

# The journey of recovery from addiction: A report evaluating the service provided via the secondary treatment programs of Tabor Lodge Addiction and Housing Services Limited

Carmel O'Brien

**CARL Research Project**



<b>Name of student(s):</b>	Carmel O'Brien
<b>Name of civil society organization/community group:</b>	Tabor Lodge Addiction and Housing Services Limited
<b>Supervisor(s):</b>	Pat Leahy
<b>Name and year of course:</b>	Bachelor of Social Work Year 4
<b>Date completed:</b>	08 <sup>th</sup> August 2014

## **What is Community-Academic Research Links?**

Community Academic Research Links (CARL) is a service provided by research institutes for the Civil Society Organisations (CSOs) in their region which can be grass roots groups, single issue temporary groups, but also well-structured organisations. Research for the CSOs is carried out free of financial cost as much as possible.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers ([www.livingknowledge.org](http://www.livingknowledge.org)).

## **What is a CSO?**

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest.

These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

## **Why is this report on the web?**

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public. We are committed to the public and free dissemination of research results.

## **How do I reference this report?**

Author (year) Project Title, [online], School of Applied Social Studies, Community-Academic Research Links/University College Cork, Available from:

<http://www.ucc.ie/en/scishop/completed/> [Accessed on: date].

## **How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?**

The UCC CARL website has further information on the background and operation of the Community-Academic Research Links at University College Cork, Ireland.

<http://carl.ucc.ie>

CARL is part of an international network of Science Shops. You can read more about this vibrant community and its activities on this website:

<http://www.scienceshops.org>

### **Disclaimer**

Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Subject expert Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Subject expert Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Subject expert Group.

# **Abstract**

This study provides a platform for exploring addiction issues and investigates how extended treatment programs can assist an individual in recovering from addiction. This is achieved by examining the experience of those who have attended secondary treatment programs. The report focuses specifically on the secondary treatment programs of Fellowship House and Renewal. These programs are developed and delivered by Tabor Lodge Treatment and Addiction Services Limited. The study uses two major research strategies to evaluate the scheme; (1) primary qualitative research collected through the medium of semi structured interviews with subject experts and (2) published research into addiction treatment and its effectiveness.

## **Research Disclaimer**

Disclaimer – The findings from this research project require additional subject experts to validate the results. The causes of addiction are complex and varied and each person's needs are highly personal and specific to that person. The small number of subject experts interviewed makes the findings difficult to apply to the wider population; however, the findings are accurate and are a clear representation of the ten service experts who have availed of treatment programs on offer from Tabor Lodge.

# Declaration

**Research Title:**

**The journey of recovery from addiction: A report evaluating the service provided via the secondary treatment programs of Tabor Lodge Addiction and Housing Services Limited.**

**Student Number: 110708107**

**This dissertation was submitted to University College Cork  
In part fulfilment of a Bachelor of Social Work Degree (BSW)**

**August 2014**

**I hereby declare this dissertation is my own work. I also declare that all names have been changed to protect the identity of all individuals involved in the research.**

**Signed: Carmel O'Brien**

**Date: August 07<sup>th</sup> 2014**

# Executive summary

## Background to the study

Tabor Lodge Addiction and Housing Services Limited work with those who are experiencing addiction issues. The service helps people examine and work towards a life free from substance abuse. The aims of Tabor Lodge Addiction and Housing Services Limited are:

1. To help addicted people recognise and accept their addiction.
2. To help people understand the implications of their addiction.
3. To help people identify what they need to change to overcome their addictions.
4. To help translate that identification into action.

A number of treatment programs are used to achieve these aims. These include primary treatment programs which involve a 28 day residential program and extended treatment programs within the community which encourage people through support and recovery. The aim of the extended treatment programs are to build on and consolidate the work of recovery which has already begun in primary treatment.

At the core of the extended treatment programs provided by Tabor Lodge Addiction and Housing Services Limited are Fellowship House and Renewal. These houses are Tabor Lodge's dedicated male and female centres where the journey out of addiction and into recovery can be continued for each participant. The primary mission of Fellowship House is to provide a residential supportive environment for addicted men in early recovery and to assist in the development of sustainable life skills. The primary mission of Renewal is to enable the development of healthy living by providing a safe residential setting for addicted women in early recovery.

The extended treatment programs include learning about denial, communication, anger, relapse warning signs, high risk situations, learning to manage cravings and many more obstacles to recovery. Extended treatment involves an individual living in a residential setting, with others who are also in the process of recovery. It focuses on stabilisation and the development of a long term support network that the individual can utilise. This phase of

recovery allows the individual the opportunity for the development of life skills necessary for long term successful changes.

It is important we develop a method of evaluating if this program is meeting its objectives of helping people maintain recovery from addiction. This research dissertation is a case study analysis of Fellowship House and Renewal from the perspective of eight individuals who have availed of these extended treatment programs. Two individuals who did not attend extended treatment but continue to remain in recovery will also be interviewed.

While there are many different models of extended treatment programs, this research dissertation will deal specifically with the extended treatment programs provided through Tabor Lodge's dedicated centres at Fellowship House and Renewal.

Throughout this dissertation, those interviewed will be referred to as "subject experts". This term is used because it is felt only those who have used the service can provide a complete picture of its merits and discuss the potential for improvement. These people are experts in what elements were beneficial and more importantly, what can be improved.

Addiction is a hugely complex and contested area. While this research is representative of the ten subject experts interviewed, it is but a small sample of those who avail of treatment services for addiction. The data collected provides an indication of the success of this program. It is difficult to generalise the findings of such a small sample and apply it to wider society. More thorough and extensive research is required in this area. Nevertheless; it is hoped that the outcomes of these ten interviews will provide an indication of the impact of these programs along with suggestions of how these programs can be improved.

## **Objectives**

The overall objective of this research project is to evaluate the extended treatment programs provided by Tabor Lodge Addiction and Housing Services Limited, focusing specifically on the model of Fellowship House and Renewal. This was achieved by exploring the experience of those who have availed of this program. Analysing the experience of subject experts, and presenting the subject experts with an opportunity to provide feedback fulfils the objective of this research project. A rich and varied bank of data has been collected which can be used to improve the service provided.

## Methodology

This is a case study analysis of the extended treatment programs of Fellowship House and Renewal. The researcher employed a qualitative approach using semi-structured interviews to collect the data, allowing for a freer interchange of information between researcher and subject expert.

The theoretical perspective of grounded theory and the sociological perspective of symbolic interactionism were chosen for this study. These perspectives were chosen because each one accurately helps to describe the phenomenon of addiction. These perspectives also allowed the researcher disseminate the data, resulting in clear analysis and presentation of the findings of the project.

## Results

The results of the interviews were analysed and the dominant findings were:

1. Extended treatment helped people examine the origins of their addiction issues and helped people establish patterns in behaviour and thought processes which the person could use to remain in recovery.
2. After extended treatment, subject experts were better equipped to deal with the realities of life post addiction.
3. Participants highlighted the importance of the extended treatment programs in helping them achieve the desired outcomes of maintaining abstinence.
4. The program helped empower the individual to look at sustainable and long term coping strategies to deal with the underlying issues of addiction. This made a substantial difference in a person's ability to remain addiction free and in recovery.

Along with highlighting the positive elements of the program, the participants also made a number of recommendations and highlighted a number of concerns around the scheme which are presented in this dissertation. This element is one of the most important and helpful aspects of this research project. It is hoped these recommendations will be used by Tabor

Lodge Addiction and Housing Services Limited and by other treatment providers to improve the services delivered to those who require assistance.

## **Recommendations**

The findings of this study clearly illustrate that the extended treatment programs of Fellowship House and Renewal helped in significantly reducing the potential for relapse post treatment. The treatment programs helped the subject expert to develop capacity to function in society. Overall this study found that the participants classified the program provided via extended treatment as very beneficial and felt that the program aided their journey through recovery.

The study proposes that Tabor Lodge continue to develop motivational techniques which can assist those in recovery. Tabor Lodge needs to be conscious of the likely demand and possible need to expand the service to create extra capacity. A number of additional recommendations were made by each participant; these include the importance of the relationship between the subject expert and the addiction counsellor, the awareness required by professionals working with those experiencing addiction and the understanding which each worker must possess around the area of addiction.

It is important to highlight that subject experts discussed with the researcher the importance of being ready to commit to the journey out of addiction into recovery. Each person must want to remain in recovery and must be willing to work towards a life free from addiction. Without this motivation, the best treatment program possible will not work for the individual.

## **Implications for service providers of addiction services:**

The results of this study indicate the need for treatment providers to;

- Be aware of the importance of empowerment. By empowering the individual, the person can establish coping mechanisms which would build capacity in the person, helping him or her to remain addiction free.
- Assess the requirements of each person with the view to tailoring services for each individual's needs.
- Assist the person in dealing with the practicalities of life post addiction.

- Possess good communication skills and the ability to build a good rapport with subject experts.
- Recognise that the person is an expert in his or her own life and that the road to recovery is a partnership between the service provider and the subject expert.
- Place significant value on the relationship between the addiction counsellor and the subject expert throughout the treatment program.

### **Author's conclusions**

In conclusion, this study has fulfilled its primary aims and key objectives in answering the research questions presented. The fundamental findings of this study relate to subject experts' overall positive experience of Fellowship House and Renewal. However, participants have highlighted a number of elements which can be incorporated into the treatment strategy to allow future enhancements of the services provided. These elements will be presented in this dissertation.



## **Acknowledgements**

The author gratefully acknowledges the contributions of the numerous individuals involved in the preparation of this research project. In particular, the author would like to thank the subject experts who have shared their journey of addiction and recovery with me. Every person who has contributed to this research project exploring their journey through addiction and recovery has provided me with an insight into the challenges of living with addiction. I commend and applaud every one of you for your honour and spirit.

People who experience addiction deserve recognition and respect for the challenges they overcome in entering and remaining in recovery. I am eternally grateful for your help and assistance. The courage and integrity you have shown throughout your journey has been inspirational. I only hope my research project can do justice to you and I hope my dissertation reflects your point of view and your recommendations.

## Table of Contents

<b>ABSTRACT</b>	<b>4</b>
<b>RESEARCH DISCLAIMER</b>	<b>4</b>
<b>DECLARATION</b>	<b>5</b>
<b>EXECUTIVE SUMMARY</b>	<b>6</b>
Background to the study.....	6
Objectives.....	7
Methodology.....	8
Results.....	8
Recommendations.....	9
Implications for service providers of addiction services:.....	9
Author’s conclusions.....	10
<b>ACKNOWLEDGEMENTS</b>	<b>11</b>
<b>CHAPTER SUMMARIES</b>	<b>17</b>
Chapter One – Introduction to the Study.....	17
Chapter Two – Designing the Research.....	17
Chapter Three – Literary review .....	17
Chapter Four – Agency Analysis.....	17
Chapter Five – Findings and Analysis .....	17
Chapter Six - Conclusion .....	17
<b>CHAPTER ONE – THE RESEARCH PROJECT</b>	<b>18</b>

<b>Introduction to the section</b> .....	<b>18</b>
Introduction to the Research .....	18
Title.....	18
<b>Addiction defined and quantified?</b> .....	<b>18</b>
Research Rationale.....	19
Research Objectives .....	19
Research Questions`.....	19
<b>Conclusion</b> .....	<b>20</b>

## **CHAPTER TWO - DESIGNING THE RESEARCH      20**

<b>Introduction to the Chapter</b> .....	<b>21</b>
<b>Designing the research/methodology</b> .....	<b>21</b>
<b>Theoretical framework</b> .....	<b>21</b>
Grounded Theory: .....	21
Interpretivism.....	21
<b>The Technique used to gather the data:</b> .....	<b>22</b>
<b>Sociological Perspective</b> .....	<b>23</b>
Symbolic interactionism:.....	23
Secondary Analysis.....	24
<b>Selection of participants</b> .....	<b>24</b>
<b>Letter and consent form</b> .....	<b>24</b>
<b>Questions asked</b> .....	<b>25</b>
<b>Open ended questions</b> .....	<b>25</b>
<b>Ethical considerations</b> .....	<b>25</b>
<b>Reliability of the study:</b> .....	<b>25</b>
<b>Limitations of the research</b> .....	<b>26</b>
<b>Conclusion:</b> .....	<b>26</b>

## **CHAPTER THREE - LITERARY REVIEW                      27**

<b>Introduction</b> .....	<b>27</b>
<b>The development of addiction</b> .....	<b>27</b>
<b>Policy in Ireland</b> .....	<b>27</b>

<b>Research on drug/alcohol addiction conducted in Ireland .....</b>	<b>29</b>
SOILSE:.....	29
ROSIE .....	29
<b>Conclusion .....</b>	<b>29</b>

## **CHAPTER FOUR – MODELS USED TO UNDERSTAND ADDICTION 30**

<b>Introduction .....</b>	<b>30</b>
<b>Models of addiction.....</b>	<b>30</b>
<b>Treatment programs.....</b>	<b>31</b>
<b>Models of treatment: .....</b>	<b>31</b>
Residential treatment leading to abstinence .....	31
Long term treatment leading to abstinence .....	32
Harm reduction as a form of treatment.....	32
Multiple approaches to addiction .....	32
<b>Limitations of treatment programs.....</b>	<b>32</b>
<b>Trends in terms of treatment.....</b>	<b>33</b>
<b>Models of addiction used by Tabor Lodge Addiction and Housing Services Limited .....</b>	<b>33</b>
<b>How the disease model and 12 step program can benefit the individual: .....</b>	<b>34</b>
<b>Critique of this model: .....</b>	<b>34</b>
<b>Conclusion .....</b>	<b>34</b>

## **CHAPTER FIVE – FINDINGS AND ANALYSIS 35**

<b>Introduction to the chapter .....</b>	<b>35</b>
<b>Research Participants .....</b>	<b>35</b>
<b>Introduction to the data: .....</b>	<b>36</b>
Experience of treatment .....	37
Theme one – program structure .....	37
Theme 1.1.....	37
Relationship between professional and subject expert.....	37
Theme 1.2.....	38
Structure in one’s day: .....	38
Theme 1.3.....	38
Building self-esteem for the person.....	38

Theme 1.4.....	39
Understanding the need to make changes that will last.....	39
Theme two - Support .....	39
Theme 2.1.....	39
Importance of supportive environment.....	39
Theme 2.2.....	40
Discussion of emotive issues for subject experts.....	40
Theme 2.3.....	41
Understanding around addiction and recovery .....	41
Theme 2.4.....	41
Understanding the necessity to modify thought patterns.....	41
Theme 2.5.....	41
Altering thought patterns. ....	41
Theme 2.6.....	42
Extended treatment and its impact on developing healthy peer groups: .....	42
Theme three - Relapse .....	42
Theme 3.1.....	42
Not remaining in the treatment program long enough. ....	42
Theme 3.2.....	43
Not adhering to my care plan .....	43
Theme 3.3.....	44
Being unable to make peace with past actions taken while in addiction. ....	44
Theme four – resilience and change .....	45
Theme 4.1.....	45
Less relapse as a result of the program .....	45
Theme 4.2.....	46
Extended treatment makes you ready to change.....	46
Theme 4.3.....	46
Building resistance to prevent returning to negative patterns of addiction.....	46
<b>Suggestions for treatment providers .....</b>	<b>46</b>
Extended treatment and the development of life skills.....	46
More input from Subject experts.....	47
Assessment for Extended treatment .....	47
Tailoring the program to fit the individual. ....	47
Developing social skills.....	48
Greater input from participants throughout the program.....	48
<b>Conclusion of findings.....</b>	<b>48</b>

## **CHAPTER SIX - CONCLUSION AND IMPLICATIONS FOR THE SERVICE PROVIDER 49**

<b>Introduction to Chapter .....</b>	<b>49</b>
<b>Overview of research.....</b>	<b>49</b>
<b>Summary of the findings.....</b>	<b>49</b>

Emerging Themes .....	49
Effective Support Structures .....	49
What causes Relapse .....	50
What helps prevent relapse.....	50
<b>Enhancing the service .....</b>	<b>50</b>
Introduction .....	50
<b>Suggestions for treatment providers .....</b>	<b>50</b>
Life Skills.....	51
Life post treatment .....	51
Relationship between subject expert and counsellor.....	52
More input from Subject experts .....	52
Length of stay in treatment and follow up care .....	52
Building healthy influences .....	53
Financial implications of the program .....	53
Relapse after primary treatment .....	53
Deliver the necessary changes.....	53
Further research required into the area of addiction .....	54
Conclusion of research project.....	54

## **BIBLIOGRAPHY 55**

## **APPENDIX 57**

<b>Appendix A - Letter issued to participants .....</b>	<b>58</b>
<b>Appendix B - Consent for Participation in Research .....</b>	<b>59</b>
<b>Appendix C - Consent Form.....</b>	<b>61</b>
<b>Appendix D - Questionnaire Guide .....</b>	<b>62</b>
<b>Appendix E - Interview Guide: .....</b>	<b>64</b>
Demographic and more general information: Please tell me a bit about your own background.....	64
First experiences of alcohol/drugs: can you tell me about your first experiences?.....	64
Developing addiction patterns: When did you first get into trouble because of drink or drugs? When did things go from regular/ordinary use to problem drinking? .....	64
Seeking help .....	65
Relapse .....	65
Theories of addiction: Why do you feel you got into trouble with drink or drugs? .....	66
Current situation .....	66
Services and treatment programs – the future.....	67
<b>Appendix F – Tabor Lodge Original Remit questions .....</b>	<b>68</b>

# Chapter Summaries

## Chapter One – Introduction to the Study

This chapter provides the reader with an introduction to the research. A background to the project is also presented, along with the agency context and the research rationale employed. The objectives of the research and the research questions are also introduced in this chapter.

## Chapter Two – Designing the Research

This chapter outlines the research methodology used. The theoretical framework of the research is presented. This chapter also details the selection of the participants, the questions asked during the interviews, the ethical considerations of the project, the reliability of the study and the limitations of the study.

## Chapter Three – Literary review

This chapter provides a review of the historical development of addiction. Current policy in Ireland around addiction and drug use is presented. Key ideas about addiction are explored, along with two studies on addiction which has occurred here in Ireland.

## Chapter Four – Agency Analysis

This chapter begins by exploring the models used to explain the causes of addiction. The specific model used by the agency is then presented. The positive elements of this model are investigated, along with a critique of possible issues that may exist for those who have this model as their ethos.

## Chapter Five – Findings and Analysis

This chapter presents the findings from the data. The findings are presented thematically and each theme is expanded on in more detail. This chapter also presents information on elements of the program which require further development.

## Chapter Six - Conclusion

Concludes the research and identifies recommendations for both the agency and for further research to be carried out.

# Chapter One – The Research Project

## Introduction to the section

This section introduces the research topic by providing background information on the project. A definition of addiction is presented and the organisation is briefly introduced. The chapter will discuss the justification and grounds for carrying out the study, and will present some of the research questions which this study hopes to answer.

## Introduction to the Research

### Title

The journey of recovery from addiction: A report evaluating the service provided via the secondary treatment programs of Tabor Lodge Addiction and Housing Services Limited.

### Addiction defined and quantified?

Addiction is a chronic, debilitating condition which affects people from a broad spectrum of society. Those addicted to alcohol often suffer extreme physical, psychological, emotional, economic, and social pain. Erickson (2014) provides us with the following definition of addiction. “Addiction is seen as a maladaptive pattern of drug use, leading to impairment or distress, presenting as three or more of the following in a 12-month period:

- tolerance to the drug's actions
- withdrawal
- drug is used more than intended
- there is an inability to control drug use
- effort is expended to obtain the drug
- important activities are replaced by drug use
- drug use continues despite knowledge of a persistent physical or psychological problem”

Source: Erickson, C., (2014) *Exploding Drug Myths*, Addiction Science Research and Education Centre

Addiction has severe negative consequences and can be difficult to overcome. Tabor Lodge Addiction and Housing Services Limited deliver a number of programs to those with addiction problems.

Intervention methods include residential treatment programs, extended treatment programs, family programs, cognitive behavioural therapies and aftercare programs. The extended treatment programs delivered by Tabor Lodge follow the Supportive Housing model. This model delivers transitional housing, counselling and support services to people in recovery from substance use problems once they have completed a primary treatment program in a residential setting (Crawford 2007). The extended treatment programs of Fellowship House and Renewal offered by Tabor Lodge focuses on stabilisation and the development of a long term support network that the individual can utilise. This is a vital element of recovery, helping the person develop the skills to function in society.

### **Research Rationale**

It is very important those delivering treatment programs develop a method of evaluating the success of these programs. The most appropriate and meaningful method of doing this is to explore the journey taken by those who have availed of these services. It is only through engaging with those who have been in treatment that an accurate assessment of the treatment program can be explored. These people have unique knowledge in relation to addiction and recovery. By engaging with subject experts, service providers can explore what elements of treatment programs are effective and what can be improved.

### **Research Objectives**

This research project will evaluate the experience of Fellowship House and Renewal, the extended treatment programs being offered by Tabor Lodge Addiction and Housing Services Limited. Subject experts must be given the opportunity to provide feedback on this program. This will help establish if the program is meeting the needs of those who require assistance. This project hopes to establish and determine what structures and treatment methods within Fellowship House and Renewal are assisting those with addiction issues to remain addiction free. Engaging with those who have used the program will provide Tabor Lodge Addiction and Housing Services Limited with invaluable information on this program. Through engaging with subject experts, this project hopes to establish how the program can be improved.

### **Research Questions`**

This research project will assess and document the following questions

(1) What are the emerging themes in the data telling us about the extended treatment programs of Fellowship House and Renewal?

(2) What supports are delivered through extended treatment and how are these supports effective in helping individuals in recovery?

(3) What are the possible pitfalls that may lead to relapse?

(4) Is the possibility of relapse reduced because of the quality of the programs/supports and other services provided?

## **Conclusion**

In conclusion, this chapter set out the context of the research study. It provided a broad introduction to the research and background of the topic. It outlined the rationale, aims, objectives and research questions associated with the study.

The next chapter will explore designing the research including the theoretical framework and methodology used.

# **Chapter Two - Designing the research**

## **Introduction to the Chapter**

This chapter outlines the design of this project including the methodology and theoretical framework chosen for this case study analysis. The rationale for the questions asked is presented. Information on how the interviews were structured is also provided. The conclusion of the chapter will discuss the limitations and ethical considerations of the research and the reliability of the data collected.

## **Designing the research/methodology**

This research is a case study of a treatment provider located in Cork, Ireland. The case study involved an attempt to describe the impact of Fellowship House and Renewal, an extended treatment program delivered to help those in recovery from addiction. Case studies are useful when analysing a single organisation, however it is difficult to generalise findings to wider society. The research design was influenced by the participatory nature of the study. The data used in this research is labelled as primary data. Primary data is “generated from direct observation, participation, personal experience or a large source of data such as a national census” (Crabtree and Millar, 2009:76). For the purposes of this research project the data will be analysed, providing the organisation with information on the success of the programs which it provides. The use of a case study framework along with the generation of primary data from those who have completed the program provided the researcher with a bank of information, helping to build a more complete picture of the organisation in question.

## **Theoretical framework**

### **Grounded Theory:**

Grounded theory was developed by Glaser and Strauss. Its main thrust is to generate theories regarding social phenomena: that is, to develop higher level understanding that is “grounded” in, or derived from, a systematic analysis of data (Lingard et.al. 2008; 33). Qualitative data analysis of grounded theory does not start off with too many preconceived notions and it was therefore seen as the most appropriate theory to use in collecting and analysing the data.

### **Interpretivism**

This researcher also choose to take an interpretivist approach to the study as it was felt that such an approach highlights that we do not all view the world through the same lens and a topic like addiction is highly personalised to the individual’s personal view of their issues. Crabtree and Miller (2009) contend that interpretivism is defined as the attempt to “uncover

the meaning and reality of people's experiences in the social world". Interpretivists attempt to understand the opinions, emotional responses and attitudes voiced by their participants and subsequently link them with people's behaviours and actions in order to contextualise the views of the participants. (Crabtree and Miller, 2009; 53).

It must be noted that no single research methodology is fundamentally better than any other methodology. It depends entirely on the type of research being conducted. It is better to use a combination of research methods in order to improve the quality of the data.

### **The Technique used to gather the data:**

The nature of the interviews and questions asked provided the researcher with an opportunity to explore the wider issues of addiction within the participant's life. A methodical and structured approach was employed when collecting, analysing and interpreting the data. This provided the researcher with an in-depth understanding of conducting research in the area of addiction. The data was approached with structured and methodical care in order to ensure that the researcher understood and encompassed the process of conducting research. The process of conducting the research helped the researcher acquire a number of skills including collating the data, and presenting findings.

The vehicle of interviewing was chosen to collect data for the project because:

- Rich and highly valuable data can be collated via this method;
- The language use by subject experts is essential in understanding the meaning and importance that participants assigned to certain issues;
- It allows for fluid exchange of data between researcher and subject expert.

Approximately eight subject experts who have completed the extended treatment programs and are availing of after-care services were interviewed on their experiences of recovery. As a control group, two people who have not availed of the extended treatment program but who are still addiction free were invited to take part. The researcher requested that the service provider would nominate participants who presented with different addiction issues.

A qualitative approach with semi structured interviews was employed as the vehicle for collecting data. As stated by Bryman (2001), "Qualitative inquiry typically focuses in-depth on relatively small samples, selected purposefully" (Bryman, 2001; 44). Because of the small

sample and general questions coding was not necessary in this case. The information was presented back to the researcher in a narrative style. This allowed each participant a certain degree of freedom in answering the questions. Each participant had the opportunity to explore what was important to each person and what elements of the program were helpful in remaining in recovery. This helped the researcher establish patterns of positive and negative aspects of the program for each subject expert.

The interviewer developed and used an 'interview guide.' This interview guide contained a list of topics and questions to be covered during the interview. The researcher followed the guide, but also ensured that any topical trajectories in the conversation were followed when appropriate.

## **Sociological Perspective**

### **Symbolic interactionism:**

Theories of human behaviour are critical for the analysis of patterns of addiction. These theories help understand what causes addiction. The sociological perspective used to understand and guide the researcher is that of “symbolic interactionist” theory. George Mead developed the symbolic interactionist perspective by arguing that people give meaning to the world by defining and interpreting it in certain ways. This theory contends that the meaning of reality is unique to each individual. The meanings and interpretations we assign to events and experiences in our life create our unique subjective universe. Knowledge is not real – it is our perception of an event which makes something real. We have opinions about everything and we experience the world through that lens. Thus, the method of investigation selected for the study was interpretive, as it was felt that such an approach highlights we do not all view the world through the same lens and a topic like addiction is highly personalised to the individual’s view of their issues. An example of this in the context of addiction would include an individual who defines addiction as someone who abuses substances each day; while someone else may contend that those who consume substances occasionally but who lose control on these occasions have addiction issues. What constitutes addiction for one individual may be vastly different for someone else, however; regardless of how someone defines addiction, if addiction is creating problems for someone, then it is real in its consequences.

### **Secondary Analysis**

A secondary analysis was also used in this study. A literary review was conducted into this area which formed part of this research analysis. Examining research projects in this area help make sense of already existing sources of data. Previous research was examined to determine the outcome of larger investigations into treatment programs and the role of these treatment programs in the success outcomes for subject experts. This helped in establishing the validity of this research project. Published online and paper sources were utilised.

### **Selection of participants**

Participants for the study were selected on the basis of their ability to meet the following criteria. These were:

- Those who have completed primary treatment and had transitioned to the extended treatment model of Fellowship House and Renewal immediately following primary treatment.
- Those who have completed primary treatment then relapsed and following a period of relapse, had re-entered treatment via Fellowship House and Renewal.
- Those who had completed primary and extended treatment had then relapsed and had recommenced extended treatment through Fellowship House and Renewal.
- Those who had completed primary treatment and had declined to attend extended treatment

The rationale for the above selection criteria included establishing if patterns of addiction and subsequent treatment experiences varied depending if the individual had relapsed after completing a treatment program.

### **Letter and consent form**

A letter was developed which contained details of the project and the rationale for undertaking this project. The researcher also developed a consent form. The consent form along with the letter was given to all participants. The signed consent forms were returned to the researcher. A copy of this letter and consent form is included in the appendices of this dissertation.

## **Questions asked**

The questions asked of participants provide a road map that touched on areas of addiction and treatment services. Questions reflected the type of information that the service provider required in order to establish if their extended treatment program was effective in assisting subject experts in recovery. For a complete list of questions please see the appendix at the end of this document.

The questions asked provided a guide map in exploring issues related to addiction and relapse; however each interviewee was free to explore any element of addiction and their recovery which was important to him/her.

The interviews provided a more encompassing background for each subject expert, which helped develop a picture of each individual's treatment needs. While some of the questions/avenues explored did not relate directly to the research objective of establishing if the extended treatment program impacted positively on the subject expert, it was vital to ask these questions to allow the subject expert develop a level of comfort with the researcher and to give a more complete/enriched picture of their journey through addiction into recovery.

## **Open ended questions**

By developing and presenting open ended questions, it greatly assisted in extracting vital information and also helped cultivate an atmosphere of trust and openness between researcher and subject expert. An example of this includes questions like “you mentioned the importance of structuring your day - what do you mean by this? In a semi structured interview flexibility is important so that one can reorder the questions, follow up on leads and clear up any ambiguity in the answers. The interviewee was encouraged to elaborate on his/her answers.

## **Ethical considerations**

Addiction is a very emotive topic. These are difficult topics for someone to talk about. It is vital to remember those with addiction issues may be very vulnerable individuals. One should not place undue pressure on the person and it was vital to be aware and watchful where a particular line of questioning was creating problems for the person.

## **Reliability of the study:**

Reliability and validity are vital to ensure the results can be generalised across other subject experts. The research project aimed to have the highest level of reliability, validity, credibility and dependability in terms of the responses from the participants. This was achieved by

recording the data in a true and honest manner, and in no way altering the responses from the participants.

### **Limitations of the research**

It is acknowledged that there were limitations to this research study. The sample population was recruited from Tabor Lodge Addiction and Housing Services Limited. The researcher specifically requested access to subject experts who have attended extended treatment, while two participants who have not attended extended treatment were also recruited. Those interviewed presented as very motivated to remain in recovery. It is hard to discover if their motivation came from the treatment program or if the level of motivation the participants had before they entered treatment was the determining factor. What is clear, however; is that extended treatment helped these individuals to build momentum in their lives in order to maintain abstinence.

Those who have succeeded in remaining in recovery were well represented while those who had relapsed and did not re-enter recovery were not interviewed. This cohort of the population with addiction issues may have been able to provide a more unbiased view of the program however these individuals were not available as they are no longer connected with the service. The use of two individuals who are still in recovery but who didn't attend extended treatment helped enrich the study by providing details around their decision not to attend, and by providing information on how they are maintaining recovery without the aid of extended treatment.

### **Conclusion:**

In this chapter a detailed account of the research design and methodology has been presented, examining how the research has been conducted. Symbolic interactionist sociological theory best describes the research and the method of investigation selected for the study was that of interpretive, utilising a mixture of case study analysis and action research approaches.

# Chapter Three - Literary review

## Introduction

This chapter will discuss the development of addiction studies and how addiction can be understood. A summary of current government policy on addiction in Ireland is introduced as well as information on two research projects conducted in Ireland around the area of addiction.

## The development of addiction

Drug use is certainly not a new concept. Humans have always used substances to alter states of mind. Referring specifically to Ireland, “alcohol consumption is an integral part of Irish society and is a very much accepted activity in Ireland” (Blaney 1974: 140). However, alcohol is also a drug and when used inappropriately it can lead to issues of addiction for certain people. Addiction, just like all behaviours stems from the brain and the origins of craving or uncontrollable desires to excessive use of substances originate in the mind of those with addiction issues. What is causing the mind to continue craving the problematic substance, even when the person is aware of the negative impact of taking the drug? Physical dependence can develop and withdrawal from the substance can create physical pain and discomfort for the person. After the body adjusts to living without the substance, the physical need to use is diminished. However, it is the mind which controls the desire to continue using.

## Policy in Ireland

This section introduces current Irish policy on addiction issues and drug/alcohol use. A synopsis of a number of health bills which the government has attempted to introduce to tackle problem drug/alcohol use in Ireland is presented. Only recent publications will be presented. Investigating the success of these policies is outside the scope of this paper.

May 2012, the Health Research Board, on behalf of the Department of Health, commissioned Ipsos MRBI to conduct a survey in order to measure public knowledge of, attitudes towards and behaviours in relation to Alcohol - Over three-quarters (78 per cent) agree that the government has a responsibility to implement public health measures to address high alcohol consumption, with strongest agreement among those aged 25 years and older. Almost six out

of ten (58 per cent) do not think that the government is doing enough to reduce alcohol consumption (HRB; 2010).

A Public Health (Alcohol) Bill was published containing a package of measures designed to tackle our harmful relationship with alcohol, reducing alcohol consumption and the related harms. The measures proposed for inclusion in the Bill were announced by Government in October 2013 and are based on the recommendations of the Steering Group Report on the National Substance Misuse Strategy, which was published in February 2012 (Department of Health; 2012).

The new National Drugs Strategy for 2009 - 2016 prepared by John Curran, T.D., Minister of State, has been developed in partnership with a wide range of Government Departments, Agencies, Community and Voluntary interests. The overall strategic objective for the National Drugs Strategy 2009–2016 is: to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research (National Drugs Strategy, 2009; 45).

Evidence from long term studies by Snyder et al contend that “Alcohol advertising campaigns have huge influence on patterns of drinking in society” (Snyder et al, 2006; 20).

While there have been some campaigns such as “Drink Aware” to encourage people to be more conscious of the amount of alcohol being consumed, one has to ask the question, “are there powerful vested interest groups in terms of vintners, distilleries, publicans and other lobby groups which have substantial control over government and policies in Ireland?” The advertising campaigns which accompany alcohol are powerful in the message they relay. These advertising campaigns do not just sell a product; they sell an image and a way of life. Tax on alcohol is hugely important to government

Publications and initiatives to deal with problem drug/alcohol use are a welcome development in Ireland. However, one must be mindful that these policies must be actually implemented and used to assist those who have experienced addiction issues, and to build awareness in society about the dangers of drug/alcohol use.

## Research on drug/alcohol addiction conducted in Ireland

This section looks at two research projects which have been conducted in Ireland. It is a brief overview of a sample of research already conducted and is not representative of all research into the area of addiction and drug use. A more thorough investigation is required.

### SOILSE:

Over the past few years Soilse, a social drug rehab programme in the north inner city of Dublin has joined up with Rutland Centre in what is known simply as the “Rutland-Soilse” Partnership. In the first two years of operation, two follow-up studies were conducted by outside research specialists. In the first of these, seven out of ten who completed a six week residential programme and who also completed Soilse’s four month “day programme” were both clean and sober in every way. The second year study indicated that nine out of ten who completed both sides of the partnership programme were doing well with at least six months’ of abstinence at the date of the follow-up study. However, it is important to acknowledge that the numbers involved in this study are quite small. More research may be needed to provide a more convincing argument of the efficacy of such a program.

### ROSIE

The Research Outcome Study in Ireland (ROSIE) was conducted by a team at the National University of Ireland, Maynooth, on behalf of the National Advisory Committee on Drugs (NACD, 2006). The study aimed to recruit and follow opiate users entering treatment and to document their progress after six months, one year and three years. These studies compared treatment outcomes over time. The results presented on outcomes are positive and encouraging from the perspective of not only the individual opiate user but the community, the treatment provider and society (NACD, 2006; 25).

## Conclusion

This chapter presented a historical development of addiction studies. I have detailed how addiction is quantified, the models of addiction, treatment for addiction, trends in terms of treatment, gender differences, models of treatment, policy in Ireland, and finally a brief overview of two research projects already conducted in Ireland.

# Chapter Four – Models used to understand addiction

## Introduction

This chapter presents the models used to explain the potential causes of addiction. The researcher is providing a brief synopsis of each model as a road map to guide the reader towards understanding addiction. The chapter also details the model and treatment ethos adopted by Tabor Lodge Addiction and Housing Services Limited. These models are huge areas within the research of addiction, and to present a complete evaluation of each one is outside the scope of this project.

## Models of addiction

A number of models exist which aim to define and understand the causes of addiction. Which model is most accurate in explaining addiction? Do these models help understand the addicted person's compulsion to use? How successful is each model in the treatment of addiction? These questions are outside the scope of this research, but they are nonetheless vital questions in the quest to alleviate the pain of those suffering from addiction issues. One thing is clear, for those whose life is being negatively impacted from the use of drugs; we need to develop treatment methods that work. The following briefly describes current models of addiction.

1. The medical model/disease model of addiction states that addiction is a brain disease and has its origins in neurotransmitter imbalances in the brain. If one is predisposed to addiction, there is frequently a loss of control over the consumption of drugs and alcohol.
2. The psychodynamic model states that addiction is a symptom of underlying psychological problems. There is internal conflict that needs to be resolved and the individual does not possess the skills to deal with their issues in a more holistic way. The use of alcohol and drugs is a coping strategy for the individual.
3. The social model contends that problem drinking is a learned behaviour, it is a behaviour modelled by others such as family or friends and it is then adapted by an individual who eventually develops a dependence on the substances involved.

4. The moral model states that those with addiction issues choose to use alcohol/drugs. In this model, "Addiction" is a will-power problem. This is a belief that addictive patterns develop because someone chooses to use substances excessively and therefore the person is solely responsible for their addiction. In this model, there is an element of blame attributed to the person for using drugs to excess.
5. The Bio-psycho-social model contends that there are elements of truth in all of the above theories. Each person's drug use is a result of some of all of the other models.

### Treatment programs

Based on the research findings of this project, it is clear that those with addiction issues suffer greatly as a result of addictive patterns and behaviours. Treatment programs have been developed to assist in overcoming addiction and to assist people in remaining in recovery from addiction.

The following diagram highlights the features of a comprehensive drug abuse treatment model:



Source – NIDA, 2012.

### Models of treatment:

#### Residential treatment leading to abstinence

This model of treatment involves a person living for a period of time within an environment which provides intensive physical and emotional support. The person becomes a resident of

the treatment centre and lives there for a defined period of time usually twenty-eight days or longer.

### **Long term treatment leading to abstinence**

This treatment protocol sees "addiction" as a chronic illness that requires longer treatment and lifetime monitoring. The longer treatment method includes the use of extended treatment programs and after care programs. It is this model which is the ethos of Tabor Lodge Addiction and Housing Services.

### **Harm reduction as a form of treatment**

Harm reduction looks on problems of addiction, as well as the problems associated with the substance itself. Harm reduction sees substance abuse as a small piece of a much larger issue. The objective of harm reduction is to allow the individual work towards reducing the harm associated with abusing substances. Its roots include the realisation that total abstinence is hard to achieve and maintain, but in the interim the method of harm reduction can be used to provide the individual with a better quality of life. It incorporates many effective strategies including safer use of the substance, to reduction in the amount of substance used.

### **Multiple approaches to addiction**

There are multiple ways of understanding and responding to addiction. Tabor Lodge Addiction and Housing Services Limited has abstinence as its long term aim. It is important to acknowledge the approach used by Tabor Lodge Addiction and Housing Services Limited is one of many treatment approaches available. Many other treatment interventions use the ethos of harm reduction to minimise the impact of addiction on the individual. While there is merit in the harm reduction approach to treatment, this research project deals specifically with evaluating the subject experts who have chosen abstinence as their model of recovery.

### **Limitations of treatment programs**

Every person has individual needs and will respond differently to treatment models. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. More research is urgently required in order to determine what the most appropriate form of intervention is for those with addiction issues. While complete abstinence may be highly appropriate treatments for many subject experts, this may not be realistic or effective with others. No single treatment is appropriate for everyone. Abstinence is the explicit treatment goal of Tabor Lodge Addiction and Housing Services. For the purposes of this research, the model of abstinence utilised by Tabor Lodge will be the only model investigated.

## **Trends in terms of treatment**

It is well recognised that there is no single treatment method to address addiction problems. There are a number of effective treatments that may be provided in various treatment settings and which meet the needs of different types of addiction problems. Those whose problems are more complex due to severe dependence, psychological morbidity or social disorganisation are likely to need more intensive treatments (Hayman, 2010; 75).

## **Models of addiction used by Tabor Lodge Addiction and Housing Services Limited**

Tabor Lodge Addiction and Housing Services emphasises a combination of models of addiction. These models lean heavily on (i) the possibility for change existing within each person, (ii) 'that addiction is a long term issue for the person, and (iii) treatment goals must include abstinence from the substances causing the addiction. This information has been extracted from Tabor Lodge's general information website (TaborLodge.ie).

Tabor Lodge Addiction and Housing Services use the Minnesota Model, and the model of the 12 Step Program of Recovery. The Twelve-step program has been implemented to address many substance-abuse and dependency problems. The overarching ethos is that the individual has a clear choice: develop the ability to remain totally abstinent or continue to live with the 'addiction'. Participants are required to attend a structured programme of daily activities and are provided with supports in the form of talking therapies with the objective of ensuring the addicted individual remains totally free of all substances. The twelve steps model as published by Alcoholics Anonymous included the admission of the powerlessness over addictive substances—that control has been lost and life has become unmanageable. This statement is the first step that the individual takes in admitting their addiction. The person must admit that they are "powerless" over the substance, and have lost control over this compulsion to use the substance, which persists despite any negative consequences that may be endured as a result. The 12 step program also believes strongly in the existence of "a higher power" which can restore the person to functioning and addiction free patterns of existence.

### **How the disease model and 12 step program can benefit the individual:**

The positive elements of the model used by Tabor Lodge Addiction and Housing Services include ensuring the person understands that they have an addiction issue. The rationale of this model includes the belief that the person is compelled to use the substance and cannot help this compulsion. This helps overcome elements of guilt over the consumption of drugs and alcohol for the person. This model also enforces to individuals that they cannot use the substance in any quantity – that total abstinence is the only option. This helps the person understand that they cannot control their consumption and therefore must abstain completely from the substance. This model also contends that the addiction is progressive and if one continues to consume the substance, the consequences of consumption will result in significant issues for the individual.

### **Critique of this model:**

The following are potential issues which may exist with this model of recovery.

This model may result in someone feeling hopeless over the power of the substance. If someone relapses, they may struggle to come back into recovery because they may feel like they have failed in maintaining abstinence. This can significantly affect a person's ability to re-enter recovery.

The 12 step program requires that the person firmly believes in a 'higher power' in order to remain in recovery. While this may work for some individuals, a lot of people are atheists and agnostic and do not believe in a God or similar presence.

It is very hard to determine the efficiency of this model. Each individual in recovery will have different motivating factors for remaining addiction free therefore it is hard to categorically prove that it is the involvement of the person in the 12 step program which is resulting in their recovery.

### **Conclusion**

An examination of the field of addiction and key model of addiction and treatment has been presented in this chapter. An analysis of the agency and the model of treatment used by the agency have been put forward. This chapter concluded by examining some positive and potentially negative elements of the model used by the agency.

# Chapter Five – Findings and Analysis

## Introduction to the chapter

This chapter prioritises and thematically organises prevalent themes which were brought up by the participants in the case study. Pseudonyms shall be used when citing the views and experiences of the subject experts. The data will be probed with the objective of highlighting, through the participant’s experience, the positive and negative elements of the program on offer from Tabor Lodge. A presentation of the views of participants in terms of improvements in the service will then be presented.

## Research Participants

The following is a brief introduction to the subject experts with whom the researcher conducted this project.

Participant number	Pseudo nym	Gender	Age	Length of time in addiction	Length of time in recovery	Substance or problem behaviour	Pattern of Treatment
1	SE1	Male	19	3 years	2 years	Alcohol, Ecstasy, Cocaine	Attended primary treatment with Tabor Lodge, and completed extended treatment immediately following primary treatment.
2	SE2	Male	36	12 years	4 years	Alcohol	Completed primary treatment in a different centre, relapsed and was in active addiction for a period of 6 months. Entered extended treatment and is now in recovery for 5 years.
3	SE3	Female	28	10 years	2 years	Heroin, Alcohol, Cocaine	Completed primary treatment with tabor Lodge and transitioned directly to extended treatment. Relapsed after extended treatment, re-entered the program and completed extended treatment within a three month time scale
4	SE4	Female	18	5 years	4 months	Over eating, alcohol	Completed primary and is currently in extended treatment.

5	SE5	Male	50	25 years	8 years	Alcohol, Gambling	Individual completed primary treatment in another centre, was abstinent for 3 years, relapsed and was in active addiction for another 2 years and then attended extended treatment
6	SE6	Male	23	6 years	1 year	Alcohol, Amphetamines	Completed primary treatment, and transitioned to extended treatment immediately following primary treatment
7	SE7	Female	40	20 years	8 months	Prescription drugs, sleeping tablets	Completed primary in another treatment centre, and is currently attending extended treatment
8	SE8	Male	22	6 years	4 months	Alcohol, Marijuana, Cocaine	After completing primary treatment with Tabor Lodge, relapsed for a period of four months, subsequently entered extended treatment, having completed this program is now living independently
9	SEN1	Female	24	10 years	6 months	Alcohol, Marijuana, Cocaine	Attended primary treatment with Tabor Lodge and declined to attend extended treatment program
10	SEN2	Male	40	15 years	3 years	Alcohol, crack cocaine	Attended primary treatment with Tabor Lodge and is currently attending support groups provided by Tabor Lodge. Did not attend extended treatment.

### Introduction to the data:

The following are the broad themes covered which directed the study. Each question will be explored; and will present the themes which emerged during analysis of the interview transcripts.

## Experience of treatment

**What can the experiences of the subject experts tell us about the extended treatment programs on offer from Tabor Lodge?**

Broad themes covered:

### Theme one – program structure

Theme 1.1

#### *Relationship between professional and subject expert*

The data highlighted that treatment programs must work collaboratively with the person. All respondents stressed the importance of the addiction counsellor working in partnership with the subject expert:

*“when I got there first, I was very nervous, and I didn’t know what to say. I kind of just sat there cause I didn’t know what else to do. My counsellor was very good, she just kind of just sat with me and didn’t push me too much at the beginning, I wouldn’t have been able for it if she had” – SE3*

*“I was asked by the program coordinator why I was there, I thought this was a funny question at the time, but afterward I thought about it, he was trying to sound me out, and wanted to know my reasoning for being in the extended treatment. I told him that my wife had rang the centre. He was grand about that being my reason. I’ve learned since that you’ve to want it to succeed, but at the time sure I didn’t see this at all. Thank god he didn’t say this to me cause I’d have walked out the door. I felt he met me where I was was ya know” – SE5*

This correlates to the data collected in the following published report – Principle of Drug Addiction Treatment published by the national institute on Drug Abuse “Within a treatment program, successful clinicians can establish a positive, therapeutic relationship with their patients. The clinician should ensure that a treatment plan is developed cooperatively with the person seeking treatment. ”This was a key indication of successful outcomes post treatment” (NIDA, 2012; 52). The eight interviewees who had attended extended treatment in Fellowship House and Renewal emphasised the importance of the addiction counsellor being empathetic and showing that they understood the journey being taken by the subject expert.

*“It was very easy for me to spot when a group leader knew what he/she was talking about; you can spot those who’ve been through it themselves. If you feel someone’s been down the road already you’re way more inclined to listen to the advice you’re getting. I found this really important, it gives ya a bit of hope too, like if he can do it so can I” – SE8*

## Theme 1.2

### *Structure in one’s day:*

All participants stressed the importance of structure provided by the extended treatment program. Establishing and maintaining structure is vital. To function in society it is important to have the skills to adhere to time schedules, attend for appointments and follow program directed initiatives.

Rationale for using this theme – this allowed participants the opportunity to discuss with me their views on the extended treatment program and what the individual found useful. The development of structure in one’s day was a very strong reoccurring theme. A typical day in extended treatment was explored:

*“We have to get up by 08:30 and we have to make our bed, and breakfast is served at 09:00am. We have a set timetable and have to attend group therapy at a specific time. If we are late, we are given chores to do”- SE3*

*“Addiction is a life of chaos.” I never had structure in my life, through attending extended treatment – I learned the importance of developing a routine around my day” – SE6*

## Theme 1.3

### *Building self-esteem for the person*

Each subject expert expressed how addiction robs a person of their ability to develop positive vision and aspirations for themselves. Each subject expert details how he/she felt extended treatment helps a person develop self-esteem and foster hope for a better future. Six of ten respondents stated that for the first time in a long time they had self-belief and determination to remain in recovery.

*“I never had any faith in myself; no one around me ever achieved anything so sure how could I do anything else? I found this belief by sharing my story in therapy. I*

*found out I had the ability to stand up and be counted. First time in my life I ever felt that” – SE6*

*“Having someone believe you can stay clean and sober is massive. I found extended treatment really helped me understand my own potential and strengths. I always thought it would be really really hard to do it, but by having professional people really trust in my ability to stay off the gear, it was unreal how much momentum that give me” – SE4*

#### Theme 1.4

##### *Understanding the need to make changes that will last*

The opportunity to remain in recovery by transitioning to extended treatment after primary treatment increases the chance of the person seeing the positive elements of recovery and wanting to achieve this for themselves.

*“people are sometimes not there for the right reasons. More people are attending extended treatment for the right reasons. First time in treatment most people don’t want it, but relapse causes huge pain, and through this pain, people want to succeed” – SE7*

. The person needs to be built up and become “well”

*“the reason he relapsed after primary was because he was not ready for the reality of change. This only came through extended treatment” - SE4*

## **Theme two - Support**

#### Theme 2.1

##### *Importance of supportive environment*

A supportive environment in which to explore the issues of addiction was cited by all respondents as being critically important. To explore emotive and challenging topics one needs to feel safe, understood and away from negative influences. Supportive environments provided via extended treatment included yoga and other healthy activities such as gardening.

## Theme 2.2

### *Discussion of emotive issues for subject experts*

Four of the eight respondents stated that being able to express emotions in a safe environment helped him/her develop the skill to disclose difficult thought patterns. It was highlighted that this skill was developed through extended treatment:

*“the importance of being in an environment which enriched my recovery where I felt safe to talk about things really helped me” – SE6*

This helped people develop the skills to ask for help when the person was feeling vulnerable. This talking skill came via extended treatment. The participant is encouraged and in fact, as one participant disclosed –

*“if you do not share your views and journey during the meeting, the group facilitator will ask you to share your views in the following meeting. Staying quiet is not an option” – SE6.*

Six of the ten respondents stated that learning to disclose was very beneficial in maintaining abstinence post treatment. Discussions around the environment of extended treatment elicited the following responses

*“Well there is always someone around to talk to, you never feel lonely and people are always doing stuff that you can join. We go to meetings outside the house and this helps me get used to being in the community again” – SE1*

*“Huge changes are required to overcome addiction and people actively resist change. Extended treatment gears you towards change and the realities of life” – SE2*

*“I learned that changing my behaviour it not only possible but in fact is essential for my recovery. I didn't believe I could change until I came into extended treatment” – SE5*

### Theme 2.3

#### *Understanding around addiction and recovery*

Extended treatment helped respondents develop education and knowledge around why addiction exists. Respondents felt that they were not alone, and this gave them substantial emotional strength to succeed.

*“I can understand my addiction but I need to make it emotive and I need to feel it strongly. Extended treatment thought me this” SE6*

### Theme 2.4

#### *Understanding the necessity to modify thought patterns*

Huge changes have been made in the lives of those interviewed. The eight subject experts who attended extended treatment all felt that their participation in this program engendered momentum and self-belief that they could succeed:

*“the education I received in extended treatment around addiction has helped me develop respect for myself – I truly believe everything happens for a reason and I would not be here without attending extended treatment” - SE 6*

*“Extended treatment helped me deal with the necessary changes I had to make in my life. Extended treatment helped me understand the journey I needed to take to bring me out of addiction” - SE7*

### Theme 2.5

#### *Altering thought patterns.*

The capacity to change one’s thought patterns and actions is at the root of all motivation to overcome addiction. The following presents the subject experts’ opinions on this topic:

*“It is very hard to stop using substances that people derive pleasure from. The choice of whether to continue or stop is an easy one. It is only by focusing on the larger context that a different choice emerges” – SE2.*

*“What happens after one comes down off the high? What happens to the people I care about if I start using again? What happens to my aspirations and my hopes for life? What happens to my health and my future?” – SE7*

It became clear that developing appreciation of the larger context allows the individual to rise above the need for immediate gratification. This appreciation is central to recovery from addiction and provides the motivation to change.

*“To achieve contentment in my life I must develop a sense of meaning and purpose. I have to work on the skills on how to achieve my goals. Extended treatment helped me strengthen my motivation to change” – SE7*

#### Theme 2.6

*Extended treatment and its impact on developing healthy peer groups:*

Most of the respondents stated that the network they created by attending extended treatment assisted them in maintaining recovery. Two of the eight subject experts transitioned to independent living with people they had met in recovery. They highlighted that this helped because of the element of peer support involved. All respondents stated that those in recovery require assistance and support in developing life skills.

*“If you can access the service and subsequently relapse, at least you know it’s there. You build coping mechanisms each time you enter recovery” - SE6*

The participants stated that addiction removes the ability to develop a toolkit of life skills (management of finances, cooking, social skills, and interaction with others in a healthy way). The model of extended treatment helped people transition from residential treatment to a more unstructured model of housing.

### **Theme three - Relapse**

This section deals with the data collected from respondents when asked the question “what causes relapse?” The following presents the recurring themes that emerged.

#### Theme 3.1

*Not remaining in the treatment program long enough.*

The main issue cited by respondents was the duration of time spent attending treatment. Those who attended primary treatment only, and did not attend extended treatment immediately following primary treatment spoke about the difficulties of life post residential

treatment. Six respondents felt they did not possess the skills and were not prepared for the reality of life post primary treatment. It was not until they attended extended treatment that they had the opportunity to explore the causes of their addiction in the first place. This was vital to preventing relapse. The respondents noted that it is too easy to fall between the cracks after primary treatment. The support structures developed during extended treatment helped maintain recovery and build solid reserves which the subject experts could then call on when faced with challenging situations.

*“before, when things would get stressful for me, the first thing I’d think about would be using. Now I practice meditation and try and do my breathing exercises when things get stressful at home ya know. I never ever considered these techniques before!” - SE8*

When asked if the subject expert ever gets the urge to use –

*“ya I do sometimes, but I’ve learned through my time here, that I have to “play the tape forward” – that using once will lead me back into my old life and I don’t want to go there anymore” - SE5*

*“To develop the strength to resist going back using one has to build up the strength inside and this occurs through extended treatment. You get this from the treatment program – from the addiction counsellor and feedback through group therapy” - SE3*

*“It’s a miracle the change I made. I now want recovery for myself” - SE1*

*“I thought I could control it. Treatment programs helped me to keep remembering what happens when I drink. When I relapsed and resumed taking drugs – I couldn’t stop, very quickly I fell back into pattern of consumption, blackouts and so on. I had to hear the truth and realities of my problems – SE6*

### Theme 3.2

#### *Not adhering to my care plan*

All participants stressed the importance of adhering to the continuing care plan that is developed for use by each person in recovery. This importance was established only through the process of attending extended treatment.

All individuals stressed that the biggest risk of relapse occurs when the person has no other way to fill their day. Therefore continuing care programs, attendance at AA/NA meetings and other support groups is critically important to all those in recovery. Extended treatment stresses this and provides support to people if they are at risk of non-attendance at meetings. Extended treatment requires that the subject expert contacts the centre via telephone if they are unable to attend the session. This helps establish responsibility in the mind of the individual.

### Theme 3.3

*Being unable to make peace with past actions taken while in addiction.*

*“People in addiction frequently do things they would not do if it were not for their addictions”. It was vital to understand things which happened while I was in an addict does not have to define the type of person I am” - SE8.*

*“the counsellors helped me explore the things I did while in active addiction. I was very nervous because I’ve done some really bad stuff, but my counsellor Mary helped me understand that while I preformed those actions, I was not myself at the time, and she helped me understand how important it is to remain in recovery if I don’t want to repeat the same mistakes - SE1.*

*“I felt so guilty about the way I had treated my mother, but my counsellor helped me understand that by maintaining recovery I was helping my mother to trust me again”. Guilt/gets me down about the way I treated those who loved me but through extended treatment I learned that I no longer have to remain in the prison of guilt - SE5.*

*“Acceptance and learning to look at myself – my identity had been flawed to the point where I could no longer live with what I had become. Only then was I ready to seek help and remain abstinent” - SE6*

The short term duration of primary treatment means that emotions such as guilt are not examined to determine the effect it has on recovery. The longer duration of extended treatment helped respondents deal with these emotions and helped people make peace with their past actions.

## Theme four – resilience and change

### Theme 4.1

#### *Less relapse as a result of the program*

It is difficult to measure the quality of extended treatment delivered. The question remains: do we get less relapse if the program is strong? How do we actually measure this? This section looks at the impact of extended treatment on levels of motivation and on success rates from the perspective of those who have gone through the service.

All respondents stated that the motivation to remain abstinent comes from a personal decision to cease using addictive substances. It is only through the individual's decision to stop and to remain in recovery that long term recovery is achievable. Extended treatment helps people develop momentum around remaining abstinent. The motivation to change is explored in the extended treatment programs. Without developing this motivation, it is very hard to remain addiction free.

*“Primary treatment programs and psychiatric wards cannot provide the time necessary to explore all angles of addiction – you cannot tell your life story in 45 minutes. The easy option is to medicate someone but this masks the issue” SE4*

*“It is only through extended treatment I could look at why I have addiction issues. However, if one is not motivated to change, the best programs in the world will not succeed for the individual. I'm the only one who can do it, it is my heart which is keeping me in recovery” – SE7*

*“Even though I had an aftercare worker assigned I still relapsed. You can't get away from yourself, my counsellor helped me understand this and he helped me build a more healthy relationship with myself” - SE3*

*“The addiction is secondary – it's the reason why I drink and do drugs is what I need to fix” – SE5*

## Theme 4.2

### *Extended treatment makes you ready to change*

While all respondents spoke at length about the benefits of treatment – all highlight that one must be ready to tackle the issues of addiction being faced in order to overcome and make lasting changes in their life. Extended treatment helps with this understanding.

*“You have to want to remain sober”. It’s important that services help you understand you have to have responsibility to do it for yourself – Tabor Lodge will not always be there” – SE9*

## Theme 4.3

### *Building resistance to prevent returning to negative patterns of addiction*

Negative behaviours and thought processes which become ingrained in the individual over the course of their addiction are hard to break.

*“People may live with addiction for many years before seeking help. Extended treatment helped me find alternative outlets and encouraged me to talk through me issues” – SE4*

## **Suggestions for treatment providers**

The following are broad themes which emerged on how the service can be improved.

### **Extended treatment and the development of life skills**

A common theme is that treatment programs could do more to develop life skills for the person such as job interview skills, social skills in dealing with society, housing needs post treatment and other practical elements necessary to survive in today’s society.

The longer the participant stayed connected with the service, the greater their chances of remaining in recovery. This finding has been previously published in a report which claimed that “According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning” (Gossop et al, 2002; 1260).

### **More input from Subject experts**

It is important to maintain an open door policy and encourage subject experts to develop their ability to provide feedback on the service as they were moving through recovery. A more fluid approach would be useful, so that those who were experiencing difficulties could discuss adjusting their care plan.

### **Assessment for Extended treatment**

The main reasons stated by the control group of two individuals who did not take up extended treatment was that during assessment they felt the addiction counsellor was not entering into an equal partnership with the subject expert. The subject expert felt the assessment was weighed heavily in terms of the counsellor knowing what was best for the subject expert, and not taking the subject expert's current views of their addiction into consideration.

*"I sometimes felt that I was not viewed on an equal footing during the assessment for secondary treatment. I felt that there wasn't much flexibility in the program and I have a small child to take care of" - SE9*

One participant stated that when she told the assessment counsellor she felt that extended treatment was not a good model for her; the addiction counsellor insisted that the individual was not accepting her addiction issues. Another participant stated that she felt that the counsellor held the view that the subject expert was trying to manipulate her and was unwilling to accept the advice of the counsellor. While it is hard to confirm this allegation it is noteworthy in terms of the assessment. Counsellors must be mindful that the subject expert's views are equally as valid as the professional opinion of the counsellor.

*"One of my main reasons for not attending extended treatment was because I felt like the program was almost taking me apart piece by piece. It sort of breaks you down before building you up again and I found I wasn't able for it" - SE10*

A number of additional recommendations were made which may help the service provider to improve the services delivered including:

### **Tailoring the program to fit the individual.**

Some people felt that the program needed more flexibility, for example, some people needed to work on self-esteem while others on self-confidence. If there were some mechanism to tailor the program for each participant, it would greatly assist those availing of the service in developing the life skills necessary post treatment.

### **Developing social skills**

Give greater emphasis to more practical skills such as social skills like how to cope in a social environment without using drugs – this was cited as very challenging for subject experts. A suggestion included having a social outing together during extended treatment to encourage and help people adjust to the first time the subject expert goes out socialising without using problematic substances.

### **Greater input from participants throughout the program**

Participants highlighted the importance of discussing the program and encouraging feedback in a non-confrontational manner. It was evident to the researcher that the participants have invaluable information to provide to Tabor Lodge and it was felt by all involved that an avenue to provide this feedback would give the provider an opportunity to improve the service.

### **Conclusion of findings**

The participants felt that Tabor Lodge helped them reclaim their identity and in the majority of cases, helped them see life beyond addiction. The participants were very insightful and were able to clearly articulate their views on the extended treatment program which they had attended. Throughout the discussions; the personal opinions and viewpoints proved to be very stimulating and captivating. It was the predominant view of those interviewed that the extended treatment program promotes recovery and capacity to remain engaged in the recovery process.

# Chapter Six - Conclusion and implications for the service provider

## Introduction to Chapter

A summary of the principal findings of this study and the most noteworthy conclusions which have been highlighted are presented in this chapter. This chapter will also propose implications for the service provider on how to improve the service it provides to those who require it.

## Overview of research

The aim of this research was to evaluate the extended treatment program on offer from Tabor Lodge from the perspective of subject experts. This project is concerned specifically with the model of Fellowship House and Renewal delivered through Tabor Lodge's extended treatment programs. The objective was to determine if the programs help people to remain in recovery from addiction, and to help establish what other elements must be incorporated into the program to improve outcomes.

## Summary of the findings

This research project has highlighted the following as the main elements that result in success for people remaining in recovery. It is clear from the data collected in this case study that there is substantial merit in the attendance of extended treatment programs on those who are experiencing addiction.

## Emerging Themes

**What are the emerging themes in the data telling us about the extended treatment programs of Fellowship House and Renewal?**

- 1.1 Importance of the working relationship between professional and subject expert
- 1.2 Structure provided by the extended treatment program helped build consistency in the individual.
- 1.3 Extended treatment helps to build self-esteem for the person
- 1.4 Understanding the need to make changes that will last

## Effective Support Structures

**What supports are delivered through extended treatment which are effective in assisting those in recovery from addiction**

- 2.1 Importance of supportive environment

- 2.2 Discussion of emotive issues for subject experts
- 2.3 Understanding around addiction and recovery
- 2.4 Understanding the necessity to modify thought patterns
- 2.5 Altering thought patterns
- 2.6 Extended treatment and its impact on developing healthy peer groups

### ***What causes Relapse***

#### **What are the possible pitfalls that may lead to relapse?**

- 3.1 Not remaining in the treatment program long enough.
- 3.2 Not adhering to my care plan
- 3.3 Being unable to make peace with past actions taken while in addiction
- 3.4 Lack of honesty from the addiction counsellor

### ***What helps prevent relapse***

#### **Is the possibility of relapse reduced because of the quality of the programs/supports and other services provided?**

- 4.1 Participants felt they were less likely to relapse as a result of the program
- 4.2 Extended treatment prepares one to make necessary changes
- 4.3 Extended treatment helps resist the urge to return to negative patterns to behaviour

## **Enhancing the service**

### **Introduction**

Addiction affects every part of life, including relationships, career, health, and psychological well-being. Treatment success depends on developing a new way of living and addressing the reasons why addictions develop for the individual. This section delivers suggestions made by subject experts which can be used to enhance treatment programs, with the objective of yielding better outcomes in terms of living addiction free.

### **Suggestions for treatment providers**

- Extended treatment programs must do more to development the life skills of participants
- Greater emphasis on the relationship between the subject expert and counsellor
- More input from subject experts is vital in the development of treatment service
- Flexibility in terms of the length of attendance in primary and extended treatment and the follow up care provided

- Importance of assisting the person to build healthy influences and helping in the development of positive peer groups.
- Treatment provided need to be cognizant of the financial implications of the program
- Employ more research to evaluate programs including the incidence of relapse after primary treatment
- Implement the suggestions made by subject experts and ensure all changes and amendments to programs are delivered.
- Further research required into the area of addiction

### *Life Skills*

One of the reoccurring themes in terms of feedback for the program includes enhancing the program to help people deal with life post treatment. Addiction occurs because people strongly believe that they cannot live without the substance they are addicted to.

*“The way I viewed it I felt I needed the drugs I couldn’t cope without it” – SE 9*

Dysfunctional patterns of behaviour frequent erode a person’s ability to form healthy attachments in recovery. Participants highlighted they would benefit greatly if treatment programs were to incorporate more life skills and self-esteem programs.

*“I felt disconnected from others in society and when I came out of treatment, I did not have the skills to form healthy and normal attachments and relationships with others” - SE 10.*

It was felt that the program can do more to build self-esteem and feelings of self-worth.

### *Life post treatment*

Addiction frequently instils feelings of despair for the individual involved.

*“While the focus on treatment programs must be on recovery and acceptance of addiction, I know I can’t change overnight into a functioning individual who can deal with the considerable stresses of life post treatment” - SE10*

After care programming and support groups were cited as beneficial in countering these feelings of despair, however more can be done in terms of preparing the individual psychologically to develop a more wholesome and healthy vision of oneself. Practical skills

such as interviewing techniques were suggested as ways an individual might build self-esteem and feel more in control, resulting in feels of self-confidence being improved.

#### ***Relationship between subject expert and counsellor***

All participants stated that recovery is a personal journey which required the individual to be ready and willing to change their behaviour. Interventions taking place during treatment are just part of a much wider range of factors that can influence outcome. In many cases, treatment may be neither the most important nor the most powerful influence upon outcome. However all participants stated that the relationship between professionals and subject experts are key components in this recovery.

*“This was is the first encounter I had with someone professional, before this I was always using drugs when dealing with professionals; it had a massive impact on me. I was very intimidated by the counsellor – but fair play she did her best to put me at ease” – SE6*

*“I think my experience before with people in authority was very bad, so thank god I found it easy to talk to my counsellor. She kind of showed me that people who in authority are not all bad” – SE8*

This is one of the most critical findings from the research and it is hugely important in terms of developing treatment programs.

#### ***More input from Subject experts***

It is vital that service providers incorporate feedback from all subject experts on their experience to the treatment programs provided. A method of gathering this information is vital so that continuous assessments and improvements can take place, ensuring the voice of the subject experts in incorporated into treatment planning.

#### ***Length of stay in treatment and follow up care***

Drug addiction treatment is not a quick and easy process. In general, the longer and more intense the drug use, the longer and more intense the treatment you’ll need. But regardless of the treatment program’s length in weeks or months, long-term follow-up care is crucial to recovery.

### ***Building healthy influences***

Building a sober social network was highlighted as vitally important for those in recovery. If one's previous social life revolved around alcohol and drugs, new connections were necessary to resist temptation and to distance oneself from the addictive substance. These skills to achieve fundamental changes in lifestyle needs to be taught more in extended treatment.

### ***Financial implications of the program***

Of the respondents that were interviewed, all stated that there were financial implications to attending extended treatment.

*“I couldn't afford to go, I just got a month off work to go to primary treatment so extended treatment was not an option for me” - SE2*

This participant subsequently relapsed and was in addiction for approximately six months before he hit “rock bottom” and decided to approach extended treatment and enrol in the program”. He is now in recovery for approximately four years. He felt it was unfortunate he could not attend initially. He stated “it would have saved him considerable pain” - SE2.

It would be very beneficial if extended treatment could be financed on a “sliding scale” or through a government incentive or some other means. This requires urgent further investigation if the service is to help more people.

### ***Relapse after primary treatment***

While the researcher, when developing this research project asked Tabor Lodge specifically for subject experts who have relapsed after attending a primary residential treatment program – either with Tabor Lodge or with another treatment provider, it is noteworthy to highlight that almost all of the subject experts stated they relapsed because primary treatment did not equip these individuals with the necessary life skills to function post residential treatment. It is clear that further research is needed around the model of primary treatment and the techniques used in this treatment service. A number of respondents stated that they were not equipped with the skills to deal with realities of life post primary. Further analysis is urgently required in order to determine what can be done to rectify this situation.

### ***Deliver the necessary changes***

Those who experience addiction have invaluable information to share with Treatment Providers. There is little point, however, in a subject expert sharing their experiences and

using their knowledge to suggest changes unless these changes are implemented by the treatment provider. It is imperative every effort is made by those providing addiction services to ensure treatment programs are developed in collaboration with those who use these programs, and that all suggestions for improvements are incorporated into the programs.

#### **Further research required into the area of addiction**

This project, while as thorough as the time and resources available to this researcher has permitted, is but a small section of a much wider issue in society. The research has touched on numerous topics related to addiction and recovery models however; this dissertation is time and resource limited in terms of the information presented. Through the process of conducting this research, it is clearly evident that further research is urgently required in the area of addiction. The area of addiction can benefit greatly from other academic work being performed in this area. To assist those who are living with addiction issues, this work is urgently required.

#### **Conclusion of research project**

While the present work has provided plenty of food for thought in the area of addiction studies it should be remembered that both time and space were limited and therefore this work might be considered as the first instalment of what a more extensive analysis would contain.

In conclusion, this research project has fulfilled its aims of evaluating the extended treatment programs of Fellowship House and Renewal on offer from Tabor Lodge Addiction and Housing Services Limited. The core questions included evaluating the methods and intervention strategies used in extended treatment. The objective was to determine what elements of the programs are successful in assisting those in recovery from addiction. Through the development and implementation of this research project, the researcher was successful in understanding the process of performing research, understanding the theoretical and methodological perspective of the research and also how to present this research in a clear and concise manner.

# BIBLIOGRAPHY

Blaney, R. (1974) 'Alcoholism in Ireland: Medical and Social Aspects', *Journal of The Statistical and Social Inquiry Society of Ireland*, Vol. XXIII, Part I, 108-124.

Bryman, A., (2001) *Social Research Methods*, Oxford: Oxford University Press.

Crabtree B & Miller W., (2009) *Doing Qualitative Research: Research Methods for Primary Care*, (Volume3), London: Sage.

Crawford, C., (2007) 'BC Housing: offering support to BC's most vulnerable people' in *Housing issue of Visions Journal*, 4(1) available at <http://www.heretohelp.bc.ca/visions/housing-and-homelessness-vol4/bc-housing> accessed on 10/2/2014 accessed on 18/4/2014.

Department of Health (2012) Steering Group Report on a National Substance Misuse Strategy, available at, [http://www.dohc.ie/publications/pdf/Steering\\_Group\\_Report\\_NSMS.pdf?direct=1](http://www.dohc.ie/publications/pdf/Steering_Group_Report_NSMS.pdf?direct=1) accessed on 3/1/2014.

Erickson, C., (2014) *Exploding Drug Myths*, Addiction Science Research and Education Centre available at <http://www.utexas.edu/research/asrec/myths.html> accessed on 14/04/2014

Gossop, M., Stewart, D., Browne, N., Marsden, J. (2002) 'Factors associated with abstinence, lapse or relapse to heroin use after residential treatment: protective effect of coping responses', *Addiction*, 97(10), 1259-1267.

Hayman, G. M., (2010) *Addiction – A disorder of Choice?* Harvard: Harvard University Press.

HRB (Health Research Board) (2010) *Alcohol: Public Knowledge, Attitudes and Behaviours*, available at, [http://www.galwayhealthycities.ie/uploadedfiles/Alcohol -  
Public Knowledge Attitudes and Behaviours Report.pdf](http://www.galwayhealthycities.ie/uploadedfiles/Alcohol_-_Public_Knowledge_Attitudes_and_Behaviours_Report.pdf) accessed on 10/2/2014.

HSE (Health Service Executive) (2007) *Report of the Working Group on Residential Rehabilitation and Treatment (Substance Abuse)* available at <http://www.drugs.ie/resourcesfiles/reports/3966-42381118.pdf> accessed on 14/3/2014.

Lingard, L., Albert, M., and Levison, W. (2008) 'Grounded theory, mixed methods, and action research', *British Medical Journal*, 337: 567-567.

NACD (National Advisory Committee on Drugs) (2006) *ROSIE: Summary of 1-year outcomes*, available at [http://www.drugsandalcohol.ie/11517/1/ROSIE\\_Findings4.pdf](http://www.drugsandalcohol.ie/11517/1/ROSIE_Findings4.pdf), accessed on 1/4/2014.

National Drug Strategy (2009) *Interim Report*, available at [http://www.dohc.ie/publications/pdf/nds\\_2009-16.pdf?direct=1&session-id=921f216c20003d6f8cb672e02c563f8c](http://www.dohc.ie/publications/pdf/nds_2009-16.pdf?direct=1&session-id=921f216c20003d6f8cb672e02c563f8c) accessed on 20/2/2014.

NIDA (National Institute on Drug Abuse) (2012) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition), available at <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-g> accessed on 19/3/2014 accessed on 5/2/2014

ONDCP (Office of National Drug Control Policy) (1996) *Treatment Control Effectiveness: substance abusing population in treatment*, available at <https://www.ncjrs.gov/ondcppubs/publications/treat/trmtprot.html> accessed on 3/4/2014.

Snyder L.B., F.F. Milici, M. Slater, H. Sun, and Y. Strizhakova, "Effects of Alcohol Advertising Exposure on Drinking Among Youth," *Archives of Pediatrics and Adolescent Medicine* 160 (2006): 18-24.

TCA (The Competition Authority) (2008) *Alcohol consumption in Ireland, submission to the Government Alcohol Advisory Group*, available at [http://www.tca.ie/images/uploaded/documents/S\\_08\\_001%20Alcohol%20Advisory%20Group.pdf](http://www.tca.ie/images/uploaded/documents/S_08_001%20Alcohol%20Advisory%20Group.pdf) accessed on 3/3/2014.

# Appendix

## Appendix A - Letter issued to participants

Date:

Dear [Mr. / Ms. LAST NAME],

I am writing to tell you about a research project being conducted by a researcher from University College Cork. The research is being conducted by \*\*\*\*\*is currently undertaking a degree in Social Work and will graduate this year. She is in her final year of study. The research which \*\*\*\*\*will undertake will help us evaluate the Renewal and Fellowship House offered by Tabor Lodge to ensure it is meeting your needs and that the best service is being provided.

Your participation in this research is on a voluntary bases. Whether or not you wish to be involved is your decision. Your involvement however; will provide us with invaluable information around the program – is it effective, if so why is it effective, and if it is not, why not?

Please review the enclosed information. If you are interested in participating please complete the **enclosed consent form**, and post it back in the pre-paid envelope.

You do not have to respond if you are not interested in taking part in this research. You may decide not to participate at all, or if you start the research project you may withdraw at any time.

The decision to participate is entirely your own decision. We feel that you have valuable experience about the difficulties of coping with the reality of addiction in Ireland today and your input is greatly appreciated.

Thank you for your consideration.

Sincerely,

---

NAME OF PERSON FROM TABOR LODGE

## **Appendix B - Consent for Participation in Research**

### **An evaluation of the journey of recovery from addiction**

#### **Introduction**

My name is \*\*\*\*\* and I am a student in University College Cork. I am a final year student studying for a degree in Social Work. I have a keen interest in the area of addiction; in particular in understanding what supports are effective in assisting those in recovery from addiction and also the possible pitfalls that may lead to relapse.

I am in the process of undertaking a research project with Tabor Lodge Addiction and Housing Services. The objective of this project is to look at the Renewal and Fellowship House units and the support groups that meet from this to see if they are effective in the treatment of addiction for those experiencing with this disease.

This project is important because we need to look at the services available so that the best possible assistance can be given to those who need it. To do this we need to speak with those who are currently using the services provided by Tabor Lodge. Your contribution will be of immense value.

#### **Purpose of this form**

The purpose of this form is to provide you with information about the project so that you can decide if you want to participate. Please read the information below. I am available to answer any questions you may have.

#### **What will you be asked to do?**

If you agree to participate in this study, you will be asked to

- **Sign and return the consent form and provide your contact details to the researcher. These contact details will be held in the strictest confidence and will not be shared with any other person or organisation.**
- **You will be invited to attend for a one to one discussion with the researcher at a time convenient to you. This discussion will allow you and the researcher an opportunity to explore your unique journey through addiction and recovery. If you wish, this discussion can occur via telephone.**
- **Examples of questions will include: duration of addiction issues, relapse if any, factors that contributed to relapse, factors that contribute to abstinence, family support structures, main issues or concerns immediately following residential treatment.**

**These questions are provided as a guide map in exploring issues related to addiction and relapse; however you are free to explore any element of addiction and your recovery which is important to you.**

- **A room in the Renewal or Fellowship House will be made available for this meeting, however; if you are not comfortable with this location another location can be arranged. No recording or any kind will occur during the discussion session with the researcher.**
- **The discussion will take approximately one hour, however there is no time limit in terms of exploring your own unique journey.**
- **The researcher will then collate the information gathered and will present the results and findings in a report format. Absolutely no names will be included in the report that will be created.**
- **The findings of this project will be used as an input in developing future addiction services.**

Your assistance in this greatly appreciated. Your input will help ensure that the services provided by Tabor Lodge continue to meet the needs to those who have experienced addiction. As a result of this project Tabor Lodge and others providing Services to those inflicted with addiction issues will be better equipped to meet the needs of those who require help.

If you would like to participate **Please complete and sign the attached consent form and return the form using the self-addressed envelope. I will contact you to arrange a time that is convenient for you to meet me.**

#### **How will my privacy and confidentiality be protected if I participate in this research study?**

Your privacy and the confidentiality of your data will be protected by ensuring that your name or any personal details are not recorded anywhere. The only time your name will be used is when the researcher will contact you to arrange a time to meet.

#### **Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher with any questions or concerns you may have.

I would like to express my sincerest gratitude for your time and assistance.

## Appendix C - Consent Form

### An evaluation of the journey of recovery from addiction

**If you wish to take part in this study please complete this form and return in the pre-paid envelope provided**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone(s): \_\_\_\_\_

Best time and day to call: \_\_\_\_\_

Email: \_\_\_\_\_

I.....agree to participate in this research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data at any point, in which case any of my details or interview material will be destroyed.

I understand that anonymity will be ensured in the write-up by disguising my identity. I understand that extracts from my interview may be quoted in the report but nothing will be used which might identify who I am.

Signed \_\_\_\_\_

## Appendix D - Questionnaire Guide

The overarching objective of this interview is to evaluate the journey through addiction for those who have successfully overcome their addiction issues and are currently addiction free.

The questions I hope to answer through this research are:

- What causes the problems in the first place
- How it's affected you
- What are the causes of relapse?
- What prevents relapse?

You are the person who have a unique knowledge in relation to addiction and recovery – I would like to explore with you what programs/recovery models you have found effective, if so why are they effective, and if not, why not.

This is your personal journey and your experience is unique to you. Thank you for sharing your journey with me.

### **Research objective:**

Recovering From Addiction: – an evaluation of the experiences of those with addiction issues. What methods and intervention strategies are most successful in assisting those currently succeeding in maintenance abstinence from alcohol/drugs?

This questionnaire will assess and document; paying particular attention to any trends that occur the following questions

- (1) Are there common demographic and environmental factors among participants which could identify a trend in relation to addiction?
- (2) What supports proved effective for this sample group to help recover from addiction
- (3) Whether subject experts who have received extended treatment services and/or aftercare supports receive the treatment appropriate to their needs.
- (4) What aftercare supports was helpful to those with addiction problems.
- (5) What are the possible dangers that may lead to relapse?
- (6) Experience of relapse and what sort of services are needed to prevent relapse

- (7) Whether (and which) other improvements are needed to improve the delivery of treatment programs available to assist in recovery

## **Appendix E - Interview Guide:**

### **Demographic and more general information: Please tell me a bit about your own background.**

1. Where did you grow up
2. How many siblings do you have.
3. Where in the family are you placed – how many older and younger siblings?
4. Did you parents drink alcohol or take drugs, if so do you think this affected you?
5. How long did you stay in school
6. How old were you when you first started drinking alcohol?
7. Did you take other drugs also
8. How old were you when you started working
9. Did you have friends who also drank alcohol – did this influence you to drink
10. Any significant events in your childhood which you feel contributed to your addiction issues

### **First experiences of alcohol/drugs: can you tell me about your first experiences?**

1. Please explore with me what happened when you had your first drink/drugs
2. Did you get drunk the first time or did you drink for a while at a moderate rate
3. Did you enjoy the experience

Please discuss your emotions at the time

4. What was the pattern – please elaborate and explore with me what happened for you - each time you consumed alcohol did you get drunk, were there particular situations where you drank more?
5. How did you feel the following day
6. Who was with you when you drank

### **Developing addiction patterns: When did you first get into trouble because of drink or drugs? When did things go from regular/ordinary use to problem drinking?**

1. How long were you drinking before you realised a problem existed
2. How much did you drink a week
3. Did you continue to work
4. What effect has alcohol had on your relationships – family, partner, children, and friends?
5. *Describe a typical day when you were consuming alcohol*

6. Did you continue to enjoy the experience of alcohol during this time
7. Please describe your mood during this time.
8. After the realisation that a problem existed how long did you continue to drink until you looked for help

### Seeking help

1. What happened to bring you into addiction and recovery assistance
2. How long (in total) were you drinking when you entered recovery
3. Did you go into a residential treatment program – please explore this
4. How long did physical withdrawal symptoms last
5. How valuable was the program – what exactly did you find most useful/not helpful? – please expand on your experience of recovery through services such as
  - a. continuing care plans,
  - b. attendance at support groups,
  - c. regular reviews and access to trained professionals,
  - d. developing support networks and
  - e. other services being offered
6. How much emphasis was placed on your background and demographics
7. How much counselling was delivered – did it assist you in understanding addiction
8. What help was provided to prepare you for the reality of abstinence post residential treatment
9. Did you go straight into extended treatment program – please explore
10. If you did not go into extended treatment – why did you choose not to?

### Relapse

1. Have you maintained sobriety since your first treatment program

If so, what structures, personal strengths, environmental factors or changes have you made in your life to achieve this – how have these assisted in you maintaining sobriety
2. If you have relapsed, please expand on how this occurred – is the pattern of addiction different post treatment
3. Where there specific events that lead to your relapse

4. Do you feel there was something missing from your treatment programs which attributed to your relapse?
5. Did you return to similar patterns of drinking
6. Did you socialise with the same group as before
7. What impact did relapse have on your relationships
8. After you relapsed, how long did you continue to drink
9. What brought you back into recovery
10. Are you currently in a program – please discuss the impact of this program on your current sobriety

### **Theories of addiction: Why do you feel you got into trouble with drink or drugs?**

1. There are a number of different views on addiction
  - a. MEDICAL MODEL/DISEASE MODEL– addiction is a brain disease and a neurotransmitter imbalance. we do not have control over who becomes addicted. There is a genetic element –we may have a predisposition to becoming addicted because it is in one’s family. This means that there is a loss of control over the consumption of drugs and alcohol.
  - b. PSYCHODYNAMIC MODEL – addiction is a symptom of underlining psychological problems. It is a coping strategy, there is internal conflict that needs to be resolved
  - c. SOCIAL MODEL – problem drinking is a learned behaviour, it is modelled by others and peer pressure plays a part here.
  - d. MORAL MODEL – those with addiction issues choice to use alcohol/drugs
  - e. BIO-PSYCHO-SOCIAL MODEL - All the above are true, to greater or lesser degrees
    - i. Each person’s drug use is a result of some aspects of some or all the other models
    - ii. Treatment and recovery require addressing the body, mind, social environment, and spiritual needs of an individual (including nutrition, employment, family issues, psychological issues, and other issues.
    - iii. Developmental approach to recovery.

Can you give me your views on what causes addiction? Please expand on which model you feel is most accurate and why.

### **Current situation**

1. How long are you now sober

2. What made you stop drinking
3. If you were to give me two things that currently keep you sober what would they be
4. Are you happy
5. Where you happy when you were drinking
6. How much did you have to change your life in order to maintain sobriety
7. Did you ever take medication to assist your recovery
8. Do you have positive influences available in your life which has helped you find alternatives to problem drinking? How important was that element in your recovery?
9. Do you think that where you live impacts your chances of remaining sober?

### **Services and treatment programs – the future**

1. What other services have you used which you found helpful
2. What would you say are the 3-4 most common barriers to treatment for alcohol abuse problems
3. Once you were in treatment what was the most common barriers to success – what did you find hardest to overcome?
4. What self help initiatives if any did you undertake while experiencing addiction
5. If you could provide a training session for schools (age 12 -15) on alcohol abuse and addiction, what 5 things would you be sure to tell them?
6. What do you think are vital essentials to have in a treatment program?
7. In what ways could the treatment system you went through be improved?

## Appendix F – Tabor Lodge Original Remit questions

Do you have a clear idea for a research project? (Please use separate page) YES

a) What exactly is it you want to find out?

What is the impact of a subject expert attending an extended treatment programme on their efforts to make lifestyle changes and cope with the early stage of recovery from addiction?

b) What questions do you want to ask in relation to this project?

Can we use a recognised evaluation tool to measure the positive impact of a treatment episode in an extended treatment facility within 6 months of discharge?

Can we compare with a subject expert group of similar circumstances who declined the recommendation to attend this facility?

Can we determine the factors involved in the extended treatment programme which were positive in their contribution to the subject experts' success?

Can we conduct two separate studies; one to focus on males and the other to focus on females? (within the female cohort, can we focus on those who receive treatment for eating disorder? Eg "How has Primary treatment and/or Extended treatment impacted on food disordered subject experts, who had only had hospital, medical or private intervention prior to a programme"?)

c) Why are these questions important?

- to inform and enhance our treatment programme to ensure it is driven by evidence based reasons for successful outcomes for our subject experts as well as reasons or contributors for relapse

d) Who else in society would be interested in the findings from this research?

- Government, HSE (national and local), our Board of Management, other similar service providers, our staff, our subject experts.