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IDENTIFICATION OF RELAPSE FACTORS OF ALCOHOLICS AFTER THEIR FIRST TWELVE STEP PROGRAM

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IDENTIFICATION OF RELAPSE FACTORS OF ALCOHOLICS
AFTER THEIR FIRST TWELVE-STEP PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Mirna Veronica Hernandez

June 2016

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Approved by:

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ABSTRACT

This research project is intended to assist with the identification of relapse factors for alcoholics who have relapsed after their twelve-step program. It is beneficial to understand relapse factors for alcoholics in order to provide effective treatment plans, services, and goals that will assist in attaining sobriety from alcohol. The research study used a qualitative approach; the data was collected through interviews from participants at the Cedar House agency in Bloomington, CA. The data was collected and then analyzed for possible themes of relapse factors. Themes that developed from interviews conducted with alcoholics that had relapsed after their twelve-step programs were: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness, and lack of support from family/peers and community.

There are limitations to this study which, include a small sample size and interviews were held at only one agency that incorporated the twelve-step process. Future studies should be implemented to confirm the results of this study.

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I would like to acknowledge my family, friends, professors, and the community of San Bernardino County. The encouragement and support that I have received from my cohort and family has been incredibly amazing. I could not have accomplished my goal without my number one supporters, my babes Mike Smith and my daughter Presley Smith.

I would like to acknowledge my thesis advisor, Dr. Erica Lizano for your positive support, guidance, and empowerment. Thank you for your encouragement that has helped me immensely along the way.

Lastly, I want to thank Cedar House, their director and staff and allowing me the opportunity to interview participants at their facility. Thank you to the participants that volunteered to be interviewed and opening up a personal part of your life with me.

DEDICATION

I dedicate this study to all the individuals, families, and communities suffering from alcohol addiction, it is not an easy illness to conquer for everyone. Just know that you are not alone and with time, love, and inner motivation, to live and experience life, you can overcome. Even if you have to conquer this addiction day by day or hour by hour, you have the power to get through it!

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CHAPTER ONE

INTRODUCTION

The first chapter will cover an overview of the conflict of alcoholics relapsing after their twelve-step programs, why it is critical to address, the impact of relapsing from alcohol, research question, and purpose of the study. Chapter one will additionally cover the importance of researching the factors that lead alcoholics to relapse. Identifying how the factors lead alcoholics to relapse can provide future assistance for social workers, counselors, therapists, and twelve-step programs in future implementation of treatment.

Problem Statement

Due to the adverse effects of alcohol, it is important to address alcoholism, relapse, twelve-step ongoing process, and the destruction, relapse can cause to individuals and families. According to research found regarding alcoholism, it is a deadly and a costly social problem. Alcoholism is an ongoing illness that needs further research to identify how alcoholics can continue to live their lives with an addiction that is debilitating to their health and livelihood. Alcoholism is an overpowering addiction that affects each person in the United States one way or another.

Alcoholism can affect an individual, a family, educational attainment, employment and the community. In the United States alone, alcoholism is a considerable public health problem and is costing the economy around \$350

billion annually (McKay & Hiller, 2011). Not only does alcohol abuse affect individuals, families, organizations, and nation, it is costing large amounts of monies to prevent alcohol abuse. Learning about alcohol relapse and the current twelve-step programs in place is critical to address, to help educate people about alcohol use disorder, relapse, and its negative impact on the nation.

Purpose of the Study

The purpose of this study was to identify factors that cause alcoholics to relapse after their first twelve-step program. Identification of relapse factors could possibly lead to future treatment modifications for alcoholics.

Additionally, the data that was collected may assist in recovery plans that therapists and twelve-step programs provide in promoting lifelong sobriety.

Addressing the problem of alcoholism in the United States may provide positive impact for individuals, families, communities, twelve-step programs and people dealing with alcoholism. Clinicians, doctors, therapists, and alcoholics may be impacted by the research found, by helping solve the situation or provide positive outcomes for recovery. Providing this insight in regards to the reasons alcoholics relapse, can add to the current research in place or can provide a new perspective that may not have been researched. Even people that are not alcoholics may be impacted by addressing alcoholism, if relapse can be prevented, it can hopefully prevent an innocent bystander by not being part of a “traffic-related death” (Giesbrecht, 2007).

According to (Kelly & Yetarian, 2011) article, in the nation, alcohol use disorders are amongst the highest, it is estimated that 30 percent of Americans will meet the diagnostic criteria of an alcohol use disorder. The high percentage of Americans becoming alcoholics will only lead to hospitalization, health issues, additional economic costs, unemployment status, disruption of family setting, and ongoing needed care for the individual to maintain sobriety (Kelly & Yetarian, 2011).

The research of alcoholism, relapse, and 12-step programs, lead to the following question, "What are the factors that impact alcoholics to relapse after their first twelve-step program?" This question was developed due to the fact that there is not sufficient information as to why alcoholics relapse after their 12-step programs. It is beneficial to research what the factors are that impact alcoholics and how data can be used to impact ongoing research, to assist alcoholics to recognize triggers, verify availability and lack of resources, and to aid the current researchers, therapists in achieving a solution/treatment if possible.

Significance of the Project for Social Work

The results of identification of factors that assist in relapse for alcoholics after their twelve-step program may result in improvement of treatment in current facilities. Social workers can work on providing specific assessments that will assist in the implementation of treatment goals and assess client's current strengths to assist with prevention of relapse. Identification of relapse

factors can assist social workers at alcohol rehabilitation centers to focus on follow-up care plans for clients before they complete their twelve-step programs. This information may not only assist social workers at an individual level, social worker to client, but can assist agencies at a macro level by providing evaluation of current and local twelve-step programs' possible strengths and challenges in the San Bernardino County.

It is important that professionals such as social workers and social service agencies that are providing services to clients that have an alcohol use disorder, to understand symptoms, consequences, and effects. Identifying the meaning of alcoholism and applying it to various settings is important, to view how alcoholism impacts social, political and economic challenges and the impacts on alcoholics (Herd, 2011). Social workers researching and identifying clients culture, environment, lifestyle, employment, support system such as family and friends and education is essential to assist in the progress of alcoholics that are relapsing after their twelve-step programs. Social workers can become advocates in communities that have a high incidence of alcoholism/drunk driving related accidents, by advocating to reduce alcohol billboard announcements or limiting establishments such as liquor stores to be opened up in low-income concentrated areas (Herd, 2011). Social workers may advocate to increase the distance between liquor stores and alcohol rehabilitation/treatment center locations.

In addition to advocating for people with alcohol use disorders, social workers should become knowledgeable of their client's culture and possible reasons for relapse. In various cultures, alcohol consumption during various types of celebrations is part of a ritual. According to Castaldelli-Maia and Bhurgra's (2014) article, the researchers are studying linkages between culture and alcohol, the study identified that there are people who want to acclimate to the local culture. For example, in the USA, alcohol consumption may be part of socializing process amongst peers which may contribute to alcohol abuse (Castaldelli-Maia & Bhugra, 2014). Having a better understanding of alcoholics' culture may help with the development of effective treatment plans so that alcoholics can attain a better understanding of their own culture, relapse, strengths, and preventative care to obtain sobriety.

It would be essential for social workers to understand how addiction and the exposure to alcohol leads to relapse. It is beneficial that social workers inquire about the various therapies and interventions that will assist in helping prevent alcoholics from relapsing. For example, "Cue exposure therapy" may assist alcoholics from relapsing by exposing the alcoholic to alcoholic beverages and then training them to choose the nonalcoholic beverage, this type of therapy has the potential to be "effective treatment for addiction" (Goltz & Kiefer, 2009, p. 185)

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter includes information on research done currently on relapse factors, alcohol use disorder, twelve-step programs and treatments for prevention of relapse. The literature review provides various perspectives from professionals in the field that identify alcohol disorders as a chronic illness. The research provides background on alcohol symptoms, complications and struggles for individuals, families, professionals, and society.

Based on previous research, it is known that alcoholics and relapse is a continuous societal problem for the individual, family, and the environments. Due to the increasing numbers of people being diagnosed with alcohol use disorders and various systems that are being affected by it, researchers and clinicians are creating and verifying outcomes and process of interventions that focus on relapse preventions (McKay & Hiller-Sturmhofel, 2011). According to the DSM-5, alcoholism may impact work/home environments, by missing work days, not tending to household chores, and affecting the physical health of the individual consuming alcohol (American Psychiatric Association, 2013). In addition, due to chronic alcoholism, society is impacted by the high costs that it creates within the health care systems (Watson et al., 2013). It is apparent that there is not sufficient information regarding the reasons for

relapse after twelve-step programs. It is essential that programs that provide aftercare processes are looked at because of the lack of research, evaluations and negative outcomes such as, the relapse that continues to occur in our society (Brown. et al., 2002).

Alcohol Use Disorder and Chronic Illness

The Diagnostic and Statistical Manual of Mental Disorders DSM-5 includes alcohol use disorder as a substance-related and addictive disorder. Symptoms of the alcohol disorder can include various symptoms whether physical and/or mental. Alcohol consumption can lead to symptoms of depression, anxiety, and conduct problems (American Psychiatric Association, 2013). School and employment performance may be affected due to the alcoholic being intoxicated at school/work or having side effects from the large amounts of alcohol consumption (American Psychiatric Association, 2013).

Galanter (2014) stated that alcoholism is a chronic illness and should be addressed by providing ongoing support/aftercare treatment that requires additional research. According to Galanter (2014), alcoholism is a health problem that needs to be acknowledged by society. By recognizing that this is a mental illness, families, caretakers, friends, and peers can recognize the amount of strength it takes an alcoholic to maintain sobriety. Interventions to assist with alcoholism should not be short term goals for alcoholics, but instead developed as long term goals for a person that has a mental illness like alcoholism.

There is limited research on alcoholism as a “chronic relapse disorder” and further research should be developed, how labeling may be prompting stigma or barriers for certain people seeking treatment (Cunningham, 2012). According to Cunningham, people with alcohol use disorders, are not seeking therapy, not following up with their care plans, and are relapsing at higher rates. It would be beneficial to develop research in areas to identify reasons for the stigma or ambivalence of seeking treatment for people with alcohol use disorders. Social workers and agencies that specialize in alcoholism treatments could utilize research, for reasons why people relapse and do not continue to seek additional help before relapse occurs.

Twelve-Step Programs

Twelve-step programs are a continuous process that requires alcoholics to obtain weekly preventative care, for example, by attending meetings and/or connecting with a mentor/counselor to sustain sobriety. Various rehabilitation centers that involve a twelve-step process whether it is inpatient or outpatient include a spiritual base component. In many cases, alcoholics may have conflict or are unable to commit to twelve-step programs due to the third step in the twelve-steps, which includes, “a decision to turn our will and our lives to God as understood Him” (Galanter, 2014, p. 304). It is essential to have treatment plans that are suited for individuals that do not have a spiritual or higher power component so that they can also have the opportunity to attain sobriety and have preventative care to prevent relapse.

Research regarding abstinence from alcohol, indicates that alcoholics have a better quality of life after their treatment program. (Picci et al., 2014). Quality of life is based on the “ability to function in physical, familial, social, marital and professional contexts” (Picci et al., 2014, p. 2757). In Picci’s article, the authors state the positive impact of alcoholic’s abstinence during and after their treatment and the importance of follow-up after the treatment has terminated. It is beneficial that alcoholics have the ability to recognize the improvements and strengths developed during their treatment for positive reinforcement of obtaining sobriety to assist with their quality of life.

Stress Factor in Relapse

A possible relapse factor for alcoholics may be stress. The stress levels associated with alcohol relapse may be a high-risk factor (Sinha, 2012). Alcoholics that continuously consume alcohol develop changes in regards to the reward and motivation which can lead to increase in alcohol consumption, stimuli in alcohol consumption and the increase of stress (Sinha, 2012). Large amounts of alcohol intake and a combination of emotional situations can lead to relapse, it is important to create treatment plans so that these factors are taken into consideration. It will be beneficial to have steps in place for alcoholics to resort to healthy outlets instead of relapsing, which can create additional stress and/or an emotional situation. In Heinz’s (2009) article, there was information that agrees that stress may trigger relapse. Feelings of loneliness and stressful situations can bring back the sensation to drink due to

the alcohol being initially consumed during the alcoholic's first stressful situations, which can then trigger alcohol consumption again at another sign of stress (Heinz, 2009).

Theories Guiding Conceptualization

Various theories have guided previous research on alcoholism, for example, Cognitive Behavioral Therapy. Cognitive-behavioral therapy (CBT) can be utilized in interventions with alcoholics. CBT might be implemented in therapy by providing change in the thought process of alcoholics in regards to beliefs, attitudes, and situations that have negatively impacted the persons' initiation or relapse of abusing alcohol (McKay & Hiller-Sturmhofel, 2011). In addition, previous research shows that Self-efficacy theory has been utilized for prevention treatments for alcoholics. The major assumption of self-efficacy theory is that if an individual has the thought process to not consume alcohol then it will become a major role in interventions that focus on cognitive-behavioral treatments and preventative care if a client relapses (Witkiewitz & Marlatt, 2011). Self-efficacy theory assists therapists to evoke a positive thought process and assist with preventative focus and empowerment of one's own ability to resist and refrain from alcohol consumption.

The theory that guides this study is General Systems Theory. Systems theory recognizes the individual's connections/interactions to family, home, work, education, and community as systems (Turner, 2011). Systems theory is utilized in social service settings by social workers, to identify impairments

and non-impairments of individuals being assessed through a process that begins with an initial assessment. Social workers utilize an assessment tool that uses the General Systems theory to recognize gaps, influences within various systems and subsystems that may be affecting the client(s) functioning (Turner, 2011). Systems theory is utilized by focusing on the alcoholic's interrelated systems and how the systems play a role in relapse. The theory can be used as a guide to identify the systems and subsystems that impact alcoholics and cause relapse. This study aims to explore the functional and non-functional aspects of people living with alcohol use disorders.

Identifying factors that lead alcoholics to relapse after twelve-step programs is essential to understand what is needed for alcoholics to abstain from alcohol abuse. The study's essential purpose is to add to the current research for therapists, counselors, twelve-step programs and alcoholics to assist in creating prevention plans that will provide continuous sobriety. This study differs from prior studies as it focuses on alcohol abuse, twelve-step programs, and possible reasons for relapse unlike other studies that focus on general substance abuse and other mental health groups. The study that was conducted adds to the current research by identifying the triggers that lead alcoholics to relapse. By focusing on the factors that may impact an alcoholic's recovery after their first twelve-step program, therapists, and counselors can work on facilitating a new perspective revolving around the alcoholics systems. Identifying possible challenges/struggles in daily living of

an alcoholic may provide insight into the reason for relapse. One of the goals of the study was to assist therapists and counselors to develop new methods of minimizing or preventing relapse. Providing a new perspective of alcoholics' environment contributes to the current research dialogue by gaining additional information of alcoholics' current systems and everyday functioning.

Summary

The literature review on relapse among alcoholics provided limited information in regards to the perspectives of why alcoholics relapse after their twelve-step programs. Literature on various relapse factors that have affected alcoholics to relapse, for example, stress, emotional situations and lack of employment are reviewed. It is important to understand what prominent factors lead alcoholics to relapse after finishing their twelve-step program. This information may be beneficial for therapists and treatment agencies, to assist alcoholics from relapsing. The literature review substantiates that further research is required for preventative treatment and ongoing care for alcoholics confronting challenges to sustain sobriety.

CHAPTER THREE

METHODS

Introduction

This chapter includes the study design, sampling, data collection, procedures, protection of human subjects, and the data analysis process. This section also includes questions used in the interviews and the process of participant selection for the study. Included in this section is the confidentiality procedure used to protect the data collected and the study participants.

Study Design

The purpose of this qualitative study was to identify the factors that lead alcoholics to relapse after their twelve-step program. The study's purpose was to further explore the relapse factors that prevent alcoholics from attaining sobriety. This study utilized a qualitative approach. The qualitative method allowed the researcher to obtain information from alcoholics that have relapsed after their first twelve-step program. The interviewer asked closed and open-ended questions to collect data from the interviewees. By incorporating open-ended questions in the interview, the researcher was able to code for themes/patterns of factors that lead to alcoholics to relapse. The questions had wording that was simple and understandable for the participants, as suggested by Grinnell and Unrau (2014). The study consisted of seven interviews with alcoholics who had relapsed and were staying at

inpatient recovery rehab facility, Cedar House in Bloomington, CA. The interviews were performed face-to-face in an interview room in the Cedar House facility. Obtaining the participant's responses through interviews, allowed the research to gather the thoughts and beliefs as to why the alcoholic believed he/she relapsed after their twelve-step program.

Sampling

The sampling frame consisted of eight clients, seven of the eight clients were interviewed. Each interviewee was a current inpatient client at the Cedar House rehabilitation center located in Bloomington, CA. The participants were eighteen years and older and consisted of both males and females. In order to be part of the study, the participants must have completed a twelve-step program and relapsed from alcohol abuse. The researcher did not collect or request demographic or identifying information from the participants to ensure confidentiality.

The participants in the study met the criteria of relapsing from alcohol and completing a twelve-step program. The participants were asked for consent prior to being interviewed. Permission to interview clients was also obtained from Cedar House rehabilitation center. Cedar House was selected for the study due to its central location in San Bernardino County.

Data Collection and Instruments

The researcher of this study contacted Cedar House and requested to speak with the director of Cedar house to request permission to interview clients for this researcher's study. The director was informed of the purpose of the study and the benefits of providing further research to a predominant health issue affecting society. The researcher obtained written approval from Cedar House to interview Cedar House clients. The director of Cedar House had the counselors ask for voluntary participants for a study on individuals who had relapsed from alcohol and had completed a twelve-step program. Each participant voluntarily participated for this researcher's study.

This researcher went to Cedar House a few times to provide interviews, the researcher interviewed one participant at a time. The researcher discussed the purpose of study, description, voluntary participation, confidentiality, duration of interview, risks, and contact information with participants. After the interviewer provided a brief overview of the study, the interviewer asked for consent if they agreed to continue with the interview by having participants put a check and date on consent form. The interviewer asked each question out loud during the interview and wrote all of the interviewees' responses on a notepad. The questionnaire was developed and formatted by the interviewer to avoid any leading questions, refer to Appendix A for interview questions. The length of the interview with each of the

participants was between 20 to 30 minutes. The interview guide consisted of eleven questions.

Procedures

The researcher of this study obtained approval from California State University, San Bernardino Institutional Review Board (IRB) School of Social Work subcommittee by submitting an application to “Use Human Subjects in Research.” The next procedure included obtaining permission to interview clients from Cedar House in Bloomington, California. The clients from Cedar House were asked by the counselors of the group meetings to voluntarily participate in study. The announcements were made after the meetings, announcement included a brief introduction and explanation of research project and that participation was voluntary. Initially, eight participants volunteered to participate in study. One participant did not meet the criteria of relapsing from alcohol. The researcher went to Cedar House three separate times and interviewed up to three participants individually for up to 30 minutes. At the beginning of the interview, a consent form (Appendix B) was given to each participant. Once the interview took place and the interview was completed, the participants were then handed a debriefing statement (Appendix C). The researcher thanked the participants for volunteering for the study and for scheduling time to meet with the researcher. The researcher provided information when the study would be available to view on the school’s library website and hard copy in the school library.

Protection of Human Subjects

Participants were informed of the purpose and possible risks of participating in the study. Participants were informed that participating in the study was voluntary. The interviewees were given a consent form (Appendix B) which did not include any of their identifying information and were asked to sign with a check and date if they choose to participate. In addition to the consent form, interviewees were given a debriefing statement (Appendix C). To ensure confidentiality of the participants', no identifiable information was requested on any of the forms. The researcher did not have any questions on the interview that required any identifiable information. The researcher ensured that the data collected was stored in a safe location and will include destruction of documents three years after the thesis project has posted in June 2016. Once the interview was completed, the participants were given a debriefing statement with information on additional counseling services in addition to the services provided at Cedar House.

Data Analysis

Once the interviews were completed, the interview notes were transcribed verbatim and entered into a word document. The researcher reviewed each of the interviews and coded the interviews for recurring themes. The qualitative data that was collected through the set of questions is presented in Appendix A, provided similar themes that allowed the researcher to provide identification of factors for alcoholics relapsing after completion of a

twelve-step program. The interview process provided detailed responses of employment status, family living arrangements, emotions, stresses, environmental factors, and personal perspectives of why the participant acknowledged the reason for relapsing after their twelve-step program.

Summary

This chapter included the qualitative process and procedures of identifying common themes that emerged from the study interviews about relapse factors. The qualitative approach provided alcoholics perspective as to why they feel they relapsed after their twelve-step program. The interviews were obtained face-to-face and were performed at the participant's inpatient facility. Seven out of eight voluntary participants were asked to partake in an interview that consisted of open and closed-ended questions to identify possible themes in common factors of relapsing. The data collected added to current research for treatment plans, ongoing preventative care and provided additional insight to why alcoholics' believe they relapsed after their twelve-step program.

CHAPTER FOUR

RESULTS

Introduction

This chapter will include the qualitative process that was utilized for identifying relapse factors in the seven interviews acquired at Cedar House alcohol and drug rehab program. All interviews took place at the Cedar House residential program. The interviews were done face-to-face and lasted approximately thirty minutes in an office at Cedar House. The interviewer provided eleven questions which included open and closed-ended questions. This researcher allowed the participants to add additional comments to their interview responses if they chose to. The interviewer did not attain demographic or identifying information due to the small sample size. The common themes/relapse factors found in the interviews were: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness, lack of support from family/peers and community.

Presentation of the Findings

Commitment to Therapy

A major theme that developed was commitment to therapy. The responses revealed the participant's commitment to their twelve-step program/treatment while in a residential facility. For question number one on the interview guide (Appendix A), "During your stay at Cedar House residential treatment, were you exposed to a twelve-step program/process? Did you

attend all meetings?” all participants responded “yes” to the first part of the question. For the second part of question number one, all participants responded that they had attended all meetings. From the responses received during the interviews, relapse occurred after the participants stay at the residential treatment center for all seven of these participants.

Unemployment

Unemployment was another major theme that emerged amongst the participants responses. Five out of the seven participants were unemployed, when they relapsed. Our society sees employment status as valuable and a characteristic of a person’s status, without employment and having a goal or daily task can be problematic for alcoholics. Participant number four reported that, he was receiving Social Security Income (SSI). Unemployment was a distressing factor that contributed to relapse, for example, participant three stated:

“I was broke”, “I was having a hard time finding a job”, and “I was really frustrated” (Participant 3, personal communication, October 2015).

Availability of Healthy Support

The information received from each of the seven interviews on question eight, resulted in various responses, as to why each participant relapsed after their twelve-step program. The common response from the participants for question eight on the interview guide, “What do you believe caused you to relapse after you completed your first twelve-step program and why?” was the

lack of support from family/friends and community, when the participants were experiencing distressing circumstances.

Shame and Guilt in Seeking Support

These distressing circumstances made it difficult for most of the participants to ask for help during relapse, which prompted a decrease in motivation to stay sober, and developed feelings of guilt and shame when seeking help. Participant number two stated:

“The guilt and shame that caused me after the car accident, all friends got hurt in car that I was driving, I wanted to drown my sorrows. And the betrayal and rejection of my fiancé. I never got any love/attention from no one” (Participant 2, personal communication, September 2015).

For question four on interview guide, “How were you feeling at the time of your relapse?” revealed various emotions, experiences, and thoughts, for example, a participant stated:

“Dad brought beer to my graduation/treatment and I thought “no point” and “started the ball rolling” (Participant 1, personal communication September 2015).

Participant number two for question number four, stated, that she was: *“Really, really hurt, depressed, doctor diagnosed me with depression and I started drugs and alcohol due to my relationship and missing my daughter”* (Participant 2, personal communication, September 2015).

A few responses from the participants included feelings of: depression, anger, shame, and guilt. Participant number 6 stated:

“I felt terrible, mad, guilt and shame, I felt sorry for my kids, alcohol has been my crutch, I have a lot of anxiety problems and depression”

(Participant 6, personal communication, October 2015).

The responses received regarding feelings at the time of relapse from the participants, provided information on how distressing feelings, can lead alcoholics to relapse.

Loneliness

On question number six of interview guide, “What was your marital status when you relapsed? For example, single, married, divorced, separated, or widowed?” For question six, four out of seven participants were single, one participant was divorced and the other two participants were married or in a relationship. Participant number six stated:

“I had a boyfriend, it was a bad relationship, he did speed and I had my bottle” (Participant 6, personal communication, October 2015).

Being disconnected from a loved one or being able to rely on a supportive friend/spouse can make it even harder from alcoholics to maintain sobriety and avoid relapse. It is important to have a bond with people for support and for alcoholics to focus on positive enriching experiences.

Lack of Support from Family/Peers and Community

Another factor that contributed to relapse for the participants was the lack of support from family/friends. For question number nine in the interview guide, “Who did you contact after you relapsed and why?” the participants’ provided various responses. One of the participants’ responded:

“No one, I didn’t want to because of shame and guilt” (Participant 1, personal communication, October 2015). Another participant responded, “I contacted my friends that would get high and drink” (Participant 2, personal communication, October 2015).

Three of the seven participants either contacted friends or Cedar House to request for help with their addiction.

Summary

This chapter provided information regarding the participant’s responses and the common themes that developed. Included in this chapter were some of the responses from the participants and identifiable relapse factors that led the participants to relapse after their twelve-step program. Some of the common themes identified included: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness and lack of support from family/peers and community. The information provided in this chapter provide an outlook of various responses from the participants and what lead them to relapse after their twelve-step program.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter briefly covers the significant results from information gathered from the interviews and how the results of the study answered the research question. This chapter also incorporates how the results of the qualitative process supported research mentioned in Chapter two of this research project. Included in this discussion is the limitations of this study, suggestions for future research, and lack of research regarding alcoholics and relapse factors after completing their twelve-step program. Additionally, recommendations for the necessity for research for social workers, counselors, treatment centers, and the alcoholics struggling/coping with their ongoing alcohol use disorder.

Discussion

The personal responses attained during the interview, provided reasons for relapsing, which assisted in answering the research question, "What are the factors that impact alcoholics to relapse after their 12-step programs?" All seven interviewees provided various responses as to their beliefs and reasoning, why they relapsed after their twelve-step program. From the various responses received, the researcher was able to code for themes such as: commitment to therapy, unemployment, availability of healthy support,

shame and guilt in seeking support, loneliness and lack of support from family/peers and community. Based on the data collected from the study, the researcher was able to identify factors why alcoholics relapse after their twelve-step programs.

A study performed by researchers in Italy at a detoxification facility, showed that patients who maintained abstinence from alcohol had a better quality of life in environment, social relationships, and physical/mental health (Picci et al., 2014). The responses received for question number one of the interview guide provided supportive information that alcoholics with assistance from their treatment center, counselors can be sober while in a program. The quality of care and support that is received by patients in a detox residential treatment center needs to be extended after treatment has been terminated to assist alcoholics from relapsing in their environment. The “shame and guilt in seeking support” theme that emerged during this study, needs to be addressed by counselors/social workers so that alcoholics feel empowered by seeking help, showing them how to ask for help, and normalize feelings of seeking help.

The information gathered from the participant’s responses supported the stress factor and its connection with relapse. The stress levels associated with alcohol relapse may be a high-risk factor (Sinha, 2012). Only two of the seven participants were employed at the time of relapse, unemployment status was a stressful factor during the time of relapse as noted by one of the

participants. Participant three responded to question number eight on interview guide, “Economic status, “I was broke”, “I was having a hard time finding a job”, “I was really frustrated” (Participant 3, personal communication, October 2015). As noted in Sinha’s article, stress can lead to relapse for an alcoholic and the participant’s responses, although various responses received, can be perceived as stressful situations such as, unemployment status, feeling lonely, depressed, isolating from others, and the lack of motivation/stigma to seek help.

Unexpected results from the interviews revealed the commitment that the participants had while in their twelve-step program. As noted in Chapter 4 of this study, all seven participants responded, “Yes to being exposed to a twelve-step program and yes to attending all meetings” in question one of the interview guide. The participant’s response revealed that alcoholics can be committed to their treatment and may have the ability to invest in their well-being and recovery. Identification of this strength from each of the participants is a positive attribute that can be incorporated as part of the participant’s treatment/intervention.

Limitations

Limitations of this study included the small sample size and the study involved only one location versus going to various locations and obtaining additional interviews. Another limitation was not asking additional information about the twelve-step program, the individual steps, sponsors, and

preventative care after the twelve-step program is complete. The questions could have been developed to include and identify culture/spiritual affiliation for additional confirmation or verification of relapse factors.

Another limitation was the lack of literature review regarding relapse factors for alcoholics after their twelve-step programs. There was not sufficient research in preventative care, interventions, and follow-up care for alcoholics after termination of their treatment/program.

Even though there were some limitations to this study, there were also strengths that were gained from conducting this study. Based on the available data attained, the researcher of this study thought of new questions that could have been applied to the study guide to gain additional information from the participants. This new knowledge that was gained after the study was completed, may be useful for future studies. Including additional questions in the interview guide and requesting specific background information, may assist in alcoholism and relapse factors research.

Another strength, is the fact that the participants provided honest personal responses and recollections of why they thought relapse occurred after their twelve-step program. After the interviews were completed and researcher thanked each of them for participating in the study, various participants shared with this researcher, that they felt it was helpful to discuss and share their personal experiences to assist other people dealing with the same issue. The participants also shared with this researcher, that they felt

that expressing their own thoughts and feelings regarding their own challenges of obtaining sobriety, assisted them with their own recovery.

Recommendations for Social Work Practice, Policy and Research

Identification of relapse factors for alcoholics nearing completion of their twelve-step program is essential for the social worker practice, policies established in societies/communities and research that alcoholics live in. People dealing with alcohol use disorders need support to continue to move forward with their lives and need to be able to socialize, work, learn, and experience life with the support of their environment. As noted, it is crucial to identify what causes alcoholics to relapse to better educate the social service workers providing treatment/interventions for their clients, to assist them in their journey to attain sobriety for a healthier and prosperous life.

This study provided useful information that may be incorporated into social work practice, for example, the background information that needs to be addressed during assessments with alcoholics. For example, the “clinicians” the first professionals that alcoholics come into contact for services/assistance regarding their alcohol use disorder should take into consideration: “problems related to housing, transportation, income, occupation/employment, the legal system, the family, child care, medical conditions and comorbid psychological disorders” (Barlow, 2014, p. 566). In addition to requesting information regarding the individual’s personal resources, the clinicians needs to identify

available services and agencies that are in or nearby the community (Barlow, 2014).

This study briefly touched on recommendations of regulations and policies in societies and communities that impact alcoholics with challenges obtaining sobriety. For example, liquor store locations and the high amount of availability of alcohol sales in low-income and high minority populated communities (Herd, 2011). This study can be a stepping stone to implement or modify alcohol policies established that can break down obstacles for alcoholics to reach sobriety and live productively in their own communities. Making the citizens and policy makers aware of the growing alcohol use disorders, negative impacts, and bringing attention to ineffective and effective current policies, is important for the quality of life in society. Certain alcohol use education programs and media advertising that is conflicting with reducing alcoholism or obtaining sobriety needs to be addressed (Giesbrecht, 2007).

In future studies, it would be beneficial to incorporate additional questions in the interview guide that ask about the client's background/culture and family/friends support systems would be beneficial to obtain a better understanding of client's inability to obtain sobriety. Further research should be obtained from various treatment centers throughout San Bernardino County, and research should include a sufficient amount of participants to support the common themes already obtained in this research. In addition, further research is needed in regards to already established twelve-step

programs and treatment plans in place to identify how they are useful in assisting alcoholics to achieve sobriety living. Identification of resources available for alcoholics is useful for social workers to refer clients to twelve-step programs that have high success rates for alcoholics that do not relapse. It would be beneficial to verify what treatments/interventions are successful and unsuccessful for alcoholics working towards obtaining a healthier life.

Conclusions

The study was developed to identify relapse factors of alcoholics after their twelve-step program. From the research conducted, the interviews revealed common themes such as: commitment to therapy, unemployment, availability of healthy support, shame and guilt in seeking support, loneliness and lack of support from family/peers and community. The participants in this study provided brief background of various relapse factors that can prompt relapse after an alcoholic's twelve-step programs.

The qualitative process of gathering information from alcoholics themselves was beneficial to the researcher and to the participants. The participants were appreciative of being part of study that is willing to understand their current struggles and improve treatments to obtain sobriety. In order to provide treatment plans, preventative care, evaluation, social workers need to gain the tools/skills to identify their client's background and identify evidenced-based research that prompts social workers to utilize

treatments/interventions that will assist with an alcoholic's recovery. Further research is necessary to promote a healthy and sober life for alcoholics.

APPENDIX A
INTERVIEW GUIDE

Research Tool: Interview Guide

1. Did you complete your first twelve-step program? If so, when (month and year)?
2. What type of home did you reside in at the time of relapse, for example was it an apartment, house, relative's home or friend's home?
3. How were you feeling at the time of your relapse?
4. Were you employed at the time of your relapse?
5. What was your marital status when you relapsed? For example were you single, married, divorced, separated or widowed?
6. Do you have any children under the age of eighteen years old? If yes, who is the primary caretaker of the children?
7. What do you believe caused you to relapse after you completed your first twelve-step program and why?
8. Who did you contact after your relapse? Why did you contact that individual(s)?
9. How do you feel about the twelve-step program you completed? What tools, ideas, or influences did you receive from the twelve-step program?
10. Do you feel supported? If yes, from whom and why? If not, why?

Developed by Mirna Hernandez

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

COLLEGE OF SOCIAL AND
BEHAVIORAL SCIENCES
Department of Social Work
(909) 537-5501

INFORMED CONSENT

The study in which you are being asked to participate has been created to identify possible factors that cause alcoholics' to relapse after their first twelve-step program. This study is being conducted by graduate student Mirna Hernandez under the supervision of Erica Lizano, Assistant Professor, California State University, San Bernardino. This study has been approved by the Department of Social Work Sub-committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: To gain knowledge on relapse factors that prevent sobriety for alcoholics'. The information received from this study will provide additional knowledge to social workers, treatment facilities and alcoholics dealing with the disease. This information can be used to possibly prevent alcoholics' from relapsing after their first twelve-step program and strengthen their support system and resources that are available.

DESCRIPTION: For this study you will be interviewed at the Cedar House facility in a private room or over the phone. You will be asked eleven questions regarding the reasons you believe you relapsed.

PARTICIPATION: Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time. Should you decide not to participate in the survey, or withdraw at a later date, this will no way affect the services you receive from this agency.

CONFIDENTIALITY: The responses received from the interview will be kept confidential; the researcher will not be requesting participants name or personal information. All of the information received from the interview will be kept in a secure area and will be held in the strictest of confidence by the researcher. The information will be destroyed 3 years after the project has ended.

DURATION: The interview should take 20-30 minutes to complete.

RISKS: There are minimal risks from answering the questions during the interview. No personal information will be requested for this research project. Possible benefits to your participation in this study include stronger resources and treatment plans that focus on alcoholic's goals to attaining sobriety.

CONTACT: Erica Lizano, Assistant Professor. elizano@csusb.edu
(909) 537-7000 Ext. 75584

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place a check mark here _____ Today's Date _____ California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 2/11/15 **VOID AFTER** 2/11/16
IRBS 201547 CHAIR [Signature]

The California State University
Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Academy
Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for your participation in this study and for not discussing the contents of the questions with other persons. As stated in the informed consent form, the purpose of the study is to identify possible factors that cause alcoholics to relapse after their first twelve-step program. This gained knowledge and new perspective, will hopefully assist social workers in providing stronger resources and implementing effective treatment plans.

If any of the questions asked were disturbing to you, please feel free to contact the following resources: Alcoholics Anonymous (909) 825-4700 and Help Line (800) 300-8040. If you have any questions about the study, please feel free to contact Erica Lizano, Research Advisor at (909) 537-7000 Ex. 75584. If you would like to obtain a copy of the group results of this study, it will be available in the library or Social Work Department of CSUSB, 5500 University Parkway, San Bernardino, CA 92407 at the end of the Spring Quarter 2016.

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