**Interviewer:** *So I was wondering if maybe we could start with your personal object. Maybe you can tell me a little bit about the object?*

So the object is is a [soft toy]. And so the the main client, the most kind of recent client that I'm gonna be talking about, who has relapsed on several occasions. We did we did some work ehm I must have worked with him for a good couple of years. And the last session I worked with him, we were doing some inner child work and I gave him a selection of objects that might represent him as a child. And he selected a panda. A panda was actually it was an old toy of my daughters. And he asked at the end of the session, he was very emotional. He really connected with this Panda and he has kind of sad Panda eyes himself anyway. And he looked at this panda and then and held and and and really cradled that and asked my permission if he could take it with him. And so he he did, it was a residential treatment centre. And he took the panda with him to his bedroom and his peers ripped him apart about how he was used to be this tough guy having a panda, that he could love in bed at night. And he also, this guy relapsed again in ehm...when when we were in lockdown in March. And I was off sick. I was unwell at that time. And he relapsed during that time. And then when I came back to work, one of the things he asked was if he got he got he got recalled to prison. And one of the things he asked was if if his belongings could be forwarded onto him at prison and specifically the panda. So the panda is now in prison as we speak. So I've got a few [soft toys].

**Interviewer:** *Yeah. Yeah. So so that connection you're making would be to just how that one particular client connected to the panda what it meant for him.*

Yeah I remember coming back after the lockdown and finding out that he'd relapsed and I kind of I, I felt really bad for him because I knew that he would be thinking that he's let me down when he hadn't actually. But he would be worried about that. So it's good that I spoke to him about he's he's got the panda in prison now and he calls me probably once every couple of weeks just to kind of check in. And yeah, he's got the panda there at least [laughs] the panda is safe. Yeah, the little teddy bear is about the same size and the same shape just it's not the panda. But it reminds me of him when I see it.

**Interviewer:** *It's lovely. Yeah. It's great that you guys are still in touch. That is really good. What would you say is kind of your understanding of relapse. How would you define it for yourself?*

Um. In relapse is is very much part of the recovery process, and I see that as you can't expect someone to recover from addiction without there being an element of relapse...I don't I don't think. I think it's very rare that someone will come out of addiction without having a relapse. So it's part of their recovery process and and really important to work with that. I mean, I know that a lot of residential centres have zero tolerance. And I've worked here a long, long time, 30 odd years ehm in residential treatment. And we've had various chief executives who have had varying views on whether we should continue to work with relapse. Some have been strong...you know, that the relapse is part of the treatment process and others, you know, zero tolerance and we kind of try to work with it in terms of how much does that relapse impact the community and if it's a if it's a relapse where the individual has brought drugs on-site and shared them with a peer, then there's pretty much zero tolerance, tolerance for that. So the guys know you can't you know, we understand relapse is part of the process. But if you do that, then you can pack your bags. But in other circumstances where someone's working through, you know, relapse...going back to old coping strategies, it's likely to be part of that process. So, yeah, my view is that you work with that, you know, if the person kind of owns it and is going to work with that, then yeah, you know, it's is working with that process. And another difficulty that I had recently is, ehm I've got another client who just a month or so ago had tested positive for cocaine. However, he had a very...It's quite a unique case and I don't want to sound gullible, but he had a reasonably plausible story about having these drinks spiked. Normally, I take that with a pinch of salt because I've heard that so many times. And, you know, people the people give away cocaine for free, you know, not not not so much. But this guy who tested positive, he met up with some friends for his birthday, he'd gone out and he had a meal with these guys. And one of the guys he was convinced was had been sober for a long time, he now believes that this guy is in the act of addiction. And he believes that he this particular guy put some cocain in his drink so that he would get kicked out of treatment because this...my client is like a cash cow, he's got so much money he doesn't know what to do with that. And he so it's kind of plausible that this his old friend has spiked his drink in order to get him to test positive and getting kicked out. And then he's back on his feet again and he's Mr Party you know everyone comes to him and gets all the coke for free. So that was really difficult because the staff team here were convinced, he was lying, you know, they're saying he's tested positive, we've heard the story before so not believing that...I actually [laughs] I I'm inclined to believe my client. I worked with him for on and off for over ten years, now and I know him really well. And the outcome was that we moved him out of the programme into other accommodation that we've got so he's still in treatment. But he's not deemed to have kind of completed the programme.

But I yeah, it was it was really difficult because I...most of the others, a lot of the other staff didn't believe him, you know, it was just a really strange situation. And and I even said to myself, if you said to me, I was out for the weekend, I, I was you know, somebody put a line in front of me. And before I knew where I was I took it and I regret it and I want to work with that. No problem, you'd be back on the programme, we'd be working with you but because he held onto his story ehm he had to leave. And it's really just that tension of, you know, if you admit to it, then he would still be here. But because he yeah, he held on to his what he believed or what you claimed to be the truth. And in the midst of that, he had fetal alcohol syndrome. So he does confabulate from time to time. So he's not always the most honest person. And, you know, he kind of fills in the gaps on stories creatively. And and he also has a tendency to kind of push a lot of his peers away. So it became the the fact that he tested positive. He'd almost set up the 'now, I've got you, you son of a bitch'-game. And so all his peers wanted him out; all the staff wanted him out. I've wanted him to say because I was his therapist. And, you know, working with that tension is a challenge as well.

**Interviewer:** *Wow. Yes. Yeah. Especially because you do have such a special connection to your client. And it's almost like you do know the character. You know, you would know that he would want to get better. And so for him to cling to his story doesn't make sense.*

Yes. So he pushed a lot of his peers away. This is quite a because he's very wealthy and well-to-do. He comes across as very grandiose and pushes his peers away, pushes a lot of the staff away. And so he's kind of set himself up for the 'now I've got you son of a bitch'-game. And the other staff and his peers have seized on to that and made it very difficult for us to keep him here on the programme. But he has moved on to another treatment option.

**Interviewer:** *So, yeah, OK, so there's an element there. I'm picking up hope, of like you are having faith in him and which is really interesting. And and I just wanted to kind of ask again, so how would you define relapse?*

So relapse is returning to an old, familiar, tried and tested way of coping with with life, you know, whatever issues might be going on at that particular time. It's it's part of the as I said, as part of a recovery journey and so has to be worked with alongside other recovery strategies, I think that relapse is something to be to be worked with, to be processed, to be expected almost without inviting it to happen. It's quite a it's quite normal that almost, you know, I think that that it causes the individual to feel immense shame and embarrassment. And and with that comes the usual kind of denials and blames and justifications to protect from that shame minimising and so on. It's something that is is really spontaneous, I don't believe that relapses happen just like that. You know, the you know, I was in a situation someone put a line of coce in front of me and I think that's rare...I think it's more that there are things if you look closely enough, there's a build up to it. It doesn't just happen in a vacuum. It doesn't. It doesn't have to be the end of someone's recovery. It isn't the end of someone's recovery journey. It's part of the recovery journey. So it's not. Yeah, it's it doesn't you know, recovery isn't over at that part...it's part of the process.

**Interviewer:** *The client that you just mentioned, you've worked with him for 10 years. Do you remember how many times he relapsed during that time?*

Well, I worked with him 10 years ago and then I worked with him again. So we had a gap of like 10 years. So he relapsed, but he didn't relapse from cocaine, he relapsed with alcohol when he was on our programme. But his, his drug of choice was cocaine. And I mean really I my my view with with him is that it was the cocaine really helped to calm him down because he had organic brain damage from fetal alcohol syndrome. And so the the the the cocaine...him returning to the cocaine was about relapsing. It was about him using that term to regulate his emotions. But the the the other guy with the teddy bear, he he had relapsed several times and I worked with him probably for about two and a half years. And he first relapsed on our...when he was in a [recovery part of treatment]. He was the relapse was a way of him. It kind of gave him a voice. So he was able to to see this isn't working for me. So so the client I'm talking about now, he was and his his strategy became being a kind of good boy, sort of doing everything really well and being a perfectionist and being the best that anyone could expect him to be. And the relapse helped him to say no, I'm not that person and I can't cope with doing that. So he was he was [profession] in the community. And he was just putting in so much work and so many extra hours and going the extra mile. And his his employers were loving that. So it was his way of keeping himself safe, of managing what was going on for him. And the relapse was a way of saying, I'm not coping with this. And giving him a voice.

**Interviewer:** *So going back to those experiences and I guess I'm interested, how is that like for you? So what did it feel like to you when you first heard, you know, your client relapsing and kind of what was kind of going through your head? Or do you remember any kind of feelings or sensations within you?*

Yeah, when I first heard, I, I felt bad because I, I could imagine he would think that I was thinking badly of him and he would be. So it's interesting that the relapses that have happened have happened when I've not been available. And I kind of feel that...so back in back in March, I had I was ill and I had shortness of breath and all the symptoms of coronavirus. And and I was I was in bed for a week or so and had time off work. I had to wait for the quarantine and that was the time when he relapsed so I kind of felt I was annoyed with this thinking, you know, illness. And I was I I felt really that he would be feeling that he'd let me down and it was a real relief when I spoke to him on on the phone after he got re-arrested and he was back in prison again. And safe again. And the other thing that affected it was it was when when I had a conversation on the phone with my client was that he knew that one of his peers who is also a client of mine, had let the staff know that he's relapsed. And the ultimate end of that was he ended up back in prison again. And so he was he was keen to tell me that there was no hard feelings to this other guy who had told the man who told the staff about what was going on. And so that was that was a relief as well that he was. And he said he had done the same thing if it was the other way around. So it was it was quite you know, that phone call was quite cathartic. But my feelings were I felt really bad for him. And I and I was so, you know, it was it was absolute chaos with with the lockdown and I've got two young kids. They were struggling with it. I was struggling with that, I wasn't well, I couldn't come into work. I was trying to work from home and I couldn't work from home. My kids couldn't cope with me working from home and they just it was, it was crazy to but in the midst of that I, I felt really sad about this client I'd worked with for a long time, very, very damaged individual I mean really. And had spent years and years and years in prison. He was serious, very, very serious sex offender as well...ehm has committed some really horrendous crimes. And and been working with this guy for so long and just it was it was gutting to know that he was back in prison again. And it kind of he put loads and loads of things in place. He was really engaged well with a church and he had a big support circle around him; a team of men that he he was accountable to. And it was just it was there was there was a lot of disappointment for a lot of people. But I think my my my my main feeling was I didn't want him to feel that he'd let me down because he hadn't you know what he'd done he'd done what he needed to survive. And and the relapse had given him the voice that he didn't have to say, look, I can't work at this level. I can't sustain this because it wasn't sustainable. It was too much.

**Interviewer:** *Yeah. Was this his how how many times?*

So he's relapsed. He was on, he completed our main residential programme and then he got out into the community and he was doing paid work in the community. And that was when he relapsed the first time around. Then he then he came back in to treatment facility. He he wanted to after after his relapse, he asked for help. He said, I want to come back and and and really work on the stuff. He came back in and he only wanted a couple of weeks and I thought I don't think a couple of weeks is going to cut it, really, but that was what he wanted and so we offered him that and I had a real sense that I sat down with him and I could feel the shame, you know, that he wasn't being open about what had really been going on, going on. And he I sat down at a couple of sessions. Well, then he left. He went back to the community again and then about three or four weeks later, he relapsed again. And then he came back into treatment again. And I had to fight his case. You know a lot of staff said, what's the point? You know, we've given this guy two chances. And I had I had to write a proposal as to what what was the next work that had to be done with this guy and the work that we ended up doing...well he did come back on the programme again. And I fought his corner. And then the work that we did the last time around was all around the...his kind of 'good boy, ego state' that he used to keep himself safe. And it was it was really tough for him because I was I was pointing out the best strategy that he had. And, because his goal is to...I mean, this is a guy who was he was he was treated as a sexual object when he was a boy. He was he was groomed by a paedophile gang. He was repeatedly raped. And, you know, it just really, really damaged him and his his his strategy was to be the good boy, you know, the 'if I can be a good boy I get everyone's approval'. And that was the bit of work that we've just been doing before his last relapse...and that was really, really painful for him, because it's looking at that, you know, actually his goal is to keep himself safe. And the thing that he's doing this is using this this ego state to keep himself safe. And for him to just know that to be aware of the that was was a big deal, because up until that point, he just been on kind of auto pilot. He was just being the good boy, keeping his head under the radar and actually seeing that as a as a as a coping strategy was really, really challenging for him because he wanted to he wanted to be a good boy. He didn't want all this 'good boy ego state' that he had to become aware of. He'd rather just be a good boy if that makes sense. And we did a lot of work around that.

And then and like I said, I was I was off sick at the start of the year back in March, and then he he relapsed again. But the thing he did in the midst of that is he he is on life licence. So he not only relapsed but he absconded, which means an immediate recall to prison. If he'd relapsed, he could still stay in the community. You know, a relapse isn't an automatic recall for some lifers, but absconding is. And he chose to abscond. So I felt really bad about that. You know, that he not just that he relapsed but he'd absconded because that was a definite he was going back to prison.

**Interviewer:** *Yes, yes. Yes. So that's interesting that you said, you know, specifically with coronaviruses, that was your experience with with this particular client. How did relapse feel to you experiencing that indirectly? How did it feel to you maybe from a different client?*

So sometimes when you're working with clients who are resisting ehm...there's almost a kind of I knew this was going to happen, but it happens. Not not not quite 'I told you so' but I knew this within my own in my own head -I could see this coming a mile away - and so there's a frustration, you know, when you see that someone is so entrenched in their own defensiveness. And you've spent maybe weeks or months trying to soften those defences and reconnect with this person. And then they relapse and you think there's a frustration and then all the efforts. And I could say 'I told you so', but you would never do that [laughs].

**Interviewer:** *Yes, that's right. So would you say that this kind of feeling changed with the number of relapses your client had like was it different for you how you felt first hearing your client relapsed versus the third or fourth time?*

The third or fourth time ehm...It just kind of I think for most clients, if it's if it gets to the fourth time, then then there's been a massive investment. Because normally speaking, I mean, if someone relapses and you leave treatment and they need to wait three, three months, kind of minimum before coming back into treatment. So you're talking you're having worked for someone for a fairly long period of time. I mean, we've got I've got a client here at the moment who's been on our programme three times before, so he's he's on his fourth time around and I was aware that when he came back in, I kind of saw like two - I'll allocate counsellors to clients when they come out - and I selected a different counsellor, whereas I worked with this guy before, but I - and I will be working with him in groups - but I'm not going to be your counsellor this time around - I'm going to allocate you to a different case. I just to have a different experience and and yeah. Aware that maybe there's a part of me that wants to protect myself from the disappointment of, you know, having having worked with this particular guy and having done a lot of sessions with his parents, you know, the kind of co-dependent stuff that goes on in the family dynamic. And again, the guy who's come through who I'm not I'm not his counsellor ehm I really you know, I fought his corner so bad to get him back a few years ago and I guess I kind of ehm it takes its toll, you know, having to fight someone's corner. And and maybe that's part of why I allocate this particular guy to another counsellor, because I'm thinking I don't have it to fight his corner anymore.

**Interviewer:** *Yeah. So can you describe what your client's relapse means to you? You know, what effect does it have on you personally?*

I think it does have a cumulative effect, so the more times it happens, it makes me I mean, I just feel gutted I just it wrecks me, you know, I could I wouldn't but I feel like I could cry. I feel I could cry when I hear that, you know, it's like you know. And I know the other factors, I, I want to protect myself from those feelings. So I just I'll use supervision. We have one clinical supervisor, but also we have group supervision so I use that to process some of my own feelings around some of those frustrations and and sadness and of course, you also get the inevitable relapses that people don't survive, you know, and soon, you know, experience way way too many of them over the years I have been to far too many funerals over the years. So it's it's it certainly impacts me the repeated ehm...and having to have those those battles with other team members who perhaps are less sympathetic? Because, you know, when you do have that connection with someone, you are inclined to be more sympathetic to their arguments.

**Interviewer:** *Yes. Yeah, totally. OK, so you actually already answered another question to how you manage your relapse, you know, not your relapse, but the news of relapsing. So you already said you have reflective kind of supervisions in place. And did you anything else kind of what you do when you hear that news?*

Yeah, I try and get other people on board with my client. So I'm probably I will go around and have little conversations with people that, you know, to to kind of support my client in order, you know. So so there's there's often a lot of frustration and disappointment in the staff teams. I'm aware that I go and I have a lot of conversations to try and I guess to try to diminish the anger towards the person who has relapsed.

**Interviewer:** *Yes, that's interesting. Yeah so while you are also coping with yourself you're also trying to keep the house in order.*

So to manage the team yeah yeah yeah and the residents as well. Because it has an impact on the whole community.

**Interviewer:** *Yes. OK, so I'm now kind of switching I have three more questions, so I'm going to hopefully get through this quickly about you therapeutic work. So the next question would be kind of how does this affect you or your therapeutic practise? like does it kind of affect you how you see yourself as a therapist?*

So, I mean I mean, it doesn't well, there was a time when I would, you know, 'oh four of my guys have just relapsed' and I would I would beat myself up over that ehm I've given up doing that a long time ago now. The other thing I've given up doing is, is trying to predict who will do well and who won't do well, because I've been wrong on so many cases, you know, that the resistant clients who don't engage with the programme are sometimes so freaking stubborn that they go out and stay sober, you know, just for them [laughs] you know kind of for their own stubbornness and and. Yeah...sorry what was the question again?

**Interviewer:** *How how it kind of affects your therapeutic works or does it affect how you see yourself therapeutically?*

I mean, when someone relapses...the next few sessions are devoted to looking at the relapse. And like I said before, I I don't see this as happening in a vacuum...you often get the story of, oh, I was just I just happened to be out; I just happened to be out of money in my pocket; I just happen to have time on my hands; I just happened to be in this area of town; I just bumped into this person and they just happened to offer me some...I don't buy that. I think it's this there's a lead up to it. And so I do a lot of work looking at the, you know, what was the what were the [inaudible] to the relapse...what things were going on in your life just before that...what you know, what what meaning does the person take from the relapse, you know, what you know, like for that one client I was talking about it kind of gave him a voice and said, look I'm not OK. And and also working with the the shame, you know, the tendency to to kind of minimise or blame and bring in the shame into the room and doing some work with that and usually and and facilitating the individual's self-care. Without that kind of judgmental part of themselves, you know, that the second arrow you know of 'I've relapsed, I made a mistake but then the bigger problem is I then beat myself up for it. And, you know, so working with that as well therapeutically. That's what I do....ehm and in terms of my own. You know, I think over the years I am keen to work with relapse more than, you know, there was a season we had a different chief executive and he was very much of the zero tolerance. I'm I'm much more I want to work with relapse because it's part of what the client presents with, but you got to hold that in a community setting because, you know, it's like, how do you hold that and make the community feel safe as well at the same time?!

**Interviewer:** *Yes, that's right. Yeah. And do you you said earlier that you kind of have one client in particular. You kind of moved him onto a different, different therapist. Do you typically tend to work with the same clients when they come back in?*

I typically do, yeah. I mean, I, I would normally do that. I mean, it depends on caseload at the time as well. But I think more more recently and more and I'm more open to, you know, the, the advantage of having a different therapist over an existing therapist. We've got lots of history. So I think I'm more inclined to you know, let's let's use a different therapist thids time around...Rather than, you know, actually having a fresh pair of eyes and fresh experiences. It's often a good thing. And I'm I'm more inclined to do that over the last few years.

**Interviewer:** *Yeah. OK, that makes sense. And I wonder if you can just just explain a little bit more or talk a little bit more on you said, you know, before you kind of tend to be thinking, you know, it was maybe your fault or not your fault, but you kind of took a little bit more responsibility for it. And then you also stopped kind of assuming who is going to make it and who won't. So how did that kind of shift happen for you? Was that just time?*

It was absolutely time. It was time and experience and and being open about that in group supervision as well, that, you know, we all feel that it's not it's not uncommon to just to look at the board. We have a board of clients and think, well, recently this, you know, four of my guys are in an absolute state and to which we all do it to some degree [laughs]....but I, I still feel, you know, if several of my guys have messed up then I still feel that but I don't, you know, I don't take it to heart so much.

**Interviewer:** *OK, so, um is there anything else that you would want me to know or want people to know about how you, as a therapist, kind of, um, what you feel is important to know about working through relapse or what what is it like for you to indirectly experience a client's relapse?*

I think I mean, I reflect on my own journey, so I'm a recovered addict, of some thirty odd years. So I was on this very programme and then I left for a couple of years. Then I came back as a volunteer to do this job. So I'm I'm in recovery and have been for thirty odd years and I, I relapsed on the programme, so I remember, you know, I remember what it's like to think it's OK to have a drink or to smoke weed because heroin was my problem. And as long as I wasn't doing heroin, I was OK. You know, that was that caused me lots and lots of problems. But so I was I recall this was, you know, going back before the days of drug testing. So I regularly had a supply of cannabis on the programme. You know, a friend of mine and me we would be smoking weed in our bedrooms. And then I call. I recalled being really feel conflicted about this and thinking, you know what, this is wrong. We're on a rehab programme we're smoking weed all the time and drinking. And and me and my friend decided we stick our hands up, and we face it and we were confident we weren't going to be kicked out. You know, we sort of we face up to that. And and so I owned up to it and we got various disciplines and sanctions for the rest of it, an extra time on the programme. And I, I, I remember I remember I would be sitting in meetings and I would be thinking 'I can handle the kind of guilt that I would feel' I would be sitting there feeling shame and I think I'm being fake here, I'm in a rehab programme and I'm smoking weed and I would feel..ehm I'd be wrecked with shame and I would think I can handle the shame. But what I can't handle is the consequences and actually come to a realisation that the shame was destroying me. But the consequences actually were helpful. And, you know, it was OK. It wasn't as bad as it seems. So so recognising that the battle between, you know, I could cope with these feelings, but actually I can't cope with what I've done is the opposite in terms of recovery.

And then I so I owned up and I had to restart the programme again. And then I went and then went out for a weekend. This was like I'd go back, you know, and this was months later. And I went home to Scotland for the weekend and I went I got a letter that I was using heroin the whole weekend and I. I was you know, I was aware that I just wasn't processing stuff, uh, I've actually been diagnosed as having [illness] and then on the back of that, I decided that I would I would I would go and visit my family and on the way up I'm thinking I can't cope with this. You know that was back in the [date] I was told I had to be used and I went and relapsed on the back of that you know [laughs], I went absolutely ballistic. I was diagnosed whilst I was in treatment. And then I, I, I relapsed. But then that was that was a real turning point for me. That was Easter of to [date] and but I haven't used from that day to this ehm...but kind of you know, that relapse was a kind of 'I'm not coping, I'm you know, I need something to help me cope'. And I think working with relapses really, you know, is the way I think um, for any any, any drug or alcohol treatment agencies definitely having, you know, and the difficulty, especially for a residential centre, it's holding the balance between working with a relapse and working with the safety of the client group, the residential setting. So that's that's that's a really difficult tension. And it's it's really messy. And if you want to work with messy then don't come into this field.

**Interviewer:** *Thank you so much for sharing all of this with me. Roy! That was it.*