

# Role of Family in Relapse Prevention of Addicted / HIV Affected Individuals

- Activity
- Presentation
- Additional Information

## Objectives

- **Knowledge**

To provide information about relapse symptoms and methods to deal with them.

- **Attitude**

To understand that relapse is part of the disease.

- **Skill**

To identify relapse symptoms and intervene.

- **Expected outcome**

To be familiar with relapse and its interrelationship with HIV and intervene with empathy.

- **Lesson plan**

Activity 1      Understanding relapse symptoms.

Presentation      Relapse warning signs - changes in attitude, changes in thoughts, changes in feelings changes in behaviour.

Activity 2      Dealing with relapse symptoms.

Presentation      The methods to deal with relapse symptoms.

Activity 3      Developing empathy.

Presentation      Coping plans to prevent relapses in HIV patients.

Activity 4      Providing assistance to achieve the ultimate - drug free world.

Presentation      Role of a family member.

Additional information

## Introduction

### (Transparencies for Presentation)

Although HIV and alcohol / drug abuse are distinct problems, each profoundly affects the other. Just like HIV, alcohol and drug abuse have also been associated with high-risk sexual behaviour such as unprotected sexual activity. The problem gets compounded if the relapsing addict is tested positive or is likely to be tested positive for HIV. Certain specific strategies or coping plans need to be adopted by such patients to maintain sobriety.

## **Relapse**

- Relapse is a process, not an event.
- The process starts in the mind of the patient.
- It shows itself in a progressive pattern of behaviour.
- Relapse is preventable.

### ***Relapse is a process***

Relapse is often misunderstood as the act of taking a drink / drug after a period of abstinence, following treatment. It is not the act of using chemicals, not the event of going back to drugs. An 'event' is something which has already happened and, therefore, cannot be changed. Relapse is not an event. Relapse is a process. 'Process' refers to any ongoing situation that takes place stage by stage, and can be interrupted and stopped at any point in time. Relapse is a process which creates, in stages, an uncontrollable craving in the patient's mind, for the chemical.

### ***Starts in the mind of the patient and shows itself in his behaviour***

Relapse patterns are formed by the patient's attitudes, values and thought processes. These happen within his mind. In other words, he begins to relapse at the thought level. Thereafter there are changes in the attitude, feelings and behaviour and he ends up using chemicals.

### ***Relapse is preventable***

A return to drug use can be stopped or prevented at any stage if he is aware of the negative thinking and behaviour patterns (relapse warning signs) which indicate that the patient is going to start using chemicals all over again.

## Activity 1 - Understanding relapse symptoms

### **Purpose**

To understand the relapse symptoms

### **Materials needed**

Copies of case study

**Time needed** 20 minutes.

**Methodology** Case Study

### **Steps**

1. Divide the group into two or three smaller groups.
2. Distribute case study.
3. Ask the participants to identify relapse symptoms in Abdul.
4. Ask one representative from each group to present the symptoms.

### **Caselets**

Abdul, 26 years old, unmarried, belongs to an upper class family with an established business. He was addicted to brown sugar.

He was admitted for treatment after a crisis. At the time of discharge, he was motivated to some extent to give up drugs. But he still has not understood the need to change his lifestyle. After discharge, there were a few positive changes in him - not meeting his old friends, eating on time and going for work but he continued to get irritated with family members, did not make any efforts to develop new friends and never understood the need to attend self-help groups or follow-up meetings.

Since he had given up drugs for two months, his father encouraged him to get involved in his business. Abdul, who was over confident, expanded his business without discussing the issue with his father or the staff at the office. He was able to manage his business without problems, while he was spending time in his office. Over a period of time, he got bored with routine work and started spending less and less time at work.

Slowly his old friends started calling on him and he did not dissuade them. They planned a holiday to Goa. He went along with them, had alcohol for two days and then stopped. Since he did not have brown sugar, he felt fine after drinking.

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After returning from Goa, he started visiting night clubs with his friends. He would skip meals, sleep till midday and spend only an hour or two in the office. If asked about his coming late, he would give excuses. Since he was not taking brown sugar, the family overlooked these issues. He continued to take alcohol once in a while. Once following an argument with his father concerning financial affairs of the business, he went out and had brown sugar.

What are the relapse symptoms you notice in Abdul?

### **What are the relapse warning signs? (Transparencies for Presentation)**

**Changes in attitude** - The recovering person begins to be complacent and stops following his recovery programme.

- No efforts / commitment towards sobriety.
- Becoming too negative about life / pessimistic.
- Impatience.
- Tunnel vision - looking at life in isolated compartments, and not as a whole.
- Overconfidence.
- Open rejection of help.

**Changes in thought** - The person gets back to his old thought pattern.

- Thinking that "I deserve drugs because I have been sober for quite some time. My problem has been sorted out since I have been abstaining for six months".
- Thinking about substitution drugs like alcohol or cannabis.
- Denial and resistance to change.

**Changes in feelings** - The recovering person begins to respond negatively in situations

- Increased moodiness or depression.
- Strong feelings of anger and resentment.
- Increased feelings of boredom and loneliness.

**Changes in behaviour** - The behaviour changes show themselves in the way the person acts, reacts and responds.

- Increased episodes of disagreement with people around.
- Skipping self-help meetings.
- Visiting drug taking friends.
- Displaying visible signs of stress such as smoking more cigarettes.
- Threatening to use drugs to have his own way.
- Talking repeatedly about the pleasures associated with drug use.

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## Activity 2 - Dealing with relapse symptoms

### **Purpose**

To identify the range of problems faced by the recovering person and enlist methods to deal with those problems.

### **Materials needed**

About 20 ribbons of half metre each.

**Time needed**                      30 minutes

**Methodology**                      'Reaching the unreached'

### **Steps**

1. The participants to sit in a circle.
2. The trainer has to request one volunteer to assume the role of a recovering person. He has to sit in the center of the circle.
3. For the remaining participants, the following instructions can be given:  
"Each one of you has to identify the relapse symptoms you notice in the recovering person. To express each symptom, take a ribbon and tie it on the volunteer symbolically". A few examples:
  - i. Lonely and not attending any social function - tie a ribbon on the leg.
  - ii. Not communicating with others - tie a ribbon around the mouth.

Likewise, each one can tie the ribbon on the participant, sitting in the center.

3. After each person has finished, allow them to reflect on the issues, problems and feelings of the recovering person. Ask one or two of them to share.
4. Ask the volunteer who is playing the role of the recovering person to express his feelings.
5. On the second round, each member has to remove the knot and share one method which would help him in his recovery. All members who have tied ribbons must take turns to remove the knots and share the methods to support.
7. In case the person in the center (who is playing the role of a recovering person) has any other suggestion, he can be encouraged to share.

## Facilitator's Notes

### Relapse symptoms

Thoughts about the pleasures associated with drugs

Fear and anxiety

Loneliness leading to depression

Anger and resentment

Impatience

Self-pity

Compulsive behaviour

Impulsive behaviour

Tunnel vision

Over confidence

### Specific methods

Remind oneself about the worst drug taking episode  
Recite serenity prayer repeatedly.

Living life one day at a time  
Praying to a higher power.

Making efforts to develop friendship with recovering addicts  
Developing interest in leisure time activities  
Spending time with family members. Taking medical help for depression.

Let go (of the past). Sharing the pent up emotions openly without hurting others.

"I should always do my best to achieve my goals".  
Living life one day at a time.

Instead of looking at the closed door, look for many more windows which are open. Instead of asking 'why', think of 'how' to deal with issues.

Involvement in healthy recreational activities.

Discussing decisions small or big with people at home/friends/colleagues. Postponing implementation of the decision taken, at least for 24 hours.

Leading a balanced life.  
Spending time with the family and playing with children.  
Reading, gardening, visiting relatives / friends.

Prioritize issues.  
First things first.

Open rejection of help	Making the self-help group members talk to the patient about their recovery.
Progressive loss of daily structure	To have a structured plan of activities - adequate rest, regular for work and time for recreation. Visiting the treatment center, attending self-help meetings on a regular basis.
Return to drug use	Approach the treatment center / self-help groups for help.

**High risk relapse stages in HIV disease**

Individuals are at risk for relapse at five stages in HIV disease progression. Each stage has its own challenges for the individual. Relapse prevention skills may help to reduce the risk of relapse that accompanies each stage.

The recovering persons need to be aware as to how they may be vulnerable to HIV and how even being tested for HIV can be a high-risk situation that can endanger their sobriety. Certainly, having to live with an HIV-positive diagnosis or developing AIDS-related infections is likely to be a great challenge to recovering individuals’. How the individuals cope with these dangers will make an enormous difference to both their recovery and good health.

**Coping plans to prevent relapse in HIV patients**

<b>Stages in HIV progression</b>	<b>Coping plans</b>
<p>(Individuals often are afraid to face their personal risks and deny the problem. They may continue to engage in unsafe sexual practices or avoid being tested. Alcohol and drugs may aid their denial by allowing them to ignore knowledge of risk.)</p> <p>Stage 1 - Awareness of HIV as a personal risk factor.</p> <p>Challenge: Responsibility vs harm</p>	<ul style="list-style-type: none"> <li>- Accept personal vulnerability to HIV.</li> <li>- Sexual addiction may compound the problem.</li> <li>- Learn about safe sex and practice it.</li> <li>- Commitment to sobriety helps in avoiding risky behaviour.</li> </ul>

<p>(Individuals may know they are at risk, but refuse to be tested because they are afraid they might be positive, and believe they could not emotionally handle the result)</p> <p>Stage 2 - Deciding to get tested and interpreting the results.</p> <p>Challenge : Courage vs avoidance</p>	<ul style="list-style-type: none"> <li>- Deal with anxiety about being tested.</li> <li>- Get pre and post test counselling.</li> <li>- Deal with shame and guilt related to past high risk behaviour.</li> <li>- Renew your commitment to change high risk behaviour and stay sober.</li> <li>- Develop coping plans before learning the results to prevent relapse.</li> </ul>
<p>(Individuals may be afraid to find out about their disease status and miss the benefits of early intervention)</p> <p>Stage 3 - Learning to live with an HIV positive diagnosis.</p> <p>Challenge: Taking charge vs denial</p>	<ul style="list-style-type: none"> <li>- Learn about potential triggers for relapse such as negative emotions.</li> <li>- Reassess priorities in life.</li> <li>- Develop a support system.</li> <li>- Follow a healthy lifestyle.</li> </ul>
<p>Stage 4 - Encountering opportunistic infections.</p> <p>(This can cause fear about the unknown)</p> <p>Challenge: Hope vs despair</p>	<ul style="list-style-type: none"> <li>- Identify opportunistic infections early.</li> <li>- Deal with depression and anger to avoid relapse.</li> <li>- Remain hopeful.</li> </ul>
<p>Stage 5 - Dealing with multiple chronic illnesses and the possibility of death.</p> <p>(This can be threatening for anyone)</p> <p>Challenge: Self determination vs loss of control</p>	<ul style="list-style-type: none"> <li>- Accept the unpredictability of late stage AIDS.</li> <li>- Avoid taking alcohol / drugs to relieve pain.</li> <li>- Learn about available treatment options.</li> <li>- Make use of self-help groups.</li> </ul>

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### **Guidelines for counsellors (Transparencies for Presentation)**

- Assess patient's current and past use of drugs and alcohol.
- If the patient is tested positive, assess the relapse risk factors.
- Help him to develop a plan to deal with negative emotions without using alcohol / drugs.
- Encourage the efforts taken by the patient to remain sober.

## Activity 3 - Developing empathy

### **Purpose**

Helping the family members to develop empathy towards the spouse.

### **Materials needed**

Paper and pencil

**Time needed**                      20 minutes

**Methodology**                      'Gentle touch'

### **Steps**

1. Ask the participants to sit in a circle.
2. Ask each participant to write an activity which he would like the person sitting next to him to perform. (activities like singing, dancing, skipping, joking, etc.)
3. Ask each participant to read out what he has written.
4. Now ask each participant to do what he has written, instead of giving the paper to the person sitting beside him.
5. The participant would have written some activity which he would not willingly do but would expect the other person to carry out.

### Facilitator's Notes

- The trainer has to make the participants understand what empathy for the spouse means. **Empathy is the ability to sense the spouse's private world as if it were your own, but without losing the 'as if' quality.**
- When there is a relapse, the family gets angry and resentful. They discount the progress the patient had made in the past and also the efforts he had taken to stay sober.
- After attending the family programme and counselling sessions, the family members may have realized the need to make some changes in themselves - not to shout at children, making efforts to cook proper meals, etc.
- However, the members of the family are very often unable to sustain the changes they have started implementing. They get back to their old pattern of living. This can also be called a slip or a relapse for the family. When relapse occurs to family members, they are able to forgive themselves, but when it happens to the recovering patient, the family is unable to respond appropriately.

This exercise is intended to help the family members see the other person's problem as if it were their own, and develop empathy towards the recovering person.

### Your role as a family member (Transparencies for Presentation)

- learn about the symptoms of relapse and methods to overcome.
- be alert in recognizing the relapse warning signs.
- bring the symptoms to the patient's notice.
- approach for help if the problem persists.
- be supportive by listening to him when the patient talks about his problem.
- acknowledge any improvement even if it is not a major one.
- be aware of the need for attending self-help groups.
- recognize the importance of regular follow-up with treatment agencies.

### **In case of return to drugs**

- Approach the treatment centre as early as possible.
- Give him hope and support to take help again.
- If he refuses, contact a self-help group member or a counsellor for suggestions.

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## Activity 4 - Providing assistance to achieve the goal of a drug free world

### **Purpose**

Helping the family members to understand the factors which help / hinder the recovery process.

### **Materials needed**

Cards with factors which help and hinder recovery.

**Time Needed**                      20 minutes

**Methodology**                      'A helping hand extended'

### **Steps**

1. Divide the participants into two groups and have them sit face to face.
2. Each participant of the first group will have a statement written on his back. Some of these statements are methods which can help a person to reach the drug free world and some which would hinder the process.
3. To the second group give instructions that they need to help their partner reach the drug free world and to reach there, they have to touch a person from the first group who he thinks will be capable of taking him there.
4. The participants who have facilitating factors would stand on one side.
5. The participants with hindering factors would stand on the other side.
6. Each pair to explain why that factor helps or hinders recovery and whether that suggestion is easy / difficult to implement.

## **Facilitator's Notes**

### ***Enabling factors***

- Learn about symptoms of relapse.
- Be alert in recognizing warning signs.
- Bring the symptoms to the attention of the spouse.
- Approach the treatment agency / self-help group.
- Listen with empathy when the spouse shares problems.
- Emphasize the need for follow-up and self-help group meetings.
- Provide hope and support.
- Appreciate improvements made.

### ***Factors hindering recovery***

- Suspicious and not trusting.
- Lack of communication with the spouse.
- Treating him like a child, giving him instructions.
- Criticizing about what had happened in the past.
- Complaining about spending time with self-help members.
- Not providing cash even for basic needs like coffee, tea etc.
- Checking for presence of drugs / alcohol in his personal belongings.
- Having very high expectations, too soon in recovery.
- Criticizing even minor setbacks.

Make the participants understand the need to provide support on a consistent basis to help the addict in his recovery.