**Interviewer:** *OK, so I was wondering if, if you don't mind maybe we can start with your personal item?*

OK, so it's this [shows flower pouch]. It's a little bag and it's got dried flowers in it and it's got lots of like little gemstones in it. I don't know if you can see that? It hangs in my window in my kitchen. I've got like a little sort of annex extension kitchen and it's got a tiny little window and that hangs in the window all the time, which is why the ribbon is a bit discolored. Basically the dried flowers are from a bouquet which was from a client who is now two years clean and sober and has got like it's like completely changed his life, basically I've worked with him for about 18 months really that I worked with him. And he's now one of the volunteers and he bought us a little bouquet and they're flowers from that bouquet. So they're in there. And then the little gemstones that are inside it, which are all different colours, they're from every year in NE, we have a candlelight vigil, which is to commemorate people who lost their lives through addiction. And it's quite a it's quite a big event. We lead that event in NE every year, every November, we usually have it but can't have it this year, unfortunately. But yeah, every year we normally have that. And these little gemstones were kind of on the tables and in some of these little bags just for people to take to remember their loved ones, really. So what I did was I I just put these two things together and hung it in my window so I don't know if that is what you're looking for. But I'm just going to go with it anyway because it's all I can think of that I've got that makes me think of relapse I suppose. So I did this because it's like two extremes, isn't it? So it reminds me that like, there's so much hope and that clients can get really well and that, you know, this particular client that has been clean and sober now, had many, many years in rehab and relapse you know and that whole cycle, you know, before I started working with him. Ehm and he relapsed only once during treatment but even so, he got back from it then the other extreme is like people who never get back from their relapse. So it kind of it reminds me really that it's about the middle road. So there is still hope if you do relapse even if it's multiple times. And there is also a real kind of seriousness to be had with it because you just never know whether that relapse could potentially be the last as well. So I suppose it gives me the balance of recognizing that there's hope, but there's also an urgency and a seriousness to it as well. But it kind of keeps me grounded and in the middle road. And it helps me, I suppose, to keep my peace, you know, as a therapist in that middle road. So hopefully the clients will feel that as well and be able to not panic, but also see the seriousness of it.

**Interviewer:** *Yeah, and it's so amazing that you look at it every day, it's almost like you're, it's very proactive reminding yourself to like take it serious and remember that's really precious. Thank you so much.*

I look at it every time I do my dishes it's like just right there in front of me [laughs].

**Interviewer:** *I was wondering from your experiences - how you've experienced clients relapsing - what is your understanding of relapse; how would you describe relapse?*

I think it can come in many forms, but in terms of in terms of addiction, I think it is mainly the substances that will be the relapse. It's always. The substance or the action is always the last thing to happen, so the triggers have happened before then. Behaviour changes have usually happened before then. When we start to pick it apart. There's usually been some kind of disengagement...there's usually always something you know that you can go 'oh ok, well, if we can address that, then we can, you know, try to look at, you know, why this is happening'.

**Interviewer:** *Yeah. So almost like the end of the road, is that what you would say?*

Yeah. Yeah, absolutely. Yeah. Yeah. So we don't focus on that's why we don't focus on the substance or the, or necessarily much on the issue that's kind of happened, you know, whether they drank or used or some people that might be, you know, they might be into a really unhealthy relationship or it could be any of those kinds of things as well. But we tend to focus on what comes before that.

**Interviewer:** *OK, that's interesting. So the next question would be just about and like what did it feel like to you when you kind of heard about your client having relapsed again? I guess so. This is particularly to those that you've worked with. And then they've gone out, they relapsed. You've worked with them again. They've gone out. They relapsed again. So what was that like for you?*

Yeah, I suppose sometimes they're disappointments ehm...you know, very much working in addiction treatment, it's it's it's quite emotionally taxing. So any work that you do with the client is really quite intense. So, you know, generally speaking, it's going to be more intense than seeing somebody kind of want to be going through mild to moderate depression, you know, so it's going to be more intense. It's going to be quite a lot more to it. So it can be a bit of disappointment there sometimes for me and, you know, and a little bit of frustration as well actually...sometimes, ehm particularly if it seems that we've done a lot of work around what the triggers are then we've done it again. And then we've done some more work and we've kind of found something that may be a little bit new each time. Whilst I know that it is a journey and it is a process, it can still be frustrating sometimes when it seems like, 'wow, this this client just is like just doesn't seem to want to give this up'. And sometimes, that is the case...that they just sometimes do not want to. But more often than not, it's a journey of uncovering lots of different things. So yeah, for me there's definitely disappointment and frustration do come into it when there are multiple relapses involved. Sadness as well. Certainly sadness and also kind of in opposition to that in a way, a lot of gratefulness that the clients made it through and have comeback for help. You know, because we do have some clients who do just...they relapse and that's not and we don't see them and we've lost like even this year, we've lost a few clients, you know, and you know, to to addiction. You know, they've lost their lives. And so, you know, we never really lose that aspect of it being serious. So I suppose even though there may be the disappointment, the frustration, the sadness, it's there's also there is also that gratefulness as well that they come back from it and reached out and they offer another opportunity.

**Interviewer:** *Yeah, well, they kind of did you did you have any specific if you have if you remember a specific people, maybe. Did you have any specific thoughts or sensations in your body when when you heard about your client's relapsing? Like maybe you can walk me through, like what genuinely happens when you when you hear about you, you can relapsing again.*

Yeah. So the most common, the most common way will be that they will email me or call me. That's the most common way now that I hear about a relapse. Usually it's on my little a little tiny work phone [laughs] ehm usually now because they've got like hotlines whereas now that we mainly work from home. We're kind of doing this remote work. I will hear on the phone, usually directly from the client. That's what usually happens. There is definitely a sinking feeling and that can be quite physical as well. It can just be like a, you know, something just kind of drops in your spirit, really. And you can feel it definitely, there is a tangible kind of disappointment on their behalf as well. And so, yeah, definitely there is that that would be the main way that I would hear it. But I then will go very much into 'ok, so are you safe now, you know, where are you now?' And so it's kind of you start to assess the risk really to the client right there and then. So it doesn't really sit for very long. It's more later on on reflection. You know, you can reveal your own feelings because at the time there is there is a job to be done, and that is to make sure that the client gets the best support in that moment so...So mine, where it was multiple relapse, he was very unwilling, I suppose but mainly full with fear around looking at what possible triggers may be, and we've kind of got to a point now where he's a lot more stable and hasn't had a relapse for quite some time. That's really positive, it's all going in the right direction now. But it took a lot of this coming toing and froing, looking at different triggers and he'd relapse again. And then there'd be a completely different story behind it. And it was quite difficult, you know, to kind of get through that and get to him, I suppose, in the midst of all these circumstances. So, yeah, it takes a lot of focus, a lot of energy.

**Interviewer:** *Yeah. Did that kind of change with the number of times they relapsed. Like would you say there's a difference between you client's relapsing for the first or second time and then versus for the third or fourth time...was there a difference in how that felt to you?*

Yeah, definitely. Yeah. If it's if it happens once and then something's put in place and then you see progression and it's not something that is a feature of life anymore or their recovery, you would call it if you work in an addiction service, you know, it's just them then that's okay. And you can kind of it kind of makes room I guess for other things to be focussed on in life, whereas, you know, and that's encouraging in itself. But then if there's multiple relapse, yes. It definitely has more of a personal impact because it I suppose it heightens all the things that you know about relapse already. You know, you know that the chances of getting back from multiple relapse are not as good as the chances of success if you can maintain. So it's kind of you know, you're not seeing you're not seeing fruition. What you're seeing is really a continuation of chaos in some way, shape or form and that client's life. So, yeah, it does feel different. The impact is greater with multiple relapse. And it heightens all of those emotions that I spoke about which you do get with one relapse but, when it's multiple. It's definitely heightened.

**Interviewer:** *Yeah, and I guess can you what would you say? Can you describe what your clients relapse means to you personally? So kind of. Um, so this is again, for you, for you as a therapist and for you as a person. Um, what, what does your client's relapse mean to you?*

I think for me, because I because I see addiction as an illness, it's that kind of takes away some of the more personal connotations of it, if you like. So for me, it's but it is very, very much about them having their own journey in their own path. And for some people, that will include multiple relapse but for others it won't. So I suppose, I suppose to me it just means that they are just not ready. They are just not ready to come away from it yet. They're just not ready for whatever reason. And it usually comes down to fear of something, but just not ready yet to let that lifestyle go. Maybe they haven't got enough of the tools. Maybe they're not emotionally there yet. Maybe we need to look at support, maybe there are more practical things, but more often than not, it's not the practical things. More often than not, it is the deep emotional things. And so for me, generally, I think I just see it as a journey.

**Interviewer:** *Yeah, so how do you manage the news of your clients relapsing like what would be the process for you in terms of how you, I guess, process and reflect on those experiences?*

So the team that I'm in at the moment at work, it's quite unique, I suppose, in the way that we constantly debrief with each other. So something happens and then we will, you know, just like constant debrief that goes on. So usually it will be in the office. And we are just in and out of the office all day and that's how it goes. So it is a constant debrief. So if I was to get a phone call, a message or anything from a client who has relapsed again, it would be discussed within that day. And I think that's quite important as well to have that support. Not all therapists are lucky enough to have someone on hand, daily you know to discuss stuff with so I think that's really important as a Team. The way that that's changed remotely, is that we just make the extra effort really to reach out to each other more, whether that's phone, email, zoom...yeah daily check-ins for the whole team anyway. So it's still very contained in that respect. So that would be the first thing that I would do, I would bring it to the rest of the team. And then, yes, other than that, it would be supervision and it would very much depend, I suppose, on how big the gap was between the relapse and the supervision. So because we have a lot of clients and there might be other client issues by that time. However, if it was someone who was experiencing multiple relapse and was becoming a bit of an issue and it was something that was like, 'you just don't know where to go with this', then certainly it would go to supervision. Yeah.

**Interviewer:** *Yeah, OK. And so maybe you can think about an experience and just maybe check and how how this affects your therapeutic practise and how this affects the way that you see yourself as a therapist.*

Yeah. So I think I've experienced some growth in this area because I can remember, particularly when I started working in NE, more than previously that, when there was a relapse and more particularly a second or third relapse...it felt very it felt very uncomfortable to me. And I think that's possibly because when working in NE, it's tied up with a discharge. So I don't necessarily get the opportunity in person to carry on working with that client - we do now, but we didn't do previously. So I suppose in that disappointment again. Probably a little bit of uncomfortable fear almost really around having to have very difficult conversations with a client who is desperate, who has relapsed again and who is really in the kind of the depths of it. And yet I have to follow procedure and send them to the pre-treatment service. I have to discharge them even though they desperately want me at that time, because I know it's going to potentially and unusually actually feed into their misuser projection...then I've got the worry of, 'well, how will thatimpact them? Will they leave here and go and continue to use?' So we're always kind of like have those concerns around us, I suppose, but in being in being more free to be able to work with clients who experienced multiple relapse...I think I think it comes back to this really [shows personal item] this little thing here. It's just very much I've learnt very much to stay in the middle ground. So if I feel myself getting overly concerned about clients, well, I will I will check. I'll check in with myself. 'Right ok, so what is the risk, is there any risk? Has it been addressed? Have you spoken about this or can you go to sleep tonight knowing that you did the best for that clients?' You know, I always kind of think about that and that would be relevant in any service I worked in anyway, you know, when things are left unfinished, it's very difficult. And I suppose in some respects it's letting go of the unknown as well. You know, we don't know what clients do outside of treatment and so forth. And so we just you know, you have to kind of manage, I suppose, that level of not knowing sometimes as well.

**Interviewer:** *Yeah. And how like, how would you say this has affected the way that you kind of see yourself as a as a therapist?*

Yeah I certainly, I certainly don't take as much responsibility for a client's relapse as I used to. So there was definitely a time where I would very much like I just said about reflecting on whether I've done everything I can do. It was very much a time where that would be something that was not entirely healthy. You know, it would be a bit more like, 'Am I to blame in any way here? Could I have done more?' Whereas with more experience of multiple relapse and particularly in working in an addiction specific service, it's made me kind of grow I guess, in the way of, you know, recognizing that addiction is addiction. And that I'm not powerful enough to, you know, to save someone, you know, to revolutionize someone's life. You know what I can do, if I can help them to gain the tools to do it for themselves. I suppose that's definitely kind of where I'm at with it now. So I certainly I certainly don't take as much responsibility. I, I see it very much as an illness and as their journey. And that's kind of how I deal with it personally.

**Interviewer:** *Yeah. And has there been a time where you would continue to see that client if they come back again after having relapsed two or three times, would you continue to see them?*

Yeah, I mean this is something that we've definitely done over the past year. Well, since March. So we definitely do that now, and that is because we need to be more flexible, really, you know, to work in this way. Before that we definitely would see them, but I wouldn't necessarily be their local counsellor. So it may be just that they would call me occasionally and update me to how they are doing. And they might be in the pre-treatment service, so you might choose to go to another service and they would kind of email me from time to time and let me know they are ok. But we definitely have the scope to do it now. And yeah, that's kind of where we're at with it now. And I suppose for me it has changed the way that I practice in the respect that I'm being kind of forced I guess, I don't know if that's the right word but, forced to put into practise the things that I have come to experience with clients. So before maybe it was more head knowledge, that it's the client's own journey and the addictions and illness. But now, I'm kind of having to put that into practise with clients, particularly clients who are experiencing multiple relapse.

**Interviewer:** *Yeah. And so if you work with a client through a relapse, how, how does that look like. How do you work through, through, through that with, with the client. If I guess just kind of from your experience with a few that you had to do that.*

Yeah. OK, so first and foremost it'll be about risk. So are they at risk now, are they still in the act of using now or is it something that happened last night, yesterday, two days ago? We really have to get down to the facts of it really, I suppose, before we go any further. And in that respect, it's quite practical. And it'll then be about looking at whether all the support is appropriate and it usually is. So what will happen is, their support workers that we have, you know, are working very much in conjunction with them. And this is another new thing that we are doing towards a more wrap-around care, I feel. And so it will be very much working together. So, they'll be able to, I can think of one client in particular who he had, so this is a multiple relapse client who was doing really well now actually but he has...weekly input from support workers at the Dry Bar as well as his fellowship meetings, as well as the 1:1 with me, you know, the sort of practical things we put in place. But we had to do that for a period of time. And it needed to be that kind of more intense work now. In terms of the personal work between me and the client, it is very much about looking at those triggers. So we will try and kind of do a bit of a timeline: what was going on at the time? Usually you can get to what was going on at that time. But what I found kind of most useful, and this is a recent thing really, what I have found most useful is to it's to be able to give the client, I suppose, the time to reflect on what was going on for them around that trigger time, but also staying connected to the past. So times in the past when they have felt like this, times in the past where they have had this trigger, because I feel very much with the multiple relapse, that if it was just as easy, not that it's easy, but if it was just as easy at identifying and addressing the triggers, that it would it probably wouldn't even be an issue. It's just always going into something deeper. And I know we find that wider treatment as well of course. But with multiple relapse, I find that avoidance is a big factor. And so I think it's really important to try to connect the dots maybe a little bit more than you would with a client who is maintaining their abstinence actually, because the issue is more pressing to find out what's really going on under there, so that you can put something in the place to address it.

**Interviewer:** *Yeah, So would you say that the way that you work through it now has changed with that as well?*

Yeah, definitely. I'm definitely more confident in going with attempting to connect those dots with the client. And I find that that is that is producing the best outcomes. And, you know, before then, it was much more about client readiness and that was probably more the perspective that I had before, you know, is the client ready, are they willing to go to the fellowship meeting and that kind of stuff. And it's all valid. In working with clients, who experience multiple relapse that there's yeah there's those deeper issues underneath of avoidance, I suppose in that respect it is very different in approach. I'm very aware that there needs to be more time. And I think this is sometimes where it can be a little bit at odds with that notion of like, you know, 'you've got to be in abstinence-based recovery'. You know, you need to be in that in order to move forward on your journey and all of that', because obviously I wouldn't be trying to have a therapy session with somebody who was actively using, you know, within the last two days even, you know what I mean? So it's notabout that, but it is definitely about getting quite quickly back into that therapeutic zone. I supposed that's something that's changed for me.

**Interviewer:** *Yeah, yeah, yeah. In a sense, it's almost like a little bit of a relaxing of how you view it and how. Yeah. How you work through it. And is there anything else about your experience that you feel is important for people to know about your personal experience as a therapist and having witnessed clients relapsing?*

I think it's just really that...that kind of growth, you know, for me personally, that has been very important that kind of moving on from having the opportunity, I suppose, to move on from just saying, 'OK, someone has had a second relapse, so now they're going to appreciate the services' or when it was in the mental health service, it would be 'ok so, no, we can't change their meds because they're still using. And so we can't get another appointment with a psychiatrist for another three months'...you know, there's always a knock-on effect with relapse...and I suppose it's been quite refreshing. And it's kind of it's definitely triggered a deepening in my practise. And I have the opportunity to work with people who relapse more and, you know. To be to be more present, I suppose, in the struggle and of course, that's the bit that our support workers were usually involved in but they can only go so far with their therapeutic input, which is, you know, the kind of boundaries in their job. So I suppose it's different, isn't it? It's a different a different approach. I think it's something that I, I've personally benefited from and kind of going through just, it was just that thing of connecting the dots and recognising where the avoidance is and getting to the bottom of this and seeing that it's possible actually in between these relapses to actually do some work, which is not completely kind of dismissed and replaced by a relapse. And sometimes there's actually a lot of learning from the relapse with the client as well, not suggesting that it's a great way to go about it [laughs] but it can be, it can be an outcome. So I suppose it's kind of widened my perspective on relapse and what it means and how to deal with it.