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Heather Carr, Georgia Southern University
Kristan Rigdon, Georgia Southern University
Margaret Price, Georgia Southern University
Hannah Fortner, Georgia Southern University
Adam Herring, Georgia Southern University

Available at: https://works.bepress.com/heather-carr/1/
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Heather Carr (PI), BSN Student
Hannah Fortner (CO-PI), BSN Student
Adam Herring (CO-PI), BSN Student
Margaret Price (CO-PI), BSN Student
Kristan Rigdon (CO-PI), BSN Student
Marian Tabi, PhD, MPH, CFCN, RN

Institution Affiliation: Georgia Southern University, School of Nursing Statesboro, Georgia.

Author's Note: All correspondence should be directed to Heather Carr,
Email: hc01750@georgiasouthern.edu  Telephone: (912)-536-3774.

Total word count: 4597

Brief Biographical Sketch: All student authors are undergraduate Bachelor of Science in Nursing (BSN) students at Georgia Southern University. Marian Tabi, PhD, MPH, CFCN, RN, is the professor and the Director of Outcomes for the School of Nursing.

This study was approved by the Institutional Review Board (IRB) and was conducted as a component of the undergraduate nursing program at Georgia Southern University.
Abstract

Purpose: Alcohol and drug addiction is a global concern with relapse rates between 65 and 70 percent among alcohol and opioid dependent individuals. Recovery is a lifelong process, which an individual must work at maintaining daily. In conjunction with extensive inpatient and outpatient treatment, each individual is given a variety of coping strategies to facilitate sobriety maintenance. This study aimed to identify effective coping strategies for prevention of relapse and increase the effectiveness of treatment. Methods: A survey of 23-item questionnaire, consisting of both qualitative and quantitative origins, was distributed to a convenience sample of 250 of which 119 participants responded to the survey about their perceived coping strategies and triggers for relapse. All individuals were above the age of 18 and in recovery. Findings: Quantitative findings indicated Alcoholic Anonymous (AA) was reported as the most helpful source of treatment and support. Social event was the reported trigger for relapse, and family and friends were the identified reasons reported for sobriety. Major themes categorized from qualitative data for effective coping included spiritual, physical, social and mental. The findings showed that Individuals with stronger support and effective coping strategies were less likely to relapse.

Keywords: Relapse, Dependence, Addiction, Recovery, Coping Mechanisms
“Drugs are not prejudiced. They don’t care about your race, gender, wealth, etc. Addiction not only ruins lives, it kills. Due to recovery, I have been able to go back to school and graduated with honors. I have rekindled relationship and been able to become a good friend and a productive member of society”. [A Study Participant]

Introduction and Background

Substance use disorders affect a vast number of Americans every year. According to the National Survey on Drug Use and Health “20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, [referring to 2015]” (NSDUH 2016). This means that 1 in every 16 people suffer from substance use disorders. Of those affected only ten percent will make it into a rehabilitation program (NSDUH 2016). Addiction is a diagnosable chronic mental disorder. The disorder is characterized by biological, physiological, and social alterations that affect the functional ability of an individual (Zerwes Ferreira, Czarnobay, de Oliveira Borba, Capistrano, Kalinke, & Alves Maftum, 2016). Addiction can lead to disastrous and destructive consequences, affecting not only the individual but also the user’s interpersonal relationships, community, and wider society (Fox, Oliver, & Ellis, 2013). Treatment may be interrupted by recurring episodes of relapse, and the journey to the maintenance phase of sobriety is long and difficult. The prevalence of addiction throughout the globe speaks to the necessity for funding, research, and advances in treatment technology. The United Nations Office of Drugs and Crimes says 243 million people between the ages of 15 and 64 years old use illicit drugs. Twenty-seven million of those 243 have a co-occurring mental or behavioral disorders (Zerwes Ferreira et al, 2016). This stands to reason that substance use is more than a recreational pastime, but rather requires treatment like any other disease or dysfunction.

The Diagnostic and Statistical Manual of Mental Disorders, DSM-5, characterizes Substance Use Disorder (SUD) as, “unable to carry out major obligations at work, school, or home; continued use despite social and interpersonal problems; stopping or reducing social, occupational, or recreational activities; and recurrent use in physically hazardous situations”
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(DSM-5 reference). This is pertinent considering the individuals affected by SUD are not contributing members of society. The Substance Abuse and Mental Health Services Administration (SAMHSA) reported in their 2014 National Survey on Drug Use and Health that 20.2 million adults in the United States had a SUD (Hedden, Kennet, Lipari, Medley, & Tice, 2015). SUD affects more than just the person. It affects family, friends, colleagues, society as a whole, and the overall well-being of the nation and globe. Through this research project we want to peel back the layers of stigma that are associated with SUD, so we can determine the best coping strategies for recovering addicts to prevent relapse.

Relapse is characterized by a collective manifestation of symptoms, precipitated when the dependent individual returns to the previous level of substance consumption at the time of use before becoming abstinent (Zerwes Ferreira, Czarnobay, de Oliveira Borba, Capistrano, Kalinke, & Alves Maftum, 2016). High relapse rates have been determined among alcohol and opiate dependent individuals, with the 65-70% of abstinent subjects relapsing within one year. Most relapses occur within the first three months of the body being free of chemically altering substances (Kadam, Sinha, Matcheswalla, & De Sousa, 2017). The relapse rate among those addicted to opiates is perhaps one of the highest of all abused substances, with the occurrence of relapse reaching up to 91% (Kadam et al, 2017). Relapse is a dynamic concept, resulting from a combination of multifactorial determinants. These factors include the individual, the substance, and reinforcements from the environment. To determine effective strategies and prevent the overwhelming occurrence of relapse among dependent individuals, it is necessary to begin by understanding factors that predispose an individual to relapse, along with the factors that protect the person from returning to the previous level of substance use (Kadam et al, 2017; Giordano, Clarke, & Furter, 2014).

Purpose and Aims

The stigma associated with addiction that comes along with mental health prevents people from discussing the issues of addiction and relapse. Understanding what causes relapse
is essential in designing appropriate coping strategies to reduce individual’s risk to relapse. The aim of this study was to examine how dependent alcoholics and addicts have achieved sobriety through their individual coping strategies, along with how they understand and have maintained sobriety. The research questions guiding this study were as follows:

1.) What are the more effective coping strategies perceived by recovered addicts?
2.) What are the “trigger” factors that contribute to relapse recovering addicts?
4.) Is there differences in coping strategies used among recovering men and women?

Review of the Literature

Recovery Addicts and Relapse

Studies have shown that person specific cues, rather than substance specific cues, create stronger cravings that lead to relapse (Fatseas, M., Serre, F., Alexandre, J., Debrabant, R., Auriacombe, M., & Swendsen, J. 2015). A study conducted by Kadam and colleagues investigated correlations of relapse between those who were addicted to opiates and alcohol. Along with determining relapse patterns among the dependent individuals, research was completed on the factors that led to its occurrence. In considering the factors that precipitate relapse, dependent individuals from both groups named two or more factors. The most commonly mentioned precipitants included a desire to improve mood, sleep troubles, and the negative effects of craving, with craving being a reinforcing behavior in desiring the drug (Kadam et al, 2017). A high percentage of relapse involved the effect of emotional states at the time, with it being a factor in 76-80% of both groups. Interpersonal stress also makes an individual more susceptible to regression to previous substance use, as severe forms can drastically affect cognition and behavior (Leach & Kranzler, 2013). It is pertinent for an individual to develop strategies to effectively cope with stress, therefore, avoiding the negative consequences for his psychological well-being (Dijkstra & Homan, 2016).

These findings suggest that mental, emotional, and cognitive components of the individual should be addressed to help lower the prevalence of relapsing. Sociodemographic
factors were analyzed to determine if correlations exist between the groups and the rates of relapse. In individuals with opiate dependence, the overwhelming majority were more likely to be unemployed, single, and have a lower socioeconomic status (Kadam et al, 2017; Giordano et al, 2014; Harris, Smock, & Tabor Wilkes, 2011). One study named the “Socio-demographic Characteristics of Individuals with History of Crack Cocaine Use in the Us General Population,” discovered that 21.4% of respondents had a less than high school degree and 56.3% had only completed a high school degree. The percentages of those who obtained a higher education and had a history of Cocaine use was lower at 18.9%. Secondly, the study showed that 40.6% of Cocaine users had an annual income less than $15,000 (Yur’yev & Akerele, 2015).

These findings suggest that environmental components remain a high threat in precipitating relapse for those maintaining abstinent (Giordano et al, 2014). With this knowledge, individual factors of resilience can be examined to determine effective strategies that abstinent individuals utilize to cope with the emotional, psychological, and physical distress that most often increases relapsing behaviors (Harris, Smock, & Tabor Wilkes, 2011). According to the Adlerian theory of personality most individuals that abuse substances have an underdeveloped social status, and they try to avoid the tasks of life (Giordano, 2014). The process of preventing the occurrence of relapse must involve a holistic approach for the individual as a means of coping. The involvement of emotional, physical, spiritual, social, and psychological components in an individual’s treatment plan can guide the individual in developing a new way of being, as a productive member of society (Gubi & Marsden-Hughes, 2013). With the coping strategies found and their effectiveness evaluated, people will be able to find new ways to cope with the stressors in their life. Thus, recovered addicts will be able to continue participating in the important daily activities of a healthy life.

**Recovering Addicts and Coping**

Fatseas, Serre, Alexandre, Debrabant, Auriacombe, & Swendsen, (2015) investigated
craving and substance use among patients with alcohol, tobacco, cannabis, and heroin addiction and examined the person-specific cues in a group of out-patients seeking treatment for substance abuse. Data were collected from 132 participants who participated in mobile interviews which occurred four times daily for two weeks to assess addiction severity, psychiatric comorbidity, medical disorders, cognitive impairment, and social adjustment. During each interview participants were asked to rate their craving on a scale of one to seven, if they used any psychoactive substances since their last assessment, and if they had been in contact with any personal cues. Random urinalysis and alcohol breath tests were performed throughout the study. Controls in the study are included in the eligibility requirements: participants are only eligible if they are being treated for addiction, “met the DSM-IV criteria for alcohol, tobacco, cannabis, or opiate dependence, were between 18 and 65 years of age, and did not demonstrate active psychosis or severe cognitive impairment. Treatments accompanying the study included pharmacotherapy, behavioral treatment, and psychosocial support with encouragement of full abstinence, but there was no consequence for failure.

This study found a positive correlation between the number of cues someone experienced with the intensity of their cravings. It demonstrated that person-specific cues have a stronger correlation than substance specific cues to craving intensity. Giordano, Clarke, and Furter (2014) examined the role of social interest and social bonding to predict substance relapse. Data included 141 surveys from six different substance abuse facilities using a 32-item instrument about love, friendship, self, and work on a 5 point Likert scale. Their findings indicated that relevant social bonding variables such as family attachment, work commitment, and respect for authority were more likely in predicting the number of relapse rates after treatment.

Gubi, Peter, Marsden-Hughes and Howard (2013) explored the processes involved in long-term recovery from chronic alcohol addiction using an abstinence-based model. Their research question of interest was “How do chronic alcohol-dependent persons in long-term
recovery experience the transition from alcohol dependence into recovery, and how do they understand and maintain recovery?” The researchers attended Alcoholics Anonymous (AA) meetings and interviewed eight members who had at least five years of sobriety about their road to recovery. Utilizing a pathway of honesty, spiritually, and 12 step program gave the recovering alcoholics the opportunity to sustain recovery over multiple years. Findings indicated after ten years, recovered addicts were able to live abstinent from alcohol and find sobriety and happiness in their recovery. Gubi and et al (2013) concluded that staying within a 12 step program and consistent mediation were the essential to sustaining recovery.

In 2016, a group of graduate nurses developed a study that followed twenty individuals in treatment for addiction. Their goal was to identify intra- and interpersonal “determinants for relapse” (Zerwes Ferreira, A. C., Czarnobay, J., de Oliveira Borba, L., Capistrano, F. C., Puchalski Kalinke, L., & Alves Maftum, M., 2016). Their study identified seven determinants that can cause relapse in recovering individuals and discussed the best therapeutic approach to support recovery. The seven determinants included self-efficacy expressed through self-confidence, result expectations from drug effects, the absence of self-will to stop consumption, coping with daily problems, emotional states, and cravings. For interpersonal determinants, the categories included social support or the influence of third parties. The authors concluded that the Behavioral Cognitive Model was the most effective at preventing relapse (Zerwes Ferreira, et al., 2016). This model focuses on the addict’s perceptions of the world and circumstance, and then begins to work with the individual on changing these perceptions so they work in accordance with a drug free life.

**Theoretical Framework**

The Transactional Model of Stress and Coping (TMSC), first constructed by Dr. Richard Lazarus, is a theoretical framework that focuses on an individual’s process of coping with stressful events (University of Twente, 2017). The rudimentary concept of TMSC is person-environment transactions. The impact of an external or internal stressor is first appraised by an
individual then filtered by their social and cultural demographics. TMSC follows a series of steps that include a variety of appraisal. First, primary appraisal: evaluating the significance of a stressor. This is followed by the secondary appraisal which includes evaluating the ability to control the stressor, and evaluating what coping resources an individual has available. After an individual appraises the stressor and what coping resources they have, the next step is to implement coping strategies. Implementation of coping strategies is considered the problem management phase. The individual is focused on using strategies to change the stressful situation. Next, an individual transitions into the emotional regulation phase which includes, strategies used to change the way an individual thinks and feels about a stressful situation. After the individual has actively navigated through the coping steps, they transition into the outcomes of coping stage. This stage includes the emotional well-being, functional status, and health behaviors of the individual immediately following their encounter with a stressor. Lastly, in order to best understand the Transactional Model of Stress and Coping, one needs to understand the definition of dispositional coping styles. This is the general way that a person behaves that has the potential to affect their emotional and functional reaction to a stressor. Dispositional coping styles includes optimism and information seeking. Optimism is the idea that a person has a generalized positive expectancy for outcomes. Information seeking is the disposition of a person to to be vigilant (monitoring for) versus avoiding possible stressors. TMSC is a model that is useful in health promotion and disease prevention, both of which are applicable to addiction recovery. This model utilizes the fact that stress affects each person differently and coping strategies must be unique to each person (University of Twente, 2017).

Methods

Approval for the research study was granted by the investigators institutional review board (IRB), and followed recommended guidelines to ensure participant identification, privacy, and confidentiality. Distribution of data included physical and online access. Physical data were collected with permission from three recovery facilities in a regional southeastern region. Online
survey was created using Qualtrics, an online data software. Links to the survey were provided on two Facebook pages dedicated to individuals in recovery; “Long-termers” and “The Summer of 1,000 Adventures.” 121 Participants completed a self-reported survey that consisted of 23 question items that consisted of quantitative and qualitative questions that were created by the researchers using information from Varcarolis’s *Essentials of Psychiatric Mental Health Nursing A Communication Approach to Evidence-Based Care Third Edition* and various peer reviewed journal articles and studies on recovery and effective coping mechanisms. To ensure content validity, the survey questions were only relevant to addiction, recovery, and coping mechanisms. **Data Analysis and Results**

Analysis of data was completed using the IBM SPSS Statistics 23. Descriptive statistics, including the participants’ demographics and elements of recovery, were summarized and compared using cross tabulation tables. Qualitative data were categorized into themes for analysis. Demographic summary presented in Table 1 shows approximately 60% of the sample

<table>
<thead>
<tr>
<th>Table 1 Sample Demographic Profile</th>
<th>Number Of Responses(N)</th>
<th>Percent (N %)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>65</td>
<td>54.6%</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>45.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>27</td>
<td>22.7%</td>
</tr>
<tr>
<td>25-34</td>
<td>43</td>
<td>36.1%</td>
</tr>
<tr>
<td>35-44</td>
<td>28</td>
<td>23.5%</td>
</tr>
<tr>
<td>45-54</td>
<td>9</td>
<td>7.6%</td>
</tr>
<tr>
<td>55 and older</td>
<td>12</td>
<td>10.1%</td>
</tr>
<tr>
<td>Married</td>
<td>27</td>
<td>22.7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>5</td>
<td>4.2%</td>
</tr>
<tr>
<td>Divorced</td>
<td>17</td>
<td>14.3%</td>
</tr>
<tr>
<td>Single/Other</td>
<td>70</td>
<td>58.8%</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less HS/HS Graduate</td>
<td>31</td>
<td>27.0%</td>
</tr>
</tbody>
</table>
were between 25 and 44 years old, 54.6% were male, 65.2% of the sample had at least some college education, and majority had only been in treatment for less than a year. Participants self-reported the most common choice of substance use was alcohol (52.95%), opiates (38.7%), and cocaine (31.9%) respectively. Findings in Table 2 show about 60% of the participants in recovery had relapsed at least once, and about 54% reported emotional issues such as anger, loneliness and stress as the most common trigger for relapse. While 58% of the participants recognized self-responsibility was necessary to stay sober, majority used support groups and membership in AA as supportive measures for coping and sobriety. In addition, social engagement was reported as the most effective coping strategy to prevent relapse by the participants. Cross tabulation of relapse and recovery coping strategies using a chi-square test of independence $[X^2 (3) = 4.245, p=.236]$ showed no differences between the two groups. Men were equally as likely as women to relapse in recovery.

<table>
<thead>
<tr>
<th>Table 2  Relapse and Recovery Coping Strategies</th>
<th>Number of Responses (N)</th>
<th>Percent (N%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time in Recovery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months</td>
<td>71</td>
<td>59.7%</td>
</tr>
<tr>
<td>I year or more</td>
<td>48</td>
<td>40.3%</td>
</tr>
<tr>
<td>Court ordered</td>
<td>16</td>
<td>13.4%</td>
</tr>
<tr>
<td>Treatment Team recommendation</td>
<td>6</td>
<td>5.0%</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>69</td>
<td>58.0%</td>
</tr>
<tr>
<td>Family and Friends</td>
<td>28</td>
<td>23.5%</td>
</tr>
<tr>
<td><strong>Have a Support Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>115</td>
<td>97.5%</td>
</tr>
</tbody>
</table>
Qualitative Findings

Qualitative data were categorized into themes for analysis. The question guiding this analysis was “What would you like to say about your addiction and recovery?” The themes described below are representative of the majority of the participants’ responses.

**Spiritual:**

*I'm straight today by God's help and take it one day at a time. Tell other people about what happened to you maybe they will get something out of it. Keep your chin up because I love you and God does too. If I use God's will and not mine to run my life and do the right thing and help others, the fellowship and steps will keep me sober.*

**Alcoholic Anonymous:**

*I'm no longer ashamed, sorry, or embarrassed by this disease. I've learned so much and the life experience has made me who I am today. The program (12 steps) works if someone is willing to do it and stay current. My experience has shown that relapse begins with taking your will back and thinking you can manage your life. The scary things that you don't know you are doing it - crazy thinking makes sense in a mind that is often delusional.*

**Resources:**

*There could be more knowledge about how to prevent the opiate crisis. Through good times and bad I have realized it is possible to stay sober through anything. Willingness to do the things that people who have not only gotten sober but who have stayed sober. I have not picked and chosen parts of the program but rather done everything that was asked of me. Your will, the strength of your will is the only hope from addiction.*
Self-realization

I am being coerced into sobriety by my family. Drugs are not for everyone, but I know how to self-medicate like a Jedi Master. I am the real Doogie Houser. I became complacent with my recovery, stopped talking to people & going to meetings. I became hopeless, homeless, and broken. Lost family, lost pregnancies, and list myself. Treatment was offered to me and I took it mainly for a place to stay not realizing I was actually an addict yet. Was introduced to AA and found out that I was just like these people in the meetings. I take/give.

I neither regret the past nor wish to shut the door on it (as promised). That is saying a lot for someone who was a homeless junkie!!!! I started drinking, benzos, and weed at age 15, by 19 I was in and out of hospitals and mental institutions. Also had process addictions. Sent to rehab at 19 and have been in long term treatment for 7 months now.

Discussion and Implication of Findings

The purpose of this study Coping Strategies in Recovered Alcoholic Addicts to Prevent Relapse, investigated coping strategies that are most effective in reducing the rates of relapse. Findings of the study indicated that social coping techniques are the most commonly used mechanism to prevent relapse in recovering addicts. There is the need to dedicate adequate resources to social support groups intended for individuals with substance problems. In addition educating and increasing public awareness of substance use disorders, and directing those in need to the appropriate resources such as AA meetings, recovery groups, social support for recovering addicts, Alcoholics Anonymous and Narcotics Anonymous, and available sponsors could substantially decrease the likelihood of relapse for the recovering addict and alcoholic.

One strength of the research is that the findings were based on the point of view of the recovered addicts. It was concluded that those who implement social coping strategies are more likely to maintain sobriety. Social coping strategies include but are not limited to, attending Alcoholics Anonymous, Narcotics Anonymous, sponsors, group therapy, etc.
Some limitations and future recommendations include extending the research to include a variety of ethnic groups. Also, due to the lack of research in the area of relapse and prevention, our sample size and the sample sizes of the literature used was small. It would be more beneficial to have a larger sample size. The survey used contained a plethora of question types including multiple choice, select all that apply, and short answer. However, due to the nature of the short answer questions, where a majority of our information came from, provided a wide range of information that was hard to categorize. It would have been more beneficial to use multiple choice questions. Lastly, have a larger sample size that includes recovered individuals across a longer time span. This would help to compare the effectiveness of social coping strategies in those early in their recovery process and also later in their recovery process.

If one can recognize which factors make them vulnerable to relapsing, strategies can be utilized to enhance coping with the stress caused by the determinants. This awareness, along with usage of coping strategies, can increase the individual’s ability to alleviate stress and therefore, decrease the urge and cravings to relapse.
Acknowledgment

The authors would like to thank Dr. Marian Tabi for her mentorship, enthusiasm, and guidance in helping to bring this project to a completion. Thank you for guiding us through the research process and the submission of the manuscript for publication. This project was completed in our junior nursing research course.
References


http://doi.org/10.3389/fpsyg.2016.01415


