

Adolescents and Relapse

A Guide to Overcoming Relapse Triggers

Shar Giridharadas

7/1/2011

Office of National Drug Control Policy

Office of Demand Reduction

Intern – Recovery Branch

Table of Contents

Teen Drug Use and Relapse.....3

Teen Recovery.....3

Teen Relapse Risks.....4

External and Internal Risk Factors and Recovery Capital.....6

External Triggers Chart7

Internal Triggers Chart7

Relapse Trigger 1: Peer Influence.....8

Relapse Trigger 2: Family9

Relapse Trigger 3: Life Changes11

Relapse Trigger 4: School12

Relapse Trigger 5: Stress13

Relapse Trigger 6: Boredom14

Relapse Trigger 7: Illness or Injury15

Relapse Trigger 8: Risky Behavior16

Relapse Trigger 9: Self-Pity17

Policy Implications of Adolescent Recovery Support18

Obstacles to Sustained Recovery Chart20

Summary and Conclusions.....21

Acknowledgements.....21

References.....21

Teen Drug Use, Relapse, and Recovery

Teen Drug Use and Relapse

A 2008 Monitoring the Future study showed that by the time American youth are in 12th grade, 47.4 percent have used an illicit drug during their lifetime and 72% have abused alcohol¹. In many cases, drug use from such a young age leads to addiction that requires treatment². Age of first use is correlated with likelihood of becoming addicted and severity of substance use problems. Unfortunately, for many of those who struggle with addiction, relapse often follows treatment.

Intervening in adolescence for those struggling with substance use is crucial. Substance use disorders become much more chronic if they go untreated during adulthood and therefore, early intervention is crucial. For the first 3-7 years that an adult is in recovery from addiction, there is still a high risk of relapse. This is often a reality, as most people go through the cycle of abstinence, relapse, incarceration, and treatment 3 to 4 times before sustaining recovery³. The best way to prevent this cycle in adulthood is to treat adolescents who struggle with substance use early on.

Relapse is often a part of recovery and a wide range of risk and protective factors have been identified in studies of adult populations. Risk and protective factors specific to youth differ from those of adults. For example, peer influence and family dynamics may play a larger role in the day-to-day life of an adolescent than they would for an adult. It is important not only to identify common relapse triggers for youth, but also to determine the most effective ways to overcome these difficulties without falling back into addiction.

Teen Recovery

Sustained recovery depends on an environment that is supportive of recovery. Younger people generally need more support from friends, family, and school than do adults, and are potentially more affected by certain factors. Sometimes, when families are not healthy or supportive of recovery or when positive recovering peers are not available, teens can find recovery especially difficult to sustain. Continuing care, which has proven to be effective in reducing the likelihood of relapse for adolescents,⁴ is all the more important to teens lacking in family and peer support. Continuing care can involve individual therapy, family therapy, group therapy and telephone, text messaging, or online support. These can be staged and combined as appropriate to support the individual's recovery process.

Drug testing can be a component of continuing care and is sometimes conducted as a stand-alone process intended to reduce the likelihood of relapse. Testing can be administered by the juvenile justice system to track compliance with probation or other requirements, by schools, or by therapists or treatment providers. A number of experts discourage drug testing by therapists as it can undermine the therapeutic relationship by

¹ NIDA, Monitoring the Future Study.

² Office of National Drug Control Policy, [National Drug Control Strategy, 2003](#), February 2003

³ Ettner, S.L., D. Huang, et al. (2006); McLellan et al. (2000); Dennis, Foss & Scott (2007); Hartz, D.T., P. Meel, et al. (1999); NIDA (1999).

⁴ Winters, Ken C. *Advancements in Adolescent Substance Abuse Treatment*. University of Minnesota Medical School, Department of Psychiatry, P. 11.

implying a lack of trust or by positioning the therapist as an authority figure and disciplinarian. Testing may serve as a deterrent to drug use.⁵

Recovery capital is a key concept in the discussion of recovery and relapse. Defined as the “breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe alcohol or drug problems,”⁶ Recovery capital includes personal, family, and cultural assets. The idea is that by accumulating more recovery capital, an individual will be better equipped to sustain recovery. While most of the research done in this domain has been focused on adult populations, the concept of creating more recovery capital can be applied to adolescents as well. Focusing on short and long term goals can assist in creating recovery capital. If the young person structures his or her recovery support around achieving goals, they will have a larger focus and potentially more drive to abide by a recovery plan.

With a supportive environment and substantial recovery capital to overcome obstacles without falling back into addiction, recovery for adolescents is possible. By having the structure and motivation to make a series of good choices, anyone can achieve long-term recovery from substance dependence.

Teen Relapse Risks

For a teenager in the stages of early recovery, seemingly insignificant changes and events can pose a huge threat to sustained recovery. In this document, factors influencing recovery have been broken down into internal and external factors. Internal factors are those that involve the recovering person alone, for example their emotions and beliefs. External factors are those that involve the recovering person and other people or systems. Relapse risks can be divided into internal and external risk factors for either an adult or adolescent population. Internal factors and emotions such as stress, boredom, and loss of hope can play a part in derailing an adolescent’s recovery, as can external factors such as peers, life changes, and family dynamics⁷. By anticipating these obstacles and having a plan to overcome them, teenagers can face these challenges without turning back to drugs and alcohol.

It is important to take into consideration the reasons that teens often fall into addiction initially, and how these factors also play a role in relapse even after a period of recovery. Two out of three adolescents entering treatment have a history of some kind of physical, emotional, or sexual abuse. Drug use for them is often a way of numbing pain. Additionally, drug use or underage drinking are often forms of self-medication for untreated problems, such as attention deficit disorder hyperactivity, depression, or anxiety disorders. These statistics are rarely clinically reported. Re-experiencing pain and trauma is a more significant factor in relapse than external factors such as peer influence. Clinicians and parents should be aware of the fact that for a population where prior abuse is a factor, the likelihood of returning to drug use as a way to numb pain is higher.⁸

⁵ Interview, Carole Bennett, MA. 30 June 2011.

⁶ White, William L., M.A., Cloud, William, Ph.D. “Recovery Capital: A Primer for Addiction Professionals.” *Counselor Magazine*. 6 November 2008.

⁷ Sunhawk Adolescent Recovery Center. “Teens in Early Recovery: 10 Common Triggers for Relapse”. http://www.sunhawkrecovery.com/relapse_triggers.html. Accessed 16 June 2011.

⁸ Interview, Michael Dennis, Ph.D. 18 July 2011.

The internal factors that have been highlighted here are self-pity, stress, risky behavior, illness, boredom, and a loss of hope or a loss of self-confidence. Multiple addiction experts believe that for teenagers, these emotions are extremely detrimental to recovery. Emotions such as boredom and stress can cause a relapse, while factors such as illness (involving medications) can spiral into an entirely new addiction.

External factors have a significant impact on adolescents because of the importance that young people place on their environment and social interactions. The external factors that have been highlighted here are school, friends, life changes, and family. Difficulties with re-integration and possibly making new friends to avoid spending time with drug users are an initial challenge. These difficulties are often coupled with life changes such as trauma or death, and the family environment and dynamics.

Emotional vulnerability and environmental instability can work together to create an environment in which it is extremely difficult for a teenager to sustain recovery. Anticipating these obstacles and having a plan in place to work through these challenges is one way in which a discharge plan could effectively support recovery.

Below is a table that outlines the main triggers (separated into external and internal triggers) and defines the main risk for relapse that accompanies each trigger.

Review and Discussion of Risk Factors

In the sections following the charts below, common risk factors are identified and discussed and potential strategies for addressing them are offered. These sections outline why these risk factors are significant for an adolescent population, a potential solution to avoid falling victim to this risk factor, and a plan to follow when this trigger poses a threat to recovery.

External and Internal Risk Factors and Recovery Capital

	External	Internal
Protective Factors (Recovery Capital)	<ul style="list-style-type: none"> - Supportive peer network - Communication and active participation - Structured recovery support - Planning and executing most viable options 	<ul style="list-style-type: none"> - Individually specific stress relief tools, skills, or routines - Structured daily activities - Inform about and monitor medication usage - Goals that depend upon sustained sobriety - Address underlying psychiatric disorders and thought processes
Risk Factors	<ul style="list-style-type: none"> - Peer Influence - Family - Life Changes - School 	<ul style="list-style-type: none"> - Stress - Boredom - Illness/Injury - Risky behavior - Strong emotions

External Triggers

Risk	Reason
Peer Influence	<ul style="list-style-type: none">- Pressure to use by drug or alcohol using peers
Family	<ul style="list-style-type: none">- Attempt to cope with stressful family dynamics through substance use- Refuse to abide by rules outlined by parents
Life Changes	<ul style="list-style-type: none">- May feel overwhelmed during periods of transition
School	<ul style="list-style-type: none">- Academic challenges, drug-using peers, and a lack of time to work on recovery may make the adolescent more vulnerable to relapse

Internal Triggers

Risk	Reason
Stress	<ul style="list-style-type: none">- May attempt to manage stress through substance use
Boredom	<ul style="list-style-type: none">- If adolescents are not engaged in any activities, they may choose to experiment with drugs again to occupy themselves
Illness/Injury	<ul style="list-style-type: none">- Potentially addictive medication may be the only option for illness or injury
Risky Behavior	<ul style="list-style-type: none">- Participation in risky behavior may lead to situations where the adolescent is tempted to use drugs or alcohol
Strong Emotions	<ul style="list-style-type: none">- Both positive and negative emotions can trigger relapse. For example, elation can lead to celebration in which use is rationalized as an exception. Particularly problematic for many adolescents are negative emotions, such as anger, resentment, anxiety, guilt, shame, and self-pity. Strong feelings can be related to an underlying psychiatric condition, such as bipolar disorder, depression, or anxiety disorders. In these cases substance use is often a form of self medication and integrated treatment for both the psychiatric and substance use problems is required.

Relapse Risk 1: Peer Influence

Peer pressure is a facet of any adolescent's life, but in the world of addiction recovery, it is even more powerful and dangerous. For an adolescent, the impact of peer influence is stronger than it would be for an adult, making young people more susceptible to making immediate decisions based on peer influence.⁹ However, the power of peer influence among adolescents also makes it an ally in the recovery process when positive peers who are in or supportive of recovery are available.

Why: Adolescents who have entered recovery (especially if they are coming back from treatment) will face difficulties in re-integrating back into school and their social lives. They will often want to return to their original peer group even if their peers are still abusing drugs and alcohol. Being surrounded by individuals who are not supportive of recovery will inevitably put pressure on the adolescent to revert back to using in order to fit in and maintain friendships.

Potential solution: Teenagers entering recovery have to redefine themselves in order to recast their sense of identity.

Plan:

Communicate

Many experts suggest that adolescents need to communicate their desire to say sober to peers very early. Especially in groups where drug use was something that everyone had in common, adolescents trying to sustain recovery will have to come to terms with the fact that they may lose friends over this decision. Early in recovery, it is far too risky to attempt to maintain the same friendships and not slip back into substance use.

Choose Events Wisely

Often it is not the friends themselves who may tempt a recovering adolescent to use drugs or alcohol, but the situations that the group enters. This may include locations that remind the recovering person of previous substance use, or party situations where the majority of people are using drugs or alcohol. The young person should decide ahead of time whether or not they should attend an event. If the adolescent is dedicated to maintaining sobriety, then they will not be able to attend all the events that their friends may attend or those that they may have attended prior to recovery. Experts suggest avoiding people, places, and things that could be associated with drug use because of the vulnerability of a recovering brain to craving upon exposure.¹⁰ Limiting exposure to these triggers is the best way to

⁹ Winters, Ken C. *Advancements in Adolescent Substance Abuse Treatment*. University of Minnesota Medical School, Department of Psychiatry.

¹⁰ Interview, Michael Dennis, Ph.D. 18 July 2011.

reduce the likelihood that a recovering adolescent will react to a craving by using drugs or alcohol.¹¹

Have an Escape Plan

Even with a plan in place to avoid entering triggering situations, it is possible that a seemingly sober event could turn into one where others are using. Adolescents should discuss their plans with a parent, friend, or sponsor who is supportive of their recovery and have a plan in place if they need to be picked up or if they need to talk to somebody. This way, they will not feel like they have no option but to stay at the party and perhaps use drugs or alcohol.

Be Willing to Make Changes

While many teens are likely reluctant to branch out from their original group of friends, if they are serious about maintaining sobriety, it is beneficial to look for friends outside those who are still using. As with places and situations, people who the adolescent associates with drug use will remind them of the drug itself.¹² If teens can expand their networks to others, either those who don't use drugs at all or those who are also in recovery, they will probably be around drugs less frequently and therefore have fewer opportunities to use.

Relapse Risk 2: Family

Although family dynamics are not solely responsible for an adolescent experiencing a relapse, they certainly play a role in whether or not an individual can sustain recovery. Many families are unsure of how to navigate around a loved one's addiction and need to learn the most effective ways to communicate, set boundaries, and provide guidance for their adolescents. Additionally, it is important for the adolescent to reciprocate and work with their families perhaps in ways they never did prior to their addiction.

Why: A young person's addiction may have taken hold insidiously, and through the process, family members lost the ability to enforce any rules or limitations. Once the adolescent and the family begin working towards recovery, it is important to improve open communication and expectations to effectively support long-term recovery. Adolescents may have become accustomed to refusing to abide by any rules throughout their addiction, but it is important to reinstate these rules and follow through with established consequences. Additionally, family dysfunction can also take a toll on adolescents as it often causes stress that can lead to substance use.

Variability: Family dynamics will also be highly dependent on the members of a family; for example the dynamics in a single parent household will be very different from those of a two-parent family. The number of siblings will also have an impact on the way family dynamics impact recovery.

¹¹ Ibid.

¹² Ibid.

Potential solution: The best way to avoid issues within the family related to substance abuse is for everyone to understand their role and responsibilities within the family. This can be done through a family contract, family therapy, honesty, and understanding.

Plan:

*Family Recovery Contract*¹³

Carole Bennett, MA, emphasizes the importance of a recovery plan or contract in order to “present realistic goals and subsequent consequences” for behaviors and situations that may arise throughout the recovery process (140). The family recovery contract is a small portion of a larger recovery plan. The family can come up with this contract together so that everyone agrees to the terms. It is important to think somewhat long term in drafting the contract and to outline the steps that everyone in the family will need to take if the adolescent does not abide by the rules of the contract.*

Observe and Communicate

Although family interactions and dynamics vary greatly, therapists often inform parents that observing their recovering adolescent can give them a great deal of insight into how the adolescent is doing in terms of their recovery. Poor family communication is often cited as a risk factor for an adolescent developing an addiction, and working to overcome communication barriers can have a positive impact on adolescent development and on reducing these risk factors.¹⁴

*Enforce*¹⁵

Often, one of the biggest obstacles for communication between parents and adolescents in recovery is enforcing consequences. She says that since teenagers battling addiction have usually become accustomed to ignoring rules and demands from their parents, it is difficult for the parents to effectively enforce rules even once their child is sober. Therefore, it is important to re-empower parents to implement rules and consequences for their adolescents. Again, communication is key so that the adolescent understands what is expected of them and cannot use ignorance as an excuse to defy the rules.

*Transfer Accountability*¹⁶

Early in recovery, it is important to make the adolescent take responsibility for his or her decisions. Lauren Goodman, MFT, offered cell phone use as an example of a domain in which an adolescent can take responsibility. A parent can outline rules for cell phone use, such as who the adolescent can and cannot communicate with, then inform the adolescent that their phone will be checked periodically. At this point, the adolescent should understand that it is his or her responsibility to use their phone appropriately and that it is up to them to keep their phone

¹³ Bennett, Carole. *Reclaim Your Life: You and the Alcoholic/Addict*. (Santa Barbara: Sea Hill Press 2010).

*For additional details on drafting a Family Recovery Contract, refer to chapter 17 of *Reclaim Your Life* by Carole Bennett.

¹⁴ Winters, Ken C. *Advancements in Adolescent Substance Abuse Treatment*. University of Minnesota Medical School, Department of Psychiatry.

¹⁵ Interview, Lauren Goodman, MFT. 24 June 2011.

¹⁶ Ibid.

privileges. This way, the parent cannot be blamed or viewed as “the bad guy” for taking the phone away; rather the adolescent is responsible for his or her own actions with regards to cell phone use. This example can be implemented in other domains of privileges and consequences as well.

Work Together

Most treatment programs require family participation, and continued family therapy is beneficial to aid in the recovery work that a family does together. Even if a program does not require family participation, research has shown that lack of family involvement is often a contributing factor to relapse.¹⁷

Relapse Risk 3: Life Changes

Why: Life changes can be unsettling for nearly everyone, but for adolescents working to stay sober, a significant change in setting or circumstances can be enough to derail recovery. If an adolescent develops a strong, positive support network and is then forced to relocate, the separation from this network could be a trigger for relapse.¹⁸ Additionally, since trauma is often a precursor to addiction, trauma even during a period of recovery could tempt the adolescent to cope through substance use.¹⁹

Potential solution: The difficulties that will come with life changes such as moving or transitioning to college can be anticipated and planned for to support recovery. Re-engagement in continuing care or re-connecting with previous clinicians for added support may be beneficial at this point.

Plan:

Anticipate

If a significant life change is set to occur, it may be helpful to have recovery support plans in place for when the change happens. For example, if a recovering adolescent is going to college, having a support group or therapist there will decrease the likelihood that the young person will need a more intensive intervention later on. Essentially, the most effective relapse prevention is continuing care, so having a plan for continuing care is crucial to sustained recovery especially during times of difficulty or transition.²⁰

Connect

Reconnecting with previous treatment providers such as clinicians or therapists, may provide additional support for young people during a transition even if they had been seeing these providers less frequently before the change occurred. Connection to a recovery community is important at all points during the recovery process for adolescents,

¹⁷ Winters, Ken C. *Advancements in Adolescent Substance Abuse Treatment*. University of Minnesota Medical School, Department of Psychiatry, p. 11.

¹⁸ Interview, Susan Godley, Rh.D., Lora Passetti, B.A. 13 July 2011.

¹⁹ Ibid.

²⁰ Interview, Paula Riggs, M.D. 14 July 2011.

but it may be even more important to have a support network during a transition period.²¹ It is also important for the adolescent to keep open lines of communication with those in the support network during this time.

Relapse Risk 4: School

High school poses many social and academic challenges for almost all students, but when recovery from addiction is also a factor, this time period can be even more difficult. Research has indicated that returning to the same school environment post-treatment often produces academic challenges, negative peer associations, and substance availability, all of which increase the risk for relapse.²²

Why: In early recovery, students will have to face reintegrating back into school both academically and socially. Academic expectations can pose a challenge because students will likely have work to catch up on if they missed class during treatment. Social reintegration, however, may be even more difficult than catching up academically. Peer groups may view an adolescent differently once they return to school as the different, sober version of themselves.

Potential solution: Teenagers entering recovery should work with their school and treatment program to minimize the amount of catching up they will have to do once they return. If possible, adolescents and their families should explore recovery high schools to see if this is a viable option.

Plan:

Explore Recovery Schools²³

Recovery schools work because in a time when belonging to a peer group is most important, this type of school surrounds a recovering adolescent with peers who are also working to abstain from drug or alcohol use.²⁴ These types of programs (whether in high school or in college) also set aside time to work on recovery through groups or therapy, making recovery a priority for the students. Belonging to a community of educators and peers who are all committed to the students' success is a key factor in helping them to remain motivated and equipped to sustain recovery in an educational setting.

Accommodate

If attending a recovery school is not an option for a student, it is helpful to incorporate aspects of a recovery school into normal schooling. Attending some sort of recovery group such as 12-step is essential to create some sort of recovery community surrounding the

²¹ Interview, Kitty Harris, Ph.D. 19 July 2011.

²² Clark, D., & Winters, K.C. (2002). Measuring risks and outcomes in substance use disorders prevention research. *Journal of Consulting and Clinical Psychology, 70*. 1,207-1223.

²³ Interview, Kitty Harris, Ph.D. 19 July 2011.

²⁴ Ibid.

adolescent. Connections with the recovery community play a significant role in supporting recovery. In addition to a larger recovery community, outside support such as from a therapist or family counselor is helpful, especially in the early stages of recovery. Feelings of isolation often contribute to relapse in adolescents, so preventing or decreasing these feelings can help guard against returning to substance use. As in other areas of continuing care, structure and support in a school setting is essential to sustain recovery.

Relapse Risk 5: Stress

Stress is an especially important factor to consider in addiction treatment because often, the addiction itself rose out of a need to handle stress. Coping skills during times of stress are useful for everyone, but they are even more crucial for someone who is trying to avoid managing stress through substance use, perhaps for the first time.

Why: Substance use, or self-medicating, is often a way to handle stressful situations in an unhealthy manner. Adolescents who have a substance use problem often begin using drugs and/or alcohol to numb the daily stress that they experience from school, relationships, family life, or many other life situations. Following treatment or even a period of recovery, reverting back to substance use is going to be the natural method of stress management that will come to the adolescent's mind. Additionally, the stress that the recovering individual will feel even in traditionally non-stressful situations will likely be heightened because the adolescent may have become used to experiencing everything while under the influence.

Potential solution: Adolescents in any stage of recovery (especially early) need to have stress management skills to avoid reverting back to substance use to cope with difficult situations. These skills may sometimes be identified during treatment or with a therapist to find the stress management methods that are most effective for the individual. When the adolescent is feeling stressed or overwhelmed the stress management skills should be used early on to avoid turning to drugs or alcohol instead. In trauma patients, it is difficult to begin working on stress management until the adolescent feels safe in their environment and is secure enough to begin addressing the trauma in therapy. Additionally, this type of therapy will involve some amount of re-exposure to the traumatic or abusive experience(s) and the adolescent needs to be mentally ready for this, which could take many months.²⁵

Plan:

Practice

Practicing stress management techniques regularly will increase familiarity with techniques so that they can be used in a time of stress. Stress management will vary depending on the individual, but techniques such as stretching, breathing, art therapy, or a number of other relaxation techniques can be helpful. Once these techniques become a part of life, adolescents will be able to rely on them in times of heightened stress to avoid using drugs or alcohol instead.

²⁵ Interview, Michael Dennis, Ph.D. 18 July 2011.

Use Techniques

Know which techniques are the most helpful and use these in a stressful time or situation. If stress management techniques are a part of life normally, then it will feel natural to resort to these techniques to decrease feelings of stress. These methods will reduce the imminent craving to use drugs or alcohol until stress subsides.

Relapse Risk 6: Boredom

Preventing boredom in teenagers trying to recover from addiction is crucial. If adolescents are not having fun and enjoying their lives without using drugs or alcohol, they will likely not stay sober.²⁶

Why: While it is important not to overwhelm the adolescent and possibly increase their stress, many free hours throughout the day will allow them enough time to reminisce about drug or alcohol use or even turn back to using to occupy themselves. Although it is difficult to have every hour of every day occupied, minimizing the amount of downtime reduces the amount of time in which experimentation is an option. Additionally, time to reminisce is detrimental because the adolescent may crave the drugs more than they would if they were not actively thinking about using.

Potential solution: Having structured activities and joining clubs or sports teams is beneficial because it reduces the amount of free time that the adolescent will have on a day-to-day basis. Excessive amounts of free time will often lead to experimentation because the teenager will be tempted to use drugs to occupy his or her time.

Plan:

Get Involved

Joining a club or sports team shortly after starting a period of sobriety (either with or without treatment) is a beneficial idea for adolescents. It will not only occupy their time to prevent them from returning to harmful behavior, but it will also allow them the opportunity to make new friends and expand social networks beyond the friends who use drugs.

Attend Groups

Teenagers can look forward to and rely on groups such as 12-step groups as a support network. If they attend them frequently, teens will be motivated to wait until their meeting instead of using drugs or alcohol. Group facilitator Matt Howard says that teenage group members have said that the connections they feel with the group and the facilitator encourage them to put off relapse because they do not want to disappoint the group by having to tell everyone that they relapsed²⁷. In this way, groups can act as motivation to continue on the path of recovery.

²⁶ Interview, Leanne Cavanagh (Adolescent therapist at Recovery Resources). Interview 28 June 2011.

²⁷ Interview, Matt Howard (Youth Services Bureau Lakes Area). Interview 28 June 2011.

Relapse Risk 7: Illness or Injury

Why: Illness or injury will often be treated with prescription medications, some of which may be addictive. For individuals in recovery, exposure to these substances, especially to a previous drug of choice, could potentially lead to a relapse. The solution to this problem, however, is not as simple as refraining from using these drugs at all. If there is a severe injury or illness, it is not reasonable to expect that the individual should not have any sort of medication for pain management.

Potential solution: The best way to ensure that the use of pain medication does not escalate into drug abuse is by having a plan for administering the medication, as well as guidelines for the dosage and length of time that the medication should be used. If the medication is taken according to all of the outlined directions, the likelihood of the patient spiraling back into addiction will be lower.

Plan:

Inform

It is important that the doctor prescribing the medication is aware of a history of addiction before they prescribe medication. Sometimes, if opiates were the drug of choice and that is what the doctor had planned on prescribing, they will choose another drug once they are informed of the patient's history.²⁸ Additionally, doctors may prescribe far more pain medication than is medically necessary following a surgery or an injury, and if they are aware that there is a history of substance use, they may choose to reduce the amount of medication that they prescribe.²⁹

Substitute

Prescription pain management medication may not be necessary following all procedures, but doctors frequently prescribe it anyway. For surgery such as wisdom teeth removal, using over the counter medication may be less comfortable, but it is a better option for someone who has struggled with addiction.³⁰

Monitor

In the case of adolescents, it is helpful to have a parent or guardian administer the medication at the designated time intervals and keep the medication somewhere that the adolescent cannot access at any time. It may be too much to expect the adolescent to use the medication appropriately, so a parent taking on this responsibility may be the safest way to avoid a relapse.³¹

²⁸ Interview, Greg Williams, MA Candidate. 12 July 2011.

²⁹ Interview, Martha Morrison, MD. 12 July 2011.

³⁰ Interview, Greg Williams, MA Candidate. 12 July 2011.

³¹ Interview, Martha Morrison, MD. 12 July 2011.

Taper

Tapering the medication in a timely manner so that it is not used longer than necessary is an important measure to take as well. Pain management medication should not become a part of life when not prescribed for a chronic condition.³²

Relapse Risk 8: Risky Behavior

Why: Individuals who struggle with addiction are often risk takers by nature, but continuing to engage in risky behavior while in early recovery can often derail an adolescent's sobriety. Low risk or high risk behavior may indicate that the adolescent does not think that they are susceptible to relapse or that they are not committed to recovery.³³

Potential solution: If the adolescent is truly committed to sustaining recovery, they should understand the detrimental effects that may accompany any type of risky behavior. While it may seem that simply having one drink or continuing contact with using friends is harmless, the adolescent should be aware that slipping into a relapse is often insidious and unplanned.³⁴

Plan:

Have an Escape Plan

Similar to the escape plan that one would have if peers started using in a situation where the adolescent did not expect that drugs would be present, they should also have a way to remove themselves from situations if they realize that remaining in the setting would qualify as risky behavior. (See Relapse Trigger 1 – Peer Influence).

Travel in Groups

For college students especially, events such as finishing a project may involve some time working at a bar or another location that could potentially be triggering for a recovering person. Some suggest attending these events with others who can support the adolescent's recovery, such as another recovering student. This way, there is somebody else who can hold the student accountable and provide a source of strength to resist the temptation to drink or use drugs.³⁵

Understand Individual Triggers

Although tendencies towards risky behavior can be due to a personality trait, if adolescents understand their individual triggers and define them clearly, then they can know what types of behaviors would be risky for them personally. If the adolescent is committed to sobriety, then keeping high-risk activities strictly off limits is the best way to avoid slipping back into behavior that deviates from the recovery plan. This is simpler in theory than in practice, however, because adolescents may not be aware or willing to outline their

³² Ibid.

³³ Interview, Anne Thompson, 18 July 2011.

³⁴ Interview, Kitty Harris, Ph.D. 19 July 2011.

³⁵ Ibid.

triggers. They may also rationalize the reasons they begin to engage in slightly riskier behavior and relapse unwillingly.

Relapse Risk 9: Self-Pity

Why: Adolescents entering recovery often view a future life of sobriety as a death sentence and are reluctant to pursue recovery for this reason.³⁶ Because young people who struggle with substance use disorders often have similar personality traits such as being thrill seekers and risk takers, a substance free life is simply not appealing to them. Therefore, they do not want to end their fun lifestyle by cutting out substance use because they do not believe that they will enjoy their lives without drugs or alcohol.**

Potential solution: Feelings of self-pity are sometimes amplified by negative peer influence through thoughts and statements. The difficulties that accompany negative peer influence can be alleviated if the group surrounding the recovering adolescent adopts a more positive view of sobriety and adolescent life overall. The impact of a positive peer group has been emphasized as a way to encourage adolescents to appreciate a sober lifestyle rather than longing to return to the “fun” life style of substance use and addiction.³⁷

Plan:

Linking

Many counselors in communities will link individuals in the same age group with one another to allow them to rely on each other and give them an opportunity to make positive peer connections.³⁸ Although they might be hesitant to meet up with one another initially, providing the option of interacting with new and more positive people can eventually translate into a more positive peer network.

Activities

Since many adolescents believe they cannot have fun without being under the influence, recovery activities that resonate with thrill seeking personality types can promote the appeal of a sober lifestyle. Something that is important to note in planning recovery activities for adolescents is that the activities that are interesting and attractive to young people are vastly different than those that appeal to adults. For adults, the ability to be independent and take responsibility (even for mundane tasks) is often a motivating factor in sustaining recovery. For adolescents, however, these same tasks are rarely enjoyed.³⁹ The importance of these types of activities is echoed by other professionals in the field who say that young people often feel that while they have enough recovery support in the domains of treatment, the area where they feel like their recovery support is lacking is in the area of simply having a life outside of substance use or treatment.⁴⁰

³⁶ Interview, Greg Williams, MA Candidate. HSHPS Trainee / SAMHSA Intern. 12 July 2011.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid

⁴⁰ Meeting, Cathie Hartnett, National Youth Recovery Foundation. 12 July 2011.

Changing one's Outlook

Many Cognitive Behavioral Therapists view self-pity on the part of an adolescent who is recovering from a substance use disorder as a negative thought process that can be altered.** In the event that this thought process is not due to an underlying psychiatric disorder, Cognitive Behavioral Therapy (CBT) can be used to teach adolescents how to reframe various situations and then develop a new, more positive outlook. This is a process that will occur between the therapist and the adolescent and will be individually determined.⁴¹

Policy Implications of Adolescent Recovery Support

Although the implementation of recovery support systems in communities is key to helping adolescents sustain recovery, developing these systems and services will have some implications at the policy level. Some of the important systems that would be helpful and involve policy are outlined below. These are recovery support groups, alternate activities for youth, family recovery support services, and recovery schools.

Recovery Support Groups

Recovery support groups such as Our Place in Forest Lake, MN are a helpful resource for teens navigating recovery. This is a 12-step group that meets once a week and is comprised of only adolescents in different stages of recovery. Matt Howard, the facilitator of this group, says that many of the group members credit the group with helping them to sustain recovery. Unfortunately, recovery support groups specifically for adolescents are few in number throughout the country and additional groups could be an extremely beneficial addition to recovery resources for adolescents.

Alternate Activities

Drug-free programs are beneficial to youth striving to maintain recovery because they offer alternatives to substance use and still offer youth activities to keep them occupied. Initiatives such as Midnight Basketball in the 1990 have provided adolescents with something to do at night instead of using drugs or engaging in crime. Promoting and funding activities that encourage a drug-free lifestyle are helpful for both youth in recovery and those who have never had a drug or alcohol problem to see that substance use is not necessary to have fun.

Family Recovery Support Services

In addition to groups for the adolescents themselves to receive recovery support, families of struggling teens may need additional support services as well. Parents may not be equipped to support a recovering teen as it may be uncharted territory for them, and support and education could help to create a smoother recovery process for the entire

⁴¹ Interview, Ken Winters, Ph.D. 12 July 2011.

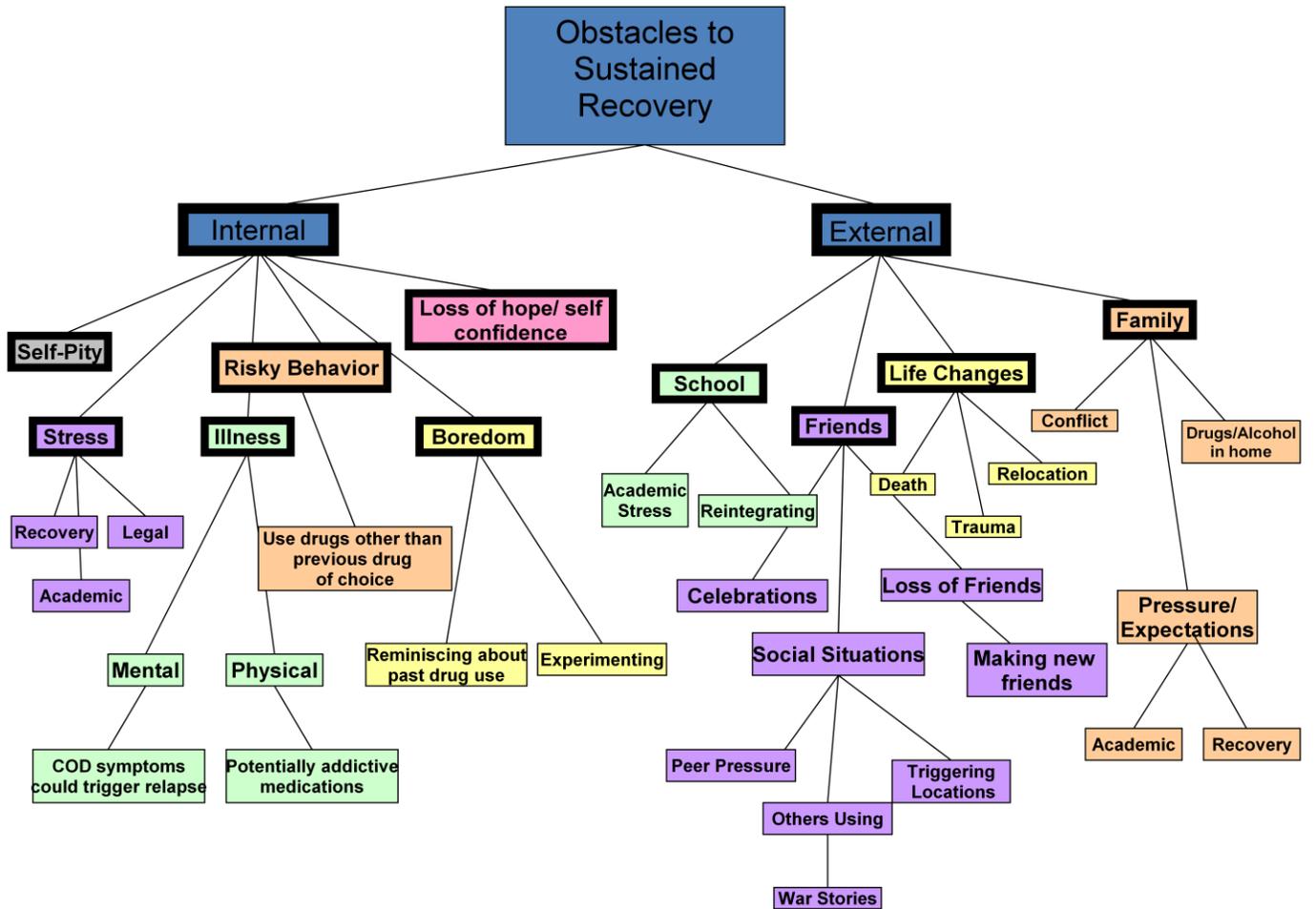
** It is important to note that sometimes, feelings of self-pity may arise from an underlying depressive disorder, which can be addressed separately through therapy or other treatment (Interview, Ken Winters, Ph.D. 12 July 2011).

family. Siblings of teenagers who have had a substance use problem are at an increased risk for developing a substance use disorder as well. Because of this, additional prevention resources for siblings may be useful so that they avoid falling into a pattern of substance use.

Schools

Recovery schools assist students recovering from substance abuse to achieve academic goals while sustaining recovery in an educational setting. These schools are often beneficial for students coming out of treatment and entering recovery because their classmates are also trying to maintain sobriety and a recovery school is a supportive environment. Funding for recovery schools could be a helpful policy decision because it would increase the likelihood that students will not have to face negative peer influence and therefore help them to sustain recovery.

Obstacles to Sustained Recovery – Relapse Trigger Chart



Summary and Conclusions

By conducting interviews and research, the most common adolescent relapse triggers became apparent. Peer-influence, family, life changes, and school play a significant role as external factors that may contribute to relapse. Stress, boredom, illness or injury, risky behavior, and self-pity were determined to be significant internal factors that may threaten adolescent recovery. While many of these triggers may overlap between an adolescent population and an adult population, relapse prevention for this population must be tailored to fit the needs of adolescents specifically. Although recovery is a lifelong journey, with sufficient tools and plans in place, adolescents can achieve and sustain recovery from drug and alcohol abuse.

Acknowledgements

Carole Bennett, M.A., Leanne Cavanagh, PC, Michael Dennis, Ph.D., Bill Ford, Susan Godley, Rh.D., Lauren Goodman, MFT, Ivana Grahovac, MSW, Kitty Harris, Ph.D., Matt Howard, Shelly Marshall, Martha Morrison, M.D., Lora Passetti, Paula Riggs, M.D., Anne Thompson, Greg Williams, MA Candidate, Ken Winters, Ph.D.

The Office of National Drug Control Policy, especially Deputy Director David Mineta, Peter Gaumond, and Nataki MacMurray within the Office of Demand Reduction.

References

Bennett, Carole. *Reclaim Your Life: You and the Alcoholic/Addict*. (Santa Barbara: Sea Hill Press 2010).

Clark, D., & Winters, K.C. (2002). Measuring risks and outcomes in substance use disorders prevention research. *Journal of Consulting and Clinical Psychology*, 70. 1,207-1223.

Ettner, S.L., D. Huang, et al. (2006); McLellan et al. (2000); Dennis, Foss & Scott (2007); Hartz, D.T., P. Meel, et al. (1999); NIDA (1999).

Office of National Drug Control Policy, [National Drug Control Strategy, 2003](#), February 2003

Substance Abuse and Mental Health Services Administration, [Results from the 2006 National Survey on Drug Use and Health: National Findings](#), 2007

Sunhawk Adolescent Recovery Center. "Teens in Early Recovery: 10 Common Triggers for Relapse". http://www.sunhawkrecovery.com/relapse_triggers.html. Accessed 16 June 2011.

White, William L., M.A., Cloud, William, Ph.D. "Recovery Capital: A Primer for Addiction Professionals." *Counselor Magazine*. 6 November 2008.

Winters, Ken C. *Advancements in Adolescent Substance Abuse Treatment*. University of Minnesota Medical School, Department of Psychiatry.