

AFTERCARE: A FUNDAMENTAL TENET IN ATTAINING LONG-TERM RECOVERY

There must be a shift in the mentality towards treatment and aftercare, if long-term recovery is the desired outcome, urges Claire Calland, who queries “why is aftercare being forgotten?” and cites research on its effectiveness.

“Those who did not participate [in aftercare] were ten times more likely to return to seriously harmful behaviour within one year.”

Matheson et al, 2011

This article aims to remind people of the importance of structured post-rehabilitative support. People early in recovery can benefit phenomenally from professional support – something which sounds like common sense, you might say. But in too many cases, aftercare is not being implemented by those in a position to do so. Let's focus on people who leave their environment of treatment and return with no aftercare in place.

Recent national statistics celebrate an 18% increase in adults leaving drug treatment systems free from dependency.

But how many of those individuals used aftercare strategies? Is there any support provided to help them continue life free from dependency?

As I am sure you are aware, participants who have attended treatment are most vulnerable in the few months after their reintegration to everyday life. A high proportion of relapse occurs within three months of a return back into the community (*Lash and Blosser, 1999*). The key message here is that aftercare needs to be encouraged, even insisted upon, among professionals in a position to do so.

INTERVENTIONISTS SUPPORT – INSIST ON – AFTERCARE.

In an earlier *Addiction Today* article, John Southworth – arguably the most successful interventionist in the US – stated that he would not refer a client to a rehab without integral aftercare plans. Here in the UK, Bill Stevens – CEO of five-year old Redchair addictions interventionist service – encourages “a seamless, door-to-door, transition from treatment into post-treatment support”.

Stevens goes further, suggesting that the first aftercare session should be within 48 hours of a patient returning home. Therapists can then engage with the newly-recovering person on many levels. They will have logical knowledge of the area and its services. And they will be able to identify triggers and feedback any concerns about a clients' behaviour.

Stevens has tried and tested this approach over many years and reports “overwhelming success”. But there is a large number of people leaving their communities to get treatment – and who return with no structure in place on their home patch.

Vast research and literature over the decades has proven the need for ongoing support for people early in recovery. 12-step fellowships alone are built on this premise. Best *et al* (2012) released findings showing the importance of engagement with community activities leading to high levels of social and personal wellbeing.

Matheson *et al* (2011) also demonstrated a large proportion of success in women who attended an aftercare programme in comparison to those who did not. Notably, this study recognised that people who did not participate were 10 times more likely to return to seriously harmful behaviour in a year.

A SEAMLESS TRANSITION IS NEEDED.

Simply offering post-rehabilitative support might not be enough. Aftercare attendance is, in many cases, quite low. But a ‘seamless door-to-door transition’ can offer a solution. This is championed by Redchair.

Statistics have shown that people who are prompted or given feedback from treatment and aftercare providers engage better and are more likely to attain long-term recovery (*Lash and Blosser, 1999*). It might seem obvious seems

for those who know about the nature of addiction but aftercare is being overlooked by many people in the UK.

Conversations with three of the country's largest statistical providers for drug and alcohol treatment suggest that there is little current evidence of or knowledge about the importance of aftercare and its effects.

While it had a consensus of support, responders returned to a longstanding debate over why it is successful – and is it simply a sign that someone is more proactive and so would have sustained recovery anyway? (*Vanderplasschen et al, 2010*).

Based as it is in the north west of England (while working nationally and internationally), Redchair's chief concern is with the number of people returning there with no clear post-rehabilitation support in place. The shock of returning to everyday life after a period of abstinence in a safe, controlled environment can be destabilising, even with the most detailed aftercare plan in place.

Take for example, a client who had attended a 90-day treatment programme in South Africa. On their return, they had confidence in sobriety, they were happy to engage with recovery and felt hopeful for the future. But swiftly they found that with their familiar surroundings came familiar response patterns. Fortunately, this person was approached by an interventionist and asked to attend therapeutic sessions.

The client was supported through situations in their life that they did not know how to handle, and helped with emotions they were not used to experiencing,

through a long-term recovery programme. Aftercare reaffirmed the work developed in treatment, and went further by showing this person how to practice it in their lives at home.

People are supported in creating new routines and integrating them with 12-step fellowships.

In championing the importance of post-rehabilitative support, Redchair initiated a weekly aftercare group. It is available for up to 10 people at any one time and the high demand is telling of its need in the north of England. The group facilitators have extensive experience in the private sector and are enthusiastic by the prospects, not only of the group itself but also of advocating aftercare and changing people's perspectives on its importance.

There must be a fundamental shift in the mentality towards treatment if long-term recovery is the desired outcome. Why is aftercare being forgotten?

It is encouraging to witness recovery blossom and the considerable growth of 12-step fellowships, the formation of new recovery-based enterprises and the growth of successful quasiresidential treatment providers. We want to further this success. We want professionals, families and individuals to accept the importance of having a structured aftercare programme in place.

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CLAIRE CALLAND works with Redchair, based outside Manchester city centre: “Redchair's premises are discreet and close to all local amenities, including major motorways”. The qualified therapists have many years' experience in the field, offering a confidential proactive approach to maintaining long-term abstinence after treatment. Redchair also specialises in legal services, family intervention and one-to-one sessions (0845-224 1965, www.redchair.co.uk, info@redchair.co.uk).

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