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# The MPATTC Podcast: ‘You Got This’ Maintaining Recovery during the Holidays

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For many individuals in recovery from substance use disorders (SUDs), the holidays are filled with high-risk situations. As such, this podcast provides science-informed advice to assist individuals, as well as spouses/partners, family members, and friends, to prepare for holiday situations that may be recovery-aversive. First, a brief review of the definitions of recovery, recovery benchmarks, and high-risk situations will be presented. These definitions will provide a common language regarding recovery support, which is essential. Next, the Five G’s highlight tips that can be used to manage recovery-averse situations should they arise, including specific examples of tools/activities. Most importantly, the overall theme of this podcast is to provide encouragement that by doing some preparation, maintaining recovery during the holidays can be navigated. Listed below are the podcast’s specific topics in order.

* Definition of Recovery
* Recovery Benchmarks
* High-Risk Situations
* No Matter How Long You Have Been in Recovery, Holidays Pose a Risk
* Tips – The Five Gs

1. Get Your Answers Ready (Get Ready)
2. Get Online
3. Get Moving
4. Get Grateful
5. Get a Buddy

## Definition of Recovery

Brown and Ashford (2019) state that ‘recovery science is inherently strengths-based, aimed at promoting wellness’ and define recovery and its processes as *‘*an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness’ (Ashford et al., 2018).Notable in the definition is the constructing of recovery as a *process*, rather than an outcome (White, 2007; 2009). However, absent in the definition is the use/non-use of a substance as the main axial demarcation of scientific success or failure. Abstinence from substances may not be the goal for some who seek recovery and, while abstinence is important and perhaps required for some with a SUD (White & Kurtz, 2006), scientifically it reveals little about how a person is progressing across multiple life areas. The Substance Abuse Mental Health Services Administration (SAMHSA) defines recovery a bit differently but has the same theme focused on wellness and improvement in life functioning. SAMHSA defines recovery as [‘a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential](https://store.samhsa.gov/system/files/pep12-recdef.pdf) . Finally, Kaskutas and colleagues (2014) conducted a recovery study which examined recovery definitions among individuals self-identifying as ‘in recovery’ and found that those with longer duration of recovery were more likely to endorse recovery as ‘being grateful, giving back, and having an increased sense of belonging’. As stated above, the definitions of recovery reviewed in this podcast are similar and provide a message of hope and encouragement.

## Recovery Benchmarks

Recently, Kelly and colleagues (2018) conducted a study to determine if there were different developmental tasks related to the time in recovery. The results of their study concurred with other research that individuals in different stages of recovery face different problems/issues. For example, individuals in early recovery were found to focus on different problems than individuals in late recovery. These ‘recovery benchmarks’ can help normalize what individuals experience in different stages of recovery, which can offer relief to individuals that what they are going through is normal and provide guidance to peer support specialists and behavioral health professionals. Previous to these studies, little knowledge existed about the differences in early and late recovery. Specifically, Kelly’s research found that during the first three months of recovery, individuals’ happiness and self-esteem dropped. This finding is especially important to share with individuals. For example, an individual may think, “I am in recovery, attending counseling and support groups, and not using alcohol and other drugs. Why don’t I feel happier or pleased about the positive steps I am taking?” According to Kelly and colleagues (2018), two explanations may be helpful: 1) as individuals start to be able to think more clearly, they can reflect on the toll their SUDs have had on their life, which can create feelings of sadness; and 2) as they reflect, they may experience guilt and/or remorse, which may lead to decreases in hope that things can change. Explaining these processes as a normal part of recovery and that happiness and self-esteem will increase over time is important. Kelly and colleagues found that individuals in early recovery started feeling better at 6 and 12 months. These recovery benchmarks can be used to help individuals in early recovery, especially during the holidays, with a messages like, “Next year during the holiday season you will have over one year of recovery under your belt and be feeling better, which may make the holidays easier to manage. However, you can manage your early recovery and the holidays this year, too.” Benchmarks are helpful to all individuals with chronic conditions to help normalize feelings of discouragement.

## High-Risk Situations

Both Alan Marlatt (1985; 1996; 2007; & 2011) and Helen Annis (1986; 1987; & 1998) are best known for their work in conducting research relapse prevention, especially regarding high-risk situations that place individuals at a greater risk to use alcohol or drugs. In Marlatt’s model, the key to understanding and preventing use or a re-occurrence of use is to help the person increase their awareness of situations that place them at risk. Marlatt divided these situations into 8 different risk areas, while Annis identified 5 different risk situations. For both models, these situations can be grouped into three overall factors or reasons why individuals’ use of alcohol/drugs reoccurs after a period of non-use: 1) negative emotional states; 2) positive affective states; and 3) testing personal control. Typically, these high-risk situations include people, places, feelings, and thoughts that can have a historical context and be linked to previous use. The holidays are filled with situations that include negative emotional states (feeling left out), positive emotional states (celebrating), testing personal control (maybe I can have only one drink like my brother). Consequently, managing these high-risk situations is essential.

In summary, based on these definitions of recovery, recovery benchmarks, and high-risk situations, it is important that individuals with SUDs and their spouses/partners, family members, and friends understand that: 1) recovery is a process focused on wellness and improved functioning, and not just on abstinence or sobriety; 2) there are different stages of recovery and early recovery can be difficult; and 3) no matter an individual’s recovery stage, high-risk situations can place an individual at increased risk to use alcohol or drugs. Both AA and NA teach their members to be aware that feeling Hungry, Angry, Lonely, or Tired (HALT) can increase an individual’s risk factor to use and certainly the holidays can put individuals into situations where they may not be eating right, getting enough sleep, or experiencing negative mood states. However, the research on high-risk situations by Annis found that as individuals made it through risky situations without using alcohol and/or drugs, their confidence grew and they felt better about managing these types of situations, thus building their self-efficacy (feeling as though they could more effectively manage their recovery). This is the message this podcast advocates—that preparing to manage risky situations, especially during the holidays, can help individuals in recovery build their skills and confidence, which then promotes additional skill and confidence building.

## Tips-The Five G’s

### Get Your Answers Ready (Get Ready)

Many times, holiday events are held with family members, friends, co-workers, etc., that include alcohol. Typically, individuals will be asked questions about why they are not drinking alcohol. During some holiday events, the use of cannabis may be acceptable, especially with the recent legalization in some states, so be prepared for questions about why you are not using cannabis or other drugs as well. As part of your preparation, have some answers ready to respond to these questions. You can state that you are in recovery and therefore not drinking or smoking/using cannabis, or you can give other reasons. It is up to you regarding what type of answers you give and how much information you want to disclose. Some individuals prepare several responses and have different ones for different events. Others use humor to deflect a serious answer or conversation. Why is it important to be prepared with several answers regarding why you are not drinking or using drugs as part of the holiday activities? Because recent studies show that the general public still holds highly stigmatizing attitudes towards individuals with SUDs (Yang et al., 2017). Therefore, you might not get the support you want for being in recovery.

* Studies consistently show that the public holds highly stigmatizing attitudes towards substance use disorders.
* Stigmatizing attitudes towards substance abusers include perceiving them as dangerous, unpredictable, unable to make decisions, to blame for their own conditions, and a willingness to coerce treatment and maintain social distance.

Therefore, have your answers ready to go when you get asked about why you are not drinking alcohol or using drugs or about how your recovery going, etc. Pick the responses that are the most comfortable for you to say and then practice your delivery. These answers serve as a boundary and protective factor.

1. Get Online

Make sure you take your cell phone (hopefully a smart phone) with you to all holiday events. Most holiday parties or events expect individuals to have and use their smart phones while at the event (unless your family or work makes everyone deposit their phone in a basket at the event). If you begin to have cravings or experience negative emotional states, or are feeling different/awkward because everyone except you is drinking, have a plan in place that includes the use of your smart phone. Call or text a friend that has agreed to be your lifeline. You can tell your family that you have to take this call—someone at work or a friend needs to talk with you—but have several supporters on an on-call list. Numerous social networking sites offer recovery support through their various groups. Also, self-help or mutual aid groups offer online support. Messages can be posted between members of these online groups but sometimes the response rate may be slow so ask your group for help. In addition, you can clip memes from the web or social networking sites (e.g., Instagram), post them on your camera roll, and take a break to go and review these images. This gives you time to get inspired and have the craving decrease, and the best part is that no one will know what you are doing on the phone. For clinicians and Peer Support Specialists or Recovery Coaches, help your clients or peers prepare for their holiday family or work events by developing plans on how to use their phones and the web. Finally, there is a holiday AA group that individuals can participate in using a video conferencing platform (e.g., Zoom) or by simply calling in using the toll-free number. The meeting occurs at a designated time per national time zone for all major holidays. [Holiday AA meetings can be found here.](https://aaholidaygroup.wixsite.com/aaholidaygroup) .

According to several recent studies, the majority of SUD patients have access to a smart phone, use their phone to search the internet, have downloaded apps, and are active with various social media sites. Ashford and colleagues (2018) reported that over two-thirds of a sample of SUD outpatient clients indicated that social networking sites would be a good place to receive information to aid initiation of maintenance of substance problem resolution. Another study by Bergman (2018) found that 11% of the US population reported using online technologies to help them manage a SUD. Individuals with SUDs and those in recovery are using technology to initiate treatment and to receive recovery support.

1. Get Moving

Recent research shows that exercise positively impacts negative emotional states and craving. In fact, one study by Witkiewitz and colleagues (2011) found that exercise helped moderate alcohol cravings for individuals post-treatment for an alcohol use disorder. In addition, exercise or physical activity was found to be feasible (in other words doable by patients), safe, and reduced anxiety and depression symptoms that are correlated with increasing risks for initiating use of drugs and alcohol. These findings are supported by two recent studies by Giesen and colleagues (2015) and Hallgren and colleagues (2017). Studies on exercise as an intervention to help manage craving, withdrawal symptoms, and stress are increasing, especially for individuals who use stimulants. Finally, numerous recovery community organizations (RCOs) have incorporated exercise, with some being exclusively exercise/physical activity-focused. One such recovery community organization that is now available in multiple locations is called The Phoenix, which is a free sober active community (emphasis on active). [The Phoenix Website](https://thephoenix.org/) .

So, as part of preparing for holiday events, consider exercising or doing some sort of physical activity before and/or after the holiday event. In addition, you can take a walk during the event, using the time to clear your head, take a break, and get moving.

1. Get Grateful

Studies by Wood and colleagues (2007; 2008) examined the relationship between gratitude and coping styles. Results from these studies showed that expressing gratitude decreased engagement in negative coping styles (negative coping styles included substance use). Gratitude is a significant element in 12 Step programs, as well with participants encouraged to be grateful regarding their recovery and to use that gratitude to reach out to others with SUDs (part of the service portion of AA and NA). Finally, Chen (2016) proposed that gratitude is part of developing recovery capital (physical, human, and social). Specifically, gratitude is related to human capital and expressing gratitude helps individuals seek out and find positive social support. Many individuals in recovery have on their phone, in their notes section or in an app, reminders of why they want to maintain their sobriety (e.g., pictures of children or other loved ones, list of all the good things that have occurred since they started their recovery, or even a specific list of things and people they are grateful for). If you do not have a ‘grateful list or file’, make one and then take it out and use it before, during, or after difficult holiday events. These reminders are helpful and will assist you in refocusing on what is important rather than listening to a relative talk about another relative who is a ‘really bad alcoholic’ while they have a drink in their hand.

1. Get a Buddy

Social support is essential to building recovery and, according to many researchers and leaders in the SUD recovery field, is one of the building blocks of recovery capital (social capital). Cloud and Granville (2008) in their seminal writings about recovery capital promoted the idea that individuals who had support from family and friends for their recovery had an easier time initiating and maintaining their recovery. Recent research demonstrates the importance of developing and recruiting individuals that serve in a ‘bridging’ capacity to reach out to individuals in recovery (especially early recovery) or on a larger scale, ‘community connectors’ that link individuals in recovery to social support that include engagement in meaningful activities (Wilton & De Verteuil, 2006). These individuals working at the interpersonal level or system level help re-connect individuals in recovery to families and friends and to the community at large while modeling ‘pro-social’ behavior. Therefore, before the holiday event determine if anyone attending the event could be the ‘go to person’ that supports your recovery. If so, ask them in advance to serve as your support person and let them know what you will need (e.g., help me walk away from uncomfortable situations, don’t drink alcohol or use drugs, go for a walk with me, remind me why my recovery is important, etc.). If no one attending the event fits that role, invite your ‘go to person’ to attend the event with you.

### Conclusion

Holiday events for individuals in recovery can be managed effectively with preparation and support. Most importantly, remember that you have many of these tools at your disposal and do not forget to reach out for support. Self-efficacy (feeling/believing you have the skills/talents) is built through each successful encounter. Be aware of stigmatizing attitudes held towards individuals with SUDs from family members and friends and take steps to mitigate those attitudes when possible (see Tip # 4 and #5). Finally, be aware that your own negative feelings (guilt and remorse) about mistakes made during the active phase of your SUD (sometimes called self-stigma) and be gentle on yourself. According to Yang et al. (2017), self-stigma negatively predicts self-efficacy and well-being. Most importantly, remember ‘You Got This’.

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