“IT’S TIME FOR A CHANGE. I NEED TO. I HAVE TO”: TURNING POINTS IN RECOVERY FROM SUBSTANCE MISUSE AMONG INDIVIDUALS WITH THE LIVED EXPERIENCE OF HOMELESSNESS IN ANCHORAGE, ALASKA

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Individuals experiencing homelessness and substance misuse (SM) are among the most difficult to engage and retain in treatment

- Rate of alcohol use disorders 10x greater than the general population
- Community impacts: safety concerns, loss of tax and employment revenue, costs of care
Rates are difficult to quantify!
- 2,016 individuals homeless (HUD, 2018)

Recent historical context
- Spice epidemic
- Increased emergency calls
- NIMBY, illegal camps
- Budget cuts

HOMELESSNESS IN ANCHORAGE

**ETHNICITY**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Homeless population</th>
<th>Anchorage Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA NATIVE</td>
<td>43%</td>
<td>64%</td>
</tr>
<tr>
<td>WHITE</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>MULTIRACIAL</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>BLACK/AFRICAN AMERICAN</td>
<td>8.80%</td>
<td>2.60%</td>
</tr>
<tr>
<td>PACIFIC ISLANDER</td>
<td>8.80%</td>
<td>9.80%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>3%</td>
<td>2%</td>
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</tbody>
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**Gender**
- Male, 56%
- Female, 43.65%
- Transgender/Non-Binary, 0.35%
TURNING POINT IN RECOVERY PROCESS

Brown (1985)
- Developmental Model of Recovery
- Alcoholics Anonymous sample
- Believed rock bottom is necessary for change
- Drift from original meaning

Mohatt et al. (2007)
- Alaska Native recovery
- TP was discrete point in time, poignant & deeply meaningful
- Increased self-efficacy & decreased craving for alcohol

Cavanaugh (2018)
- Men’s pathways to recovery
- Urban sample
- TP was initial process toward recovery
- TP associated with more positive emotions

Marvin & Robinson (2018)
- Secondary analysis
- Women’s recovery narratives
- Internal elements: insight, agency, life & death
- External elements: family, community resources
SPECIFIC AIMS

1) Identify common elements in turning points in recovery from SM across narratives from individuals who have experienced homelessness.

2) Describe how turning points facilitated recovery from substance misuse among individuals who have experienced homelessness.

TERMS

- TP: a distinct experience after which individuals made a deliberate decision to stop misusing substances and to pursue recovery
- Recovery: abstinence and harm-reduction strategies
METHODOLOGY

Community Advisory Board
Phenomenological qualitative approach
Essentialist epistemology
Semi-structured interviews
Purposive sampling
Thematic analysis
Participations

- **N = 20** (10 women and 10 men)
- **Mean age = 47.47 (SD = 9.75), range 32-65 years old**
- **Ethnicity: 45% Alaska Native, 40% White, 15% Alaska Native and White**

**Eligibility criteria**
- Self-identify as being in recovery from SM and have experienced homelessness (past or present)
- Age 18 or over
- In recovery for at least 1 month (abstinence or harm-reduction)
- Reasonable coherence (e.g., no signs of psychosis)
**Participants**

**Recovery Length**

- **1-3 mo**: 43%
- **1-2 yrs**: 14%
- **3+ yrs**: 5%
- **7-9 mo**: 5%
- **10-12 mo**: 5%
- **4-6 mo**: 9%
- **1-2 yrs**: 14%
- **3+ yrs**: 5%
- **19%**: unspecified

**EDUCATION LEVEL**

- **Masters**
- **Bachelors**
- **Trade School**
- **High School/ GED**
- **Some High School**
- **Middle School**
RESULTS PART 1: TURNING POINT ELEMENTS
Turning Point Elements

- Survival
- Relational
- Individual
“I was just done. It was either be done or be dead. That was it.” – Danielle, age 38, housed

“Most definitely, the thought [to enter treatment] was just to get off the streets.” – Adam, age 42, unhoused

“[I decided to stop] when the doctors told me that you might not wake up from your next drink.” – Dean, age 41, unhoused

“I think I just got tired. I think I just got tired.” – Chloe, age 50, unhoused
RELATIONAL ELEMENTS

Personal Role

“…everybody, my family. They’re all my motivation.” – Brent, age 40, unhoused

Positive Personal Connections

“But that right there is just an eye awakening, saying, ‘hey, you know what? He cares. He’s really going the distance to help me…” – Coral, age 34, unhoused

Relational Consequences

“For the last 3 years it was kind of pushed on me because I had a daughter and I lost her due to my inability to stay sober…that’s when I really did do recovery” – Brenda, age 32, unhoused
Sense of Self

"...realizing that I don't have anything to show for myself and nobody is going to insure my future..." – Brenda, age 32, unhoused

Insight

“I’d be doing enough energy to either become something or exert the same amount of energy [using substances] and be nothing – Randall, age 41, unhoused

Wanting More

"And I was thinking, I need to do something with my life. I need better." - Dean, age 41, unhoused
HIERARCHY OF TURNING POINT ELEMENTS BY GENDER

**Women**
- Personal Connections: 90%
- Intolerable: 70%
- Sense of Self: 60%
- Wanting More: 60%
- Life and Death: 50%
- Insight: 50%
- Health: 50%
- Shelter: 20%

**Men**
- Sense of Self: 80%
- Life and Death: 70%
- Intolerable: 60%
- Personal Connections: 60%
- Insight: 60%
- Wanting More: 50%
- Shelter: 40%
- Health: 30%
RESULTS PART 2: TURNING POINT PROCESS
TURNING POINT MODEL

Using

Elements
- Survival Elements
- Individual Elements
- Relational Elements
- Gender Differences

Turning Point
- Emotions
- Confidence

Making Change
- SM related actions
- General life course actions

Positive Change

Homelessness Interaction:
Homelessness as a TP element

Homelessness Interaction:
- Faster treatment seeking
- Consequence of change
“I had found hope again. It was good.”
– Felix, aged 42, unhoused

“I was hurting inside, deep inside. There’s things that I haven’t really discussed or talked about. I was crying a lot and I was very depressed, very depressed.”
– Gloria, aged 57, unhoused
“Very strong. The desire to quit made me more stronger to achieve it.” – Ingrid, aged 62, unhoused

“Didn’t think [recovery] was gonna work. I thought for sure it wasn’t gonna work and if it didn’t, I was gonna kill myself.” – Danielle, age 38, housed
**CHANGE ACTIONS**

**Treatment**
- Seeking resources
- Preliminary steps
- Treatment entrance

**Coping**
- Manageable goals
- Present focus
- Journaling

**Protective**
- Changing places
- Changing people
- Drug refusal

**Health**
- Improving nutrition
- Seeing medical providers
- Mental health providers

**Social**
- Asking for help
- Sharing emotions

**Self**
- Personal reflection
- Spirituality
- Goals
“It was a slow and gradual process of basically going to homelessness. It didn’t happen overnight. It was a process of events happening with substance abuse. Every time I’d go out and drink for a while, I’d lose a little more of something. Either mentally, physically, possession wise. Every time I went to another binge there was another part of me that got lost.” – Bud, age 53, housed
SUMMARY OF KEY FINDINGS

- TPs appear to be a common experience
- Identification of TPs: Survival, Personal, Relational
- TP elements were related to actual behavior change
- Identification of concrete actions taken toward recovery
- Homelessness interacted as a TP element and change action
LIMITATIONS

- Underrepresentation of individuals using harm reduction
- Underrepresentation of individuals from housing first facilities
- Recovery statistics (e.g., length of recovery, number of relapses, diagnoses, treatment history) not required from participants
- Memory: retrospective/selective memory bias, fading affect bias, impact of AA narrative
- Nearly half of sample was in the first 3 months of recovery
IMPLICATIONS

**Treatment Integration**
- Exploring TP may expound and clarify the client's goals and values
- May compliment approaches such as Motivational Interviewing and Motivational Enhancement Therapy
- Can build upon client’s proven motivation
- May lead to more personalized treatment plans

**Advocacy**
- Humanizing homelessness in media
- Political action (e.g., policymakers, Camp Here: Occupy to Overcome Homelessness)
Future scientific inquiry

- Further identification of TPs & examination of demographic differences
- Related constructs
- TP process
Native American Research Centers for Health
Alaska Native Community Advancement in Psychology
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Community Advisory Board
Turning Point Research Team

Dr. James Fitterling
Dr. Rebecca Robinson
Family & friends

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QUESTIONS???