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Patient Outcomes and Relapse Prevention Up to One Year Post-Treatment at La Paloma Treatment Center

Background

La Paloma Treatment Center offers state-of-the-art rehab treatment, detox and wellness services in a luxurious, private location in historic midtown Memphis, Tennessee. Specializing in integrated treatment, La Paloma offers individualized treatment for addiction rehab, mental health care, and drug and alcohol detox. Along with traditional 12-Step principles, La Paloma offers high quality treatment that includes:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Eye-Movement Desensitization and Reprocessing Treatment for PTSD/trauma-related issues
- Post-Traumatic Stress Disorder Specialists
- Full Psychiatric Services
- Group Counseling
- Daily Recreation
- Individual Treatment Plans
- Fully Licensed Mental Health, Medical and Addiction Treatment Professionals
- Separate Residential Units for Men and Women
- Exercise Facilities
- Optional Recreational Activities
- and Outpatient Treatment
- Alumni Programs and Follow-up Support

La Paloma is part of Foundations Recovery Network (FRN), a rehab industry leader in integrated treatment. La Paloma and Foundations Recovery Network conduct independent research in a constant effort to improve patient care. This study takes a closer look at patients who have completed inpatient drug and/or alcohol treatment at La Paloma Treatment Center in Memphis, TN.

Our Findings

Once patients complete treatment, La Paloma encourages each former patient to participate in private and anonymous follow-up surveys. Patient participation is completely voluntary, and patients in this survey completed treatment between the years of 2009-2010.

This study focuses on alcohol addiction and alcohol relapse among former La Paloma patients. Each patient in this study completed a prescribed rehab plan that included a minimum of 30 days and a maximum of 90 days of inpatient rehab. Patient outcomes were assessed through questionnaires and interviews using the Addiction Severity Index (ASI).
Alcohol Relapse in the First Year After Rehab

Clients saw the biggest improvement in the one month after discharge around measurements for alcohol and psychiatric issues. However, in the case of alcohol, there is a relapse between one and six months to the point that the alcohol use – which had fallen by 82% between the baseline and one month – increased by 31% between one and six months. Between six and twelve months, the alcohol score improved again, this time by 22%. In other words, sobriety improved greatly in the first month following discharge from treatment, but worsened between one and six months. After six months, the relapse rates dropped again and patient outcomes rebounded.

\[ \text{Change in ASI Score for Alcohol from Previous Measure} \]

- Alcohol Severity of Addiction fell by 82% in the first month.
- Alcohol Severity of Addiction increased by 31% between one and six months.
- Alcohol Severity of Addiction decreased by 22% between six months and a year.

In Chart 2, you can see a few interesting outcomes:

- One Month Post-Treatment: one month after leaving La Paloma, both alcohol and drug addiction sobriety saw improvements.
- Six Months Post-Treatment: at six months post-treatment, there was a slight increase in ASI scores, but scores still remained below initial intake levels.
- Twelve Months Post-Treatment: at twelve months, ASI scores dropped again, revealing a slower but more steady improvement in patient outcomes over time.

Chart 2 indicates that the risk of relapse peaks between one and six months post-treatment. Therefore it is essential for each patient to take advantage of outpatient treatment, ongoing counseling, alumni support and local AA and NA meetings.
Chart 2

Understanding Relapse: Alcohol Consumption Tends to be “All or Nothing”

In Chart 3, figures for alcohol correspond with average days of use and abstinence rates. Between the baseline and one month post-discharge, clients’ average days of use for alcohol improved from 11.8 to 1.6. Drinking alcohol to intoxication similarly improved from 8.9 days to 1.0 days. Similarly, abstinence rates shot up from 27.3% to 76.4% during this time. However, at six months, clients experienced greater relapse with the average days of alcohol use nearly doubling from 1.6 to 2.9 days. At twelve months, clients again reported improved alcohol day use and abstinence figures.
• Patient days of alcohol use dropped sharply immediately after patient discharge.

• The green line indicates that overall alcohol abstinence worsens after one month but still remains strong, well above the starting rate, over one year.

• The blue line indicates alcohol consumption, even consumption of one alcoholic beverage.

• The red line indicates patient alcohol consumption to intoxication (former patients who drank alcohol until they become intoxicated). This line is very similar to the blue line. This indicates that most former patients are unable to drink just one drink at a time and tend to drink until intoxicated when they consume alcohol. This indicates that it may benefit people who have undergone alcohol treatment to not drink any alcohol at all, as one drink can lead to a complete relapse.

![Chart 4]

Chart 4 shows similar information. The days that patients use alcohol rebounds between one and six months post-discharge. These relapse rates settle down more between six and twelve months and most patients are able to maintain sobriety between six and twelve months post-treatment. Similarly to Chart 3, alcohol consumption tends to include drinking until intoxication.

Discussion

Why Does Relapse Happen?

Our data follows previous research that shows a curve in relapse after patients exit treatment.\(^1\) Previous research indicates that many people who struggle with addiction experience a moment of relapse early on in recovery. This relapse curve has been well-documented and many researchers debate that this relapse curve is part of the process of recovery, while others consider the initial relapse rates as part of the patient’s overall success or failure.\(^1\) Either way, there does appear to be some increase in alcohol relapse during the first six months following discharge from La Paloma Treatment Center, followed by a return to greater sobriety between six and twelve months post-treatment.
Why does relapse happen? There are several theories as to why patients experience relapse in the first six months after completing treatment.

Using Humanistic Psychology and Chaos Theory to Explain Relapse

Chaos theory—long studied in the field of physics and mathematics—can also be applied to psychology. Chaos theory states that some of our behaviors may seem completely random to outside observers, which makes it very hard to understand why each person relapses. However, chaos theory hypothesizes that all of our actions, even those that seem random, actually result from a number of different variables.

- An attractor is defined as a “resting area in a dynamic system.” Attractors are stimuli, events, situations or people that act as a temptation for substance use. Some examples of attractors for alcoholism may include family tension, PTSD symptoms, manic episodes, or associations with old drinking buddies. Outside of the structured environment that rehab provides, attractors can increase temptation to drink. In other words, each person who relapses may relapse for individual and complicated reasons that don’t apply to every person who relapses. All humans have a unique reason for becoming addicted; therefore, individual treatment plans and individual therapy are very important for each patient.

- Temptation plays a factor. Once an attractor draws a person to drink, the alcohol-dependent or alcohol addicted person tends to have more than one drink at a time. It seems that, when it comes to alcoholism, sobriety is often “all or nothing.” It is very difficult for a person who has struggled with alcoholism to take just one drink. This often causes great conflict and regret in the alcohol addicted person, and it also explains the severity of some relapse situations when they happen. This trend can be seen in Chart 3.

- People are not always logical. Finally, researchers can assume that people are very difficult to measure at all times. Human beings are not always consistent. Marlatt’s construct of irrelevant decisions notes that people, former patients included, do not always make logical decisions. Sometimes a relapse can seem completely random, yet for the individual alcoholic, there may have been a number of small triggers, a buildup of stress, or a series of compromises or even illogical decisions associated with relapse.

Explaining Relapse from a Cognitive Behavioral Perspective

Alcohol may serve as a coping mechanism. It is easy for outsiders to assume that alcohol use is a leisure activity, or that people who suffer from alcohol dependence lack some type of willpower. This is not true. Many people who are addicted to alcohol drink as a way to cope. Life stressors, mental illness, trauma and family conflict all contribute to relapse.

There is definitive empirical evidence to support that stress correlates with increased drinking. When patients leave the structured and safe environment of rehab, they are exposed to greater stressors. It may take time for learned skills to become integrated into daily life. Rehab acts as a protector against relapse, and a return to the home environment may be a cue to drink in order to cope. This theory presents a strong case for patients to begin counseling, AA meetings or consider sober living facilities immediately after leaving treatment.

How Can Early Relapse Be Prevented?

More research needs to be conducted on how relapse can best be prevented. La Paloma Treatment Center offers the following methods of relapse prevention:

- Structured and planned patient discharge that includes sober living placement, follow-up services, counseling referrals, Alcoholics Anonymous meeting locations and psychiatric consultation referrals.
• Family counseling and family weekends help unite families and ease the transition each patient experiences following treatment.

• Specialty counseling services including Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy and Dialectical Behavior Therapy help patients gain the skills to succeed in mental wellness and coping.

• Alumni outreach programs offer a toll-free and confidential helpline for all former patients along with alumni newsletters, activities and group meetings.

• Patient contact is encouraged and patients may return to La Paloma to receive shortened treatment stays as a way to help treat or prevent relapse as it occurs.

References


