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E-Continuing Ed

When Parents  
Relapse During  
Substance Abuse  
Recovery

## What the Child Experiences

From a child's perspective, a parent's substance abuse is usually characterized by the following:

- **Broken Promises**  
Parents may break their promises to go somewhere with the family, do something with the children, not drink that day, or not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.
- **Inconsistency & Unpredictability**  
Rules and limits may seem to change constantly, and parents may be loving one moment and abusive the next.
- **Shame & Humiliation**  
Alcohol or drugs may take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.
- **Tension & Fear**  
Because the children of substance-abusing parents never know what will happen next, they typically feel unsafe at home, the environment in which they should feel most protected.
- **Paralyzing Guilt & an Unwarranted Sense of Responsibility**  
Many children think they cause their parents' behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, their parents would not use alcohol/drugs.
- **Anger & Hurt**  
Children may feel neglected, mistreated, and less important in their parents' lives than the alcohol or drugs. They grow up with a profound sense of abandonment.
- **Loneliness & Isolation**  
Because the family denies or hides the problem and often will not even discuss it among themselves, the children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.
- **Lying as a Way of Life**  
Children may feel they have to constantly cover for the failure of the parent, or account for his/her deviant behavior.
- **Feeling Responsible**  
Often children feel that it is their job to organize and run the home and care for younger siblings.
- **Feeling Obligated**  
Children feel they must hide the problem from authorities in order to protect the parent.

Adapted from *When Your Parent Drinks Too Much: A Book for Teenagers*,  
Eric Ryerson, New York: Facts on File, 1985.

Children in substance-abusing families need help to address these issues and begin to heal their wounds. The CASA/GAL volunteer can advocate for thorough assessment and treatment by a provider who has expertise in working with substance abuse issues.



## Stages of Change

Recovery from any addiction requires the addict to engage in a process to change his or her behavior. Addiction-recovery treatment practitioners rely on carefully researched stages of change in order to match interventions with the addict's level of readiness. The stages of change describe a person's motivational readiness or progress toward modifying the problem behavior.

James Prochaska and Carlo DiClemente developed the following model of the stages of change, which is widely used in substance abuse treatment.

Stage of Change	Characteristics
Pre-Contemplation	The person is not considering change, often because he or she does not perceive a problem or a need to change.
Contemplation	The person may seesaw ambivalently between changing and remaining the same, perhaps weighing the costs and benefits as in a decisional balance.
Preparation	The person is clear that a change is needed and is getting ready or considering what to do.
Action	The person has identified one or more steps to take and begins implementation.
Maintenance	The person sustains change.
Relapse	Relapse is a normal part of the change process, in that most people do not maintain change on their first try and cycle through the states several times before achieving stable change.

Substance Abuse

## Treatment Is Over. Now What If a Relapse Happens?

by A. Thomas McLellan

### SUMMARY

- Some of the most challenging aspects of recovery occur after treatment is over, because recovered people frequently suffer relapses.
- Family preparation for the post-treatment period can help minimize the damage and disappointment of a relapse.

Even effectively treated people with addictions will confront unexpected situations after they leave a treatment program and return to their home environment. These situations may produce intense periods of craving to re-use alcohol and other drugs. Lapse, defined as re-use of alcohol or drugs at least once following treatment, occurs in at least 50% of those who complete treatment. The most dangerous period for lapse is the first three to six months after completion of formal treatment. Relapse, defined as return to excessive or problematic use, is less common, occurring in approximately 20–30% of those who complete formal care in the prior year.

It is critical that patients, their families and friends prepare for the possibility of lapse and relapse. The preparation should include early detection of a lapse and establishment of steps to keep that problem from becoming a full-blown relapse. Two sets of activities can reduce the likelihood of relapse and reduce the severity if it does occur.

### TREATMENT-RELATED PREPARATION

A good addiction treatment program prepares patients to:

- Recognize they have a problem that will require continued management and monitoring
- Learn and practice some of the fundamental skills needed to recognize and overcome the urge to use or drink when these situations emerge
- Be engaged in a continuing care program such as AA and receive regular monitoring of substance use through urine screening or breathalyzer
- Receive periodic phone calls or in-home visits following care to monitor their recovery

These generic elements of effective planning during treatment are among the best clinical practices available to forestall lapse. This planning should involve families so they can better understand the treatment issues, be prepared to support the recovery plan and be aware of signs of lapse.

### POST-TREATMENT PREPARATION

To prevent and contain relapse the family should agree to fully participate in planned continuing care activities. Families and all concerned others can take five helpful steps:

1. Have copies of the continuing care plan prominently displayed to reduce ambiguity and promote full communication and response.
2. Early in formal treatment, ask the family member in treatment to describe in writing some of the very early signs and behaviors that may lead to his or her lapse and relapse. For example, he or she might write something like “I will begin hanging out with my friend Jimmy,” “I will not do my homework” or “I will



## Treatment Is Over. Now What If a Relapse Happens? *(continued)*

stop attending AA meetings.” As the family member undergoes continuing care, regularly refer to these written descriptions to monitor the recovery process.

3. During formal treatment, as the individual thinks about relapse scenarios, ask what he or she thinks should be done when early relapse signs emerge. Use these words to develop a contract that includes an action plan the family will follow when any of these signs surface. For example, he or she might write, “Take my cash and credit cards,” or “Increase the urine screens.” Be prepared—before the relapse happens—to take the type of actions contracted.
4. Receive and display the results of post-treatment urine screens. Discuss any positive results openly and honestly.
5. Monitor and support changes that are consistent with a drug-free lifestyle. In other words “catch him doing something good” and then support it appropriately.

The Addiction Project,  
[www.hbo.com/addiction/aftercare/48\\_what\\_if\\_a\\_relapse\\_happens.html](http://www.hbo.com/addiction/aftercare/48_what_if_a_relapse_happens.html).  
Accessed May 11, 2008.