

# The cycle of relapse & recovery of substance misusing offenders on a community rehabilitation management programme

## Childhood, trauma, relationships & psychological health

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# Introduction

- Background & aims of the research
- Qualitative approach (IPA) – semi structured interviews
- Findings
- Implications for theory, policy & practice
- Value & merit of using IPA within the addictions field



# Background, questions & aims



The UK Government Drug Interventions Programme (DIP) aims to reduce Class A drug misuse & the associated offending behaviour. This group have entrenched and long lasting addictions with many 'failed' attempts at recovery.

## Key Question

**How do Class A drug misusing ex/offenders experience and make sense of their journey of relapse and recovery in relation to significant life events and relationships.**

**(e.g. childhoods, trauma, family and psychological health).**

## Aims

- Use psychological theories to help to illuminate & understand DIP clients cycle of relapse, recovery & drug use.
- Help further develop policy & practise.

## Qualitative approach:

- Part 1 - focus groups ; **Part 2 - interviews.**

# Gaps in policy & research



- Gaps in Home Office DIP policy:
  - Practical elements of support – housing, employment
  - Relationships
  - Mental health
- Substance misusers - increased risk of mental health & offending behaviour (Strathdee et al 2002). Offenders increased risk of mental health, (SEU 2002).

# Psychological theories informing the research



## **Modern attachment theory**

- Flores (2012) views addiction as a mechanism to help those manage who've had difficult childhoods due to poor attachments to parents/primary care givers. This might be due to abuse, trauma, bereavement/loss or neglect.

## **Self psychology theory**

- Kohut (1977) a healthy/coherent 'self' (e.g. self esteem, empathy) are constructed in childhood, which can be disrupted/damaged due to poor attachments to parents/primary care giver.

## **Affect regulation theory**

- Flores (2012), Kohut (1977) Khantzian (1982) view addiction as a means to regulate negative affect & therefore are attempts to repair the damaged 'self'.

# Rationale for qualitative:



- **Paucity of published research** (Neal et al 2005, Neal 2013, Hucklesbury & Wincup 2010, Best et al 2008, Turnbull & Skinns 2010)
- **“Distinctive voices” to be heard** (Smith et al 2012)
- **Uncover novel areas of importance** (Rhodes 2000)
- **Practicalities of engaging hard to reach group** (Turnball & Skinns 2010)

# What is Interpretative Phenomenological Analysis (IPA)?



- Thematic qualitative approach (Smith et al 2012)
- No absolute truth - explore people's narratives in depth – their meaning and what they believe to be true
- Does not seek cause and effect
- Reflexivity - researcher co-creator of meaning, my unique political position, bias & preconceptions
- Quality assurance (Neal et al 2013)

## Participants

- N=17
- Age range 32-63, (male & female).
- Mix of current & past DIP clients.
- Crack, heroin or both N=16; cocaine use N=1
- Many used other substances too.



# Four superordinate themes & corresponding sub themes:



## Experiences of abusive childhoods – links to damaging emotions and problem behaviours

- Neglect, abuse, turmoil: damaged bonds & unhealthy upbringings
- Destructive emotions – links to self, family and childhoods
- Attempts to escape the problems & abuse
- Reacting/acting out & risky behaviours

## The divergent and damaged selves – links to substance use

- Felt different to others
- Damaged Selves
- Drug use to cope with 'normality' & the mundane

## Drug use to cope and survive trauma

- Emotions and mental health
- Relational trauma
- Past and present trauma
- The 'normal' everyday crisis

## Managing trauma – transitions into and out of recovery (internalised will, relational connecting, processing capabilities)

- 'I want to' – internalised motivation, engagement & proactive participation
- (Re) building the self
- Connecting with others
- Having the capacity for acceptance, to reflect, understand & reason
- Transitioning out of recovery

# Findings:

## 1. Abusive childhood experiences – links to damaging emotions & problem behaviours

- **Neglect, abuse, turmoil: damaged bonds & unhealthy upbringings:**
  - violence, sexual, mental, neglect, turmoil, conflict
  - Chaotic teens – substance use, criminality, ‘wrong crowd’, homeless, disrupted schooling (truant/expelled), emotional & behavioural problems, teenage parents.
- **Destructive emotions – links to self, family & childhoods:** Negative emotions in childhood/teens– fear, anger, hatred, rejection – linked to parents (one spoke about mental health)
- **Attempts to escape the problems**
  - Substance use to belong/fit, cope with trauma, ran away
- **Acted out /risky behaviours** - Joined criminal gangs/‘wrong crowd’ to fit/belong somewhere (because they didn’t at home or school), normalised it

# Findings:

## 2. The divergent and damaged selves

- **Felt different to others**

- Childhood/teens 'feel they are different', 'don't fit/ belong' or 'not wanted'.
- Negative emotions linked to themselves

- **Damaged selves**

- Begin to see a damaged sense of self developing
- Lost self, rebellious self, negative self, disorganised self & addict identity

- **Drug use to cope with 'normality' & the mundane**

- Didn't know what normal was, didn't feel normal
- Trigger in recovery (maintaining home, bills, employment)

## Veronica's quotes



"I was **abused as a child** and I never went to school you know, it was just a horrible, like **homeless at 15** and stuff like that. I was **bunking off primary school** just sitting in the park and then I was **doing stupid things** at home like **writing on the walls**"

You know my **Mum said I was a right bitch** from the age of 6 but obviously she didn't realise what was going on and erm she said since **I turned 6** I just changed **into this horrible child** and she never like me at all **she didn't like me** at all and when I look back on it now I understand why coz I used to **write on the walls** and you know like **getting attention** and stuff like that so I ended up **at 14 just disappearing.**"



# Findings:

## 3. Drug use, lapse/relapse – to cope and survive trauma:

- **Emotions & mental health**

- emotions attached to difficult/abusive relationships from childhood
- Attached to trauma (childhood & adulthood)
- Fear, anger, loss, loneliness/emptiness, to feel better/happy
- Depression, anxiety, stress

- **Past & present trauma** – childhood, violent abusive adult relationships, bereavement/loss

- **Relational trauma**

- Abusive childhood, being a parent, socially, struggles with relationships

- **The ‘normal’ everyday crisis**

- Mostly relapse trigger – managing home, legit job
- Don't know how to – never had it

# Findings:



## 4. Managing trauma – transitions into and out of recovery (internalised will, relational connecting, processing capabilities)

- **‘I want to’ - Internal motivation, engagement & proactive participation**
  - In recovery process & building a non drug using ‘normal’ life
- **Relational connecting:**
  - Support networks (professional, peers, selected family)
  - Quality of support – caring, trusting, empathy
- **(Re) building the self** - Fulfilment, self worth, self esteem building through helping others, peer mentoring, work.
- **Capacity for acceptance, reflection, rational thinking**
  - Understanding & evaluating risk
  - Reflection, insight, realisation
  - Weigh up costs of drug using vs benefits in recovery
  - Accept loss & letting go of old drug using life
- **Transitioning out of recovery** - an absence or lack of the above are signs of lapse/relapse/not fully engaged in recovery

## Stacy's quote

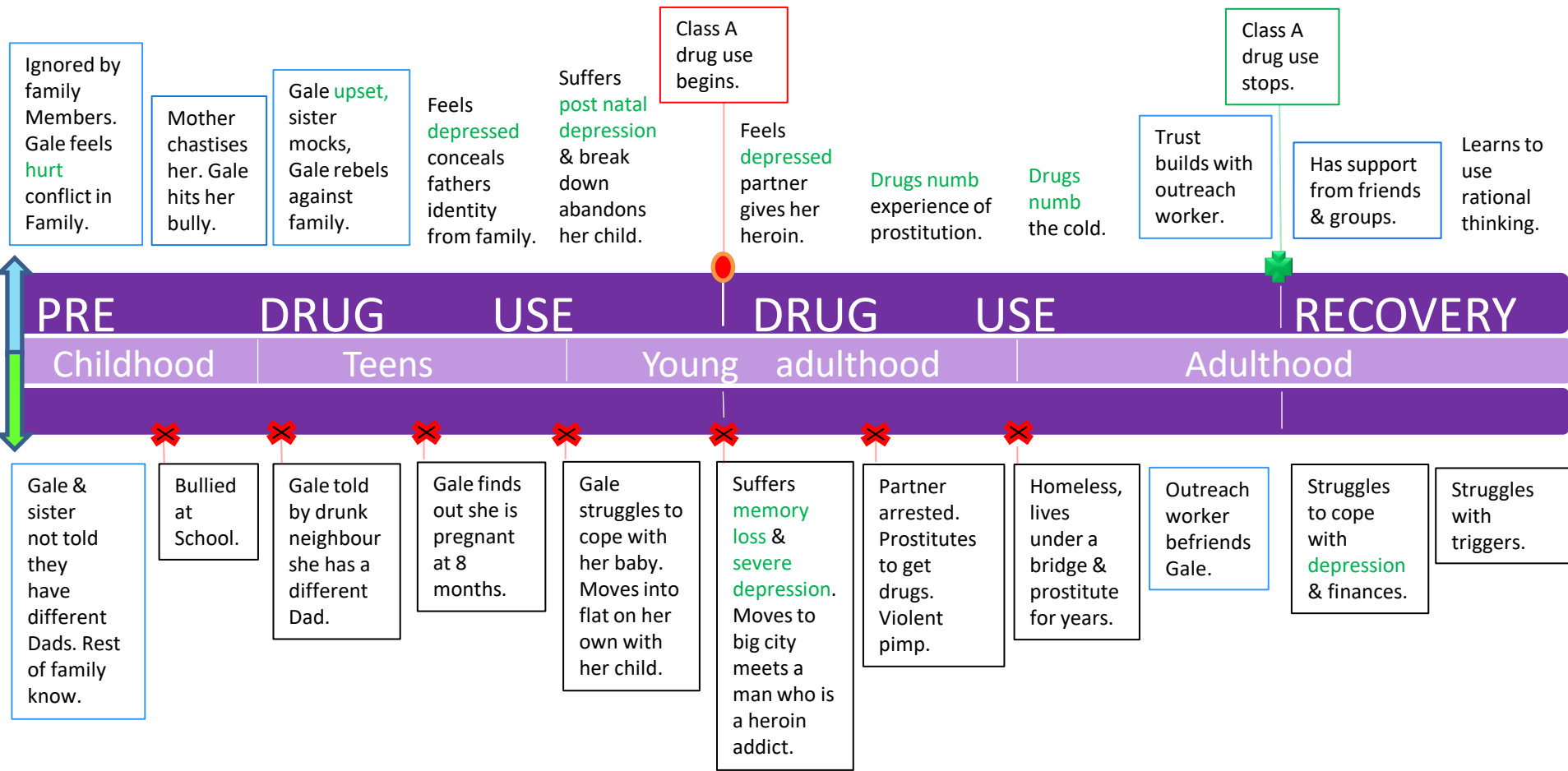
“I’ve sort of realised that even though **it hurts** making the pain go away with drugs doesn’t get rid of it coz I’ve had to **deal with** everything that’s happened in **my past** anyway because just **blocking it out with drugs** doesn’t make it go away coz as soon as the **drugs are gone** and if you ever **want** to have **decent life** and a lifestyle then **you have to deal with them problems** anyway. So I’ve sort of come to terms with all things that have happened to me...”



# The Addiction Life Line

(Love 2015)

©



Significant event or relationship



Lapse



Relationships



Trauma/tic event



Response, impact or consequence of significant event or relationship



Relapse



Event



Drug use stops

Emotions, feelings or mental health



Drug use begins



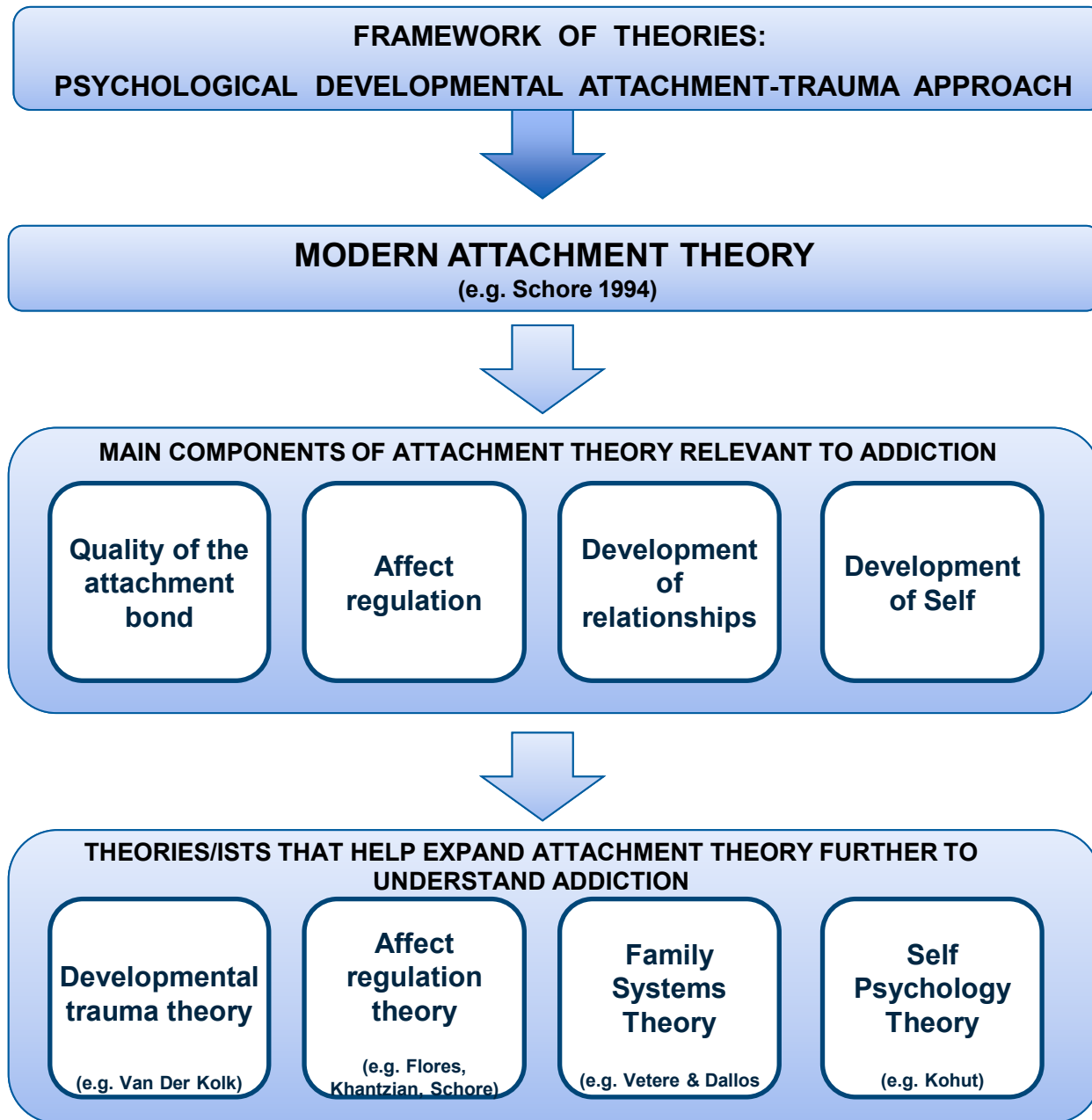
# Wheel of relapse & recovery



## Links to theory:

- Abusive childhoods & damaged bonds with parents – attachment theories.
- Using substances to cope with their emotions & mental health – affect regulation theories.
- Developmental trauma literature – early childhood abuse, neglect, bereavement/loss.
- Damaged selves – self psychology theories, identity transition.

# Contribution to theory:



# Further implications for policy & practice



- Recognition of the complexity of their lives before drug use & during drug use
- Explicitly address past trauma – developmental childhood trauma
- Longer term psychological therapies – managing emotions as well as mental health.
- Help with relationships, parenting, family

# Value & merit of using IPA within the addictions field



- Allowed individual's voices to be heard e.g:
  - variations of the functions drug use serves “crack saved me from domestic violence”
- Uncovered novel areas researcher would not have considered e.g:
  - damaging emotions in childhood

# Thank you to the following organisations for their support



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[www.Linkedin.com](http://www.Linkedin.com)

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