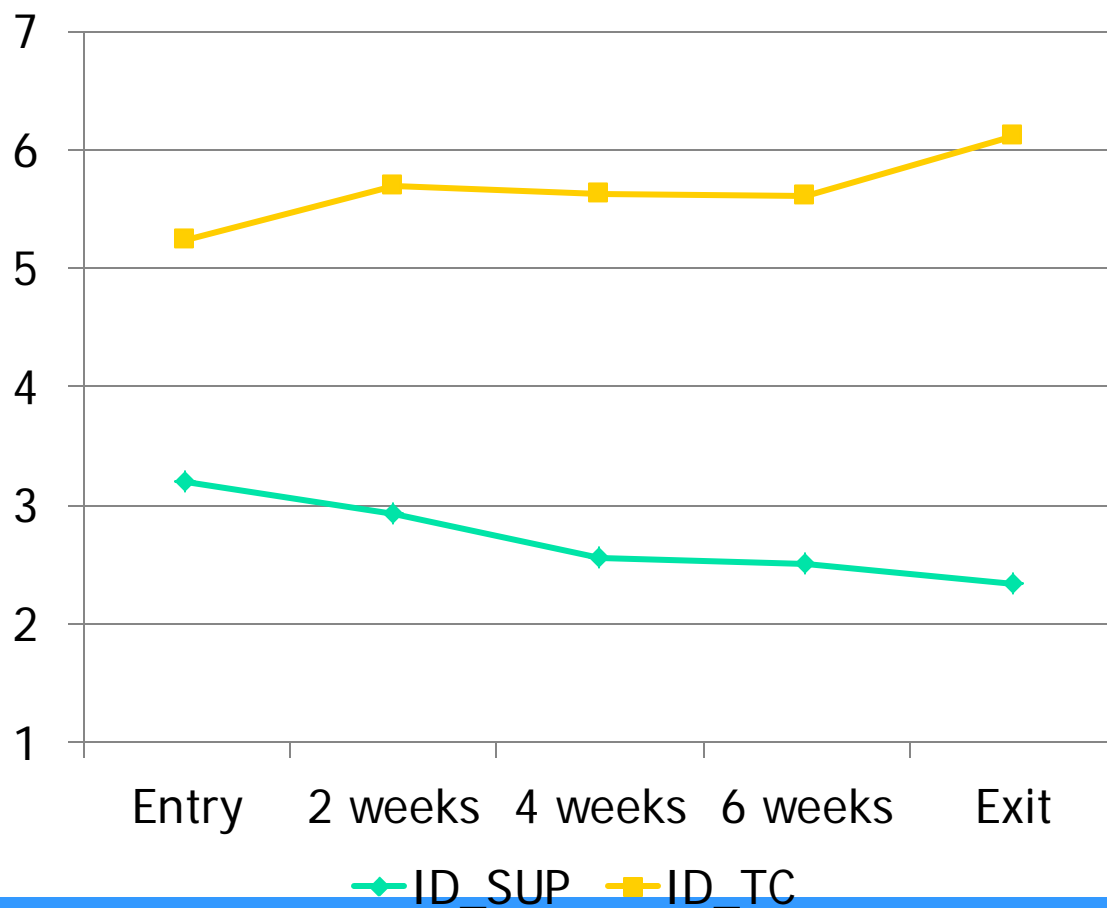


Social identity

Social Identity Theory (Tajfel & Turner, 1986)

- Our self identity is formed largely by the social groups we belong to that we identify with and are important to us:
“I’m an Australian woman, a mother, a psychologist, lover of karaoke....”
- Social identity is related to health and wellbeing in many studies: stroke; dementia; leaving home to go to Uni; homeless people; etc





I see myself as a member of the TC

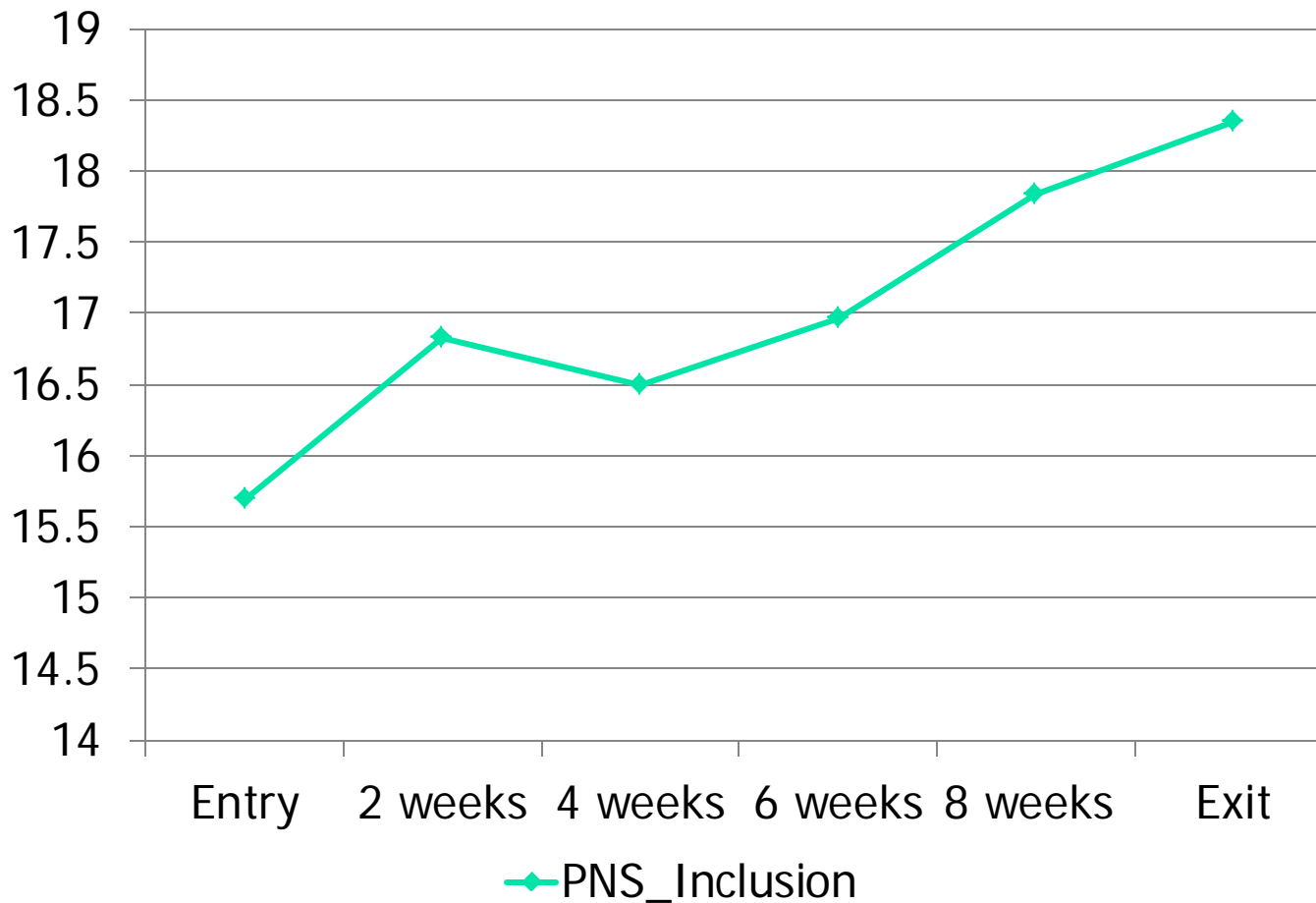
I am pleased to be a member of the TC

I have strong ties with other members of the TC


I identify with other members of the TC



Social inclusion also increases over time



These changes
are all
statistically
significant at
least over 6
weeks



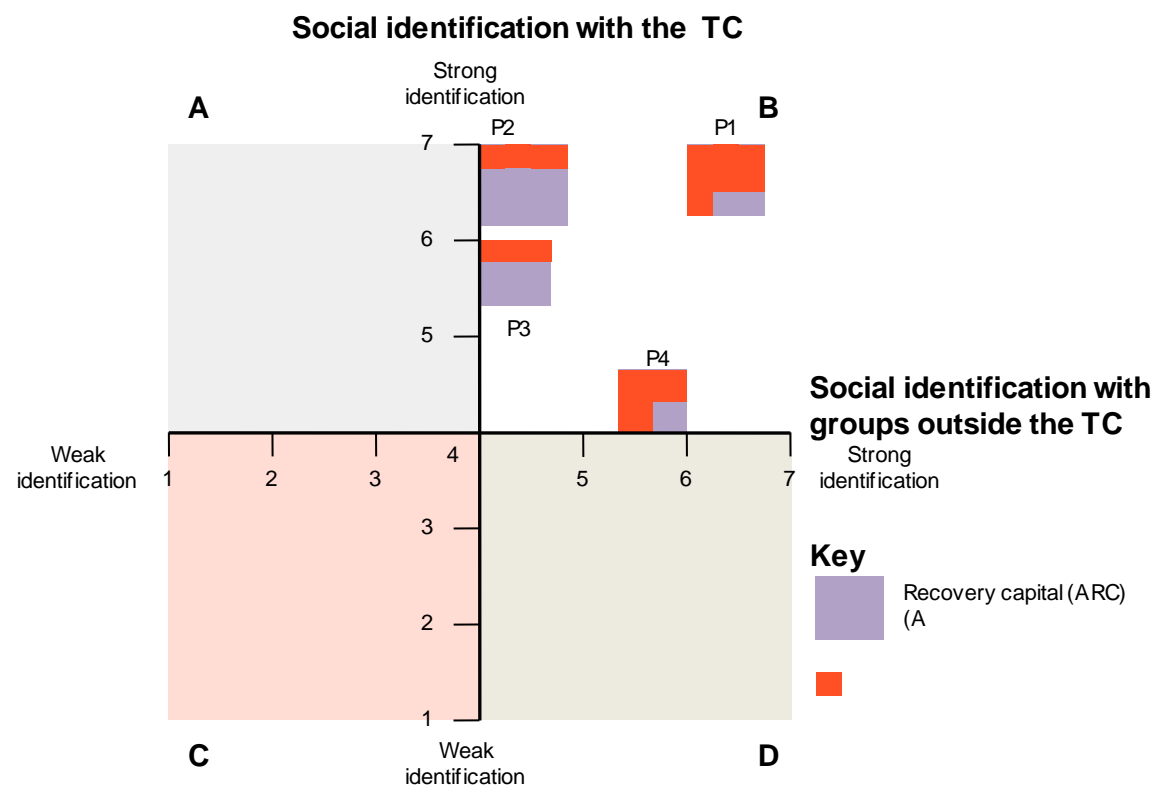
3. How does social identification change over time?

- 84.5% of residents reported forming a strong social identity as a member of Logan House within the first week
- The ratings were high (5.3 out of 7) and continued to increase over time
- Identification with substance using peers was lower and decreased over time



Odyssey House data

Best, Savic, Dingle (in prep)





ASSERTIVE LINKAGE MODEL

Links to what?

- Reclink
- Employment, Training and Education
- Mutual aid groups
- Peer support groups

Who and when?

- Supported engagement
- Preparation
- Information
- Social skills training
- CRA



THANK YOU



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