

“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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OVERVIEW

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



Adverse Childhood Experiences



Physical and Mental Health



Substance Misuse



Systemic Barriers

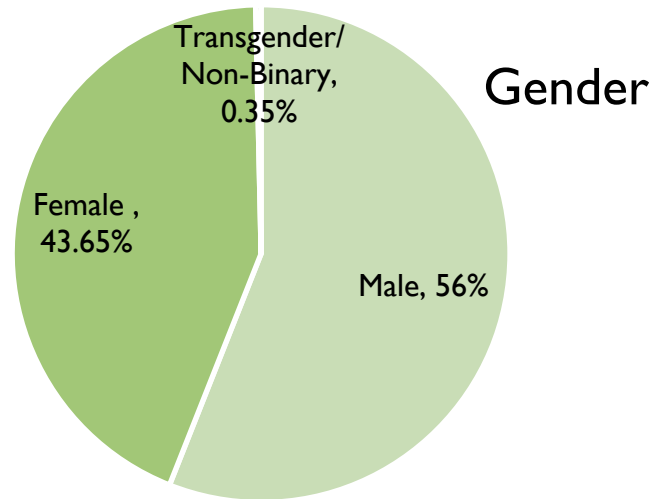
HOMELESSNESS IN ANCHORAGE

Rates are difficult to quantify!

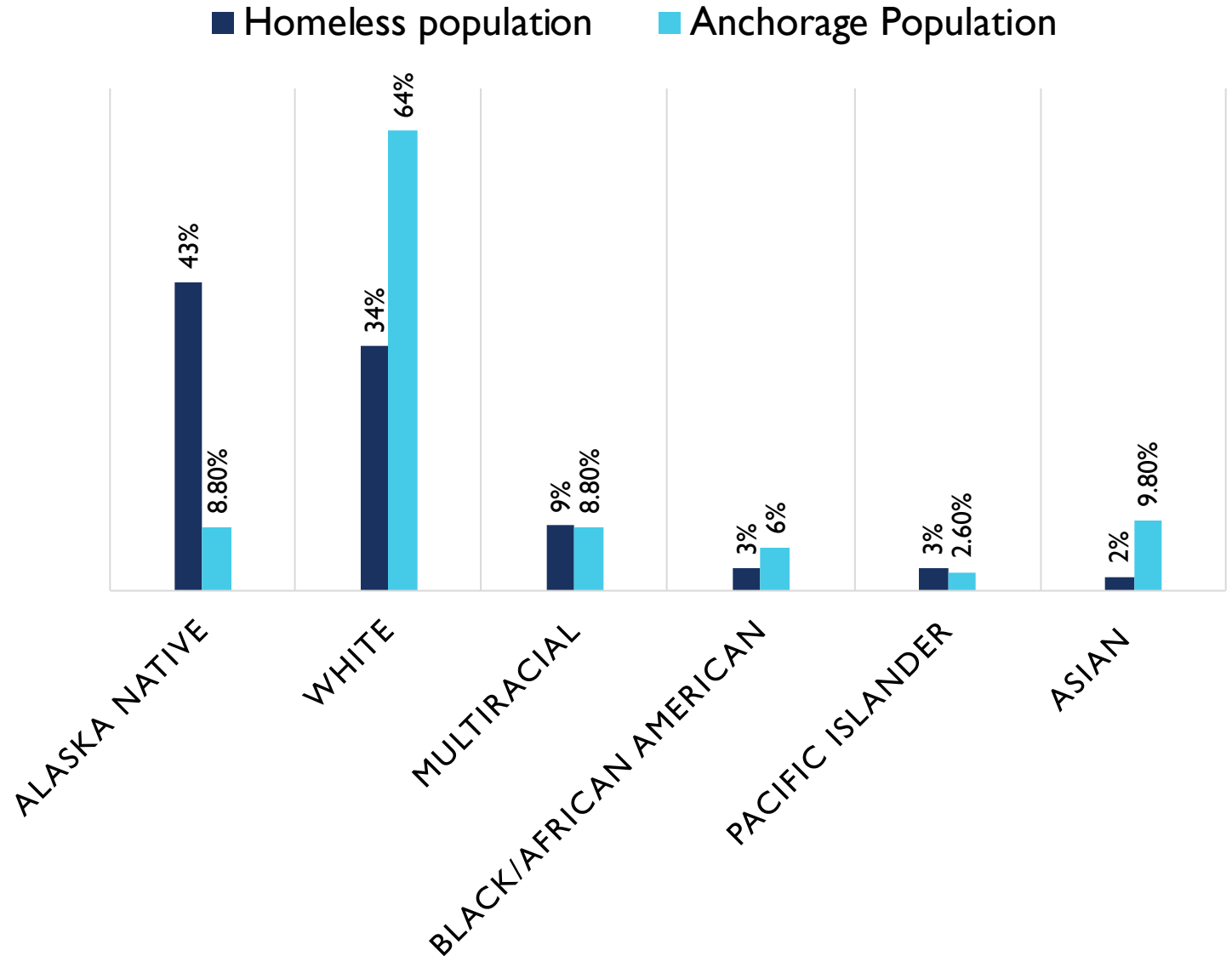
- 2,016 individuals homeless (HUD, 2018)

Recent historical context

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



ETHNICITY



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

Participants



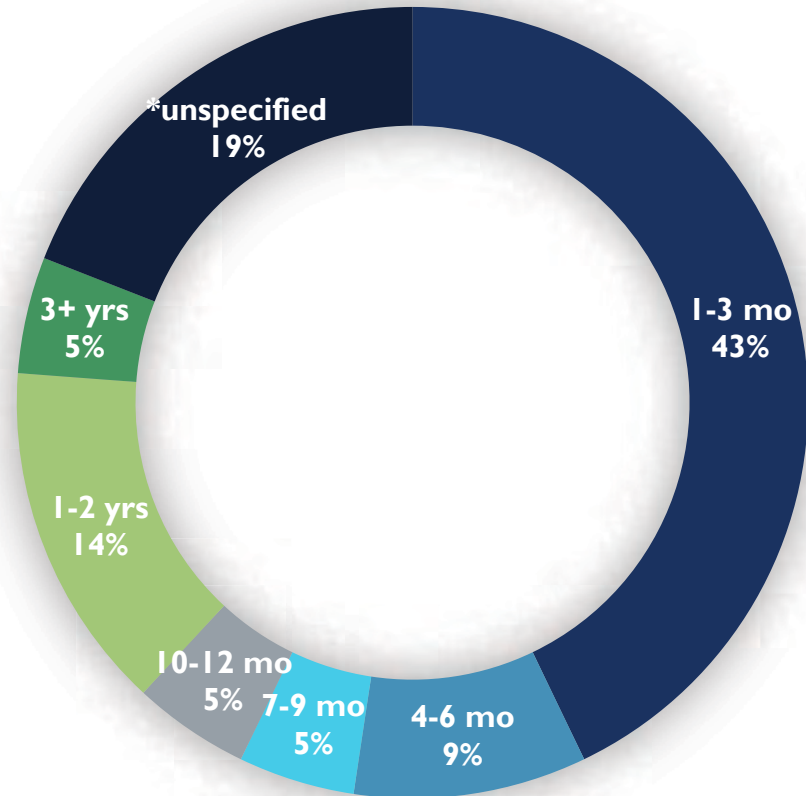
- $N = 20$ (10 women and 10 men)
- Mean age = 47.47 ($SD = 9.75$), range 32-65 years old
- Ethnicity: 45% Alaska Native, 40% White, 15% Alaska Native and White

Eligibility criteria

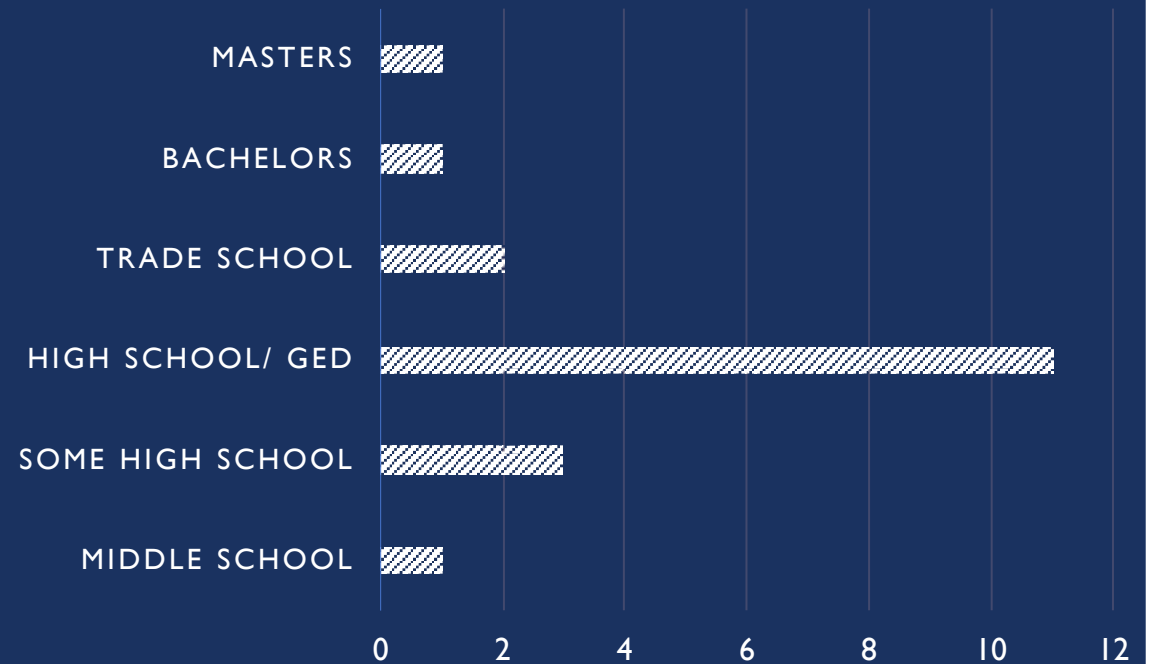
- Self-identify as being in recovery from SM and have experienced homelessness (past or present)
- Age 18 or over
- In recovery for at least 1 month (abstinence or harm-reduction)
- Reasonable coherence (e.g., no signs of psychosis)

Participants

Recovery Length



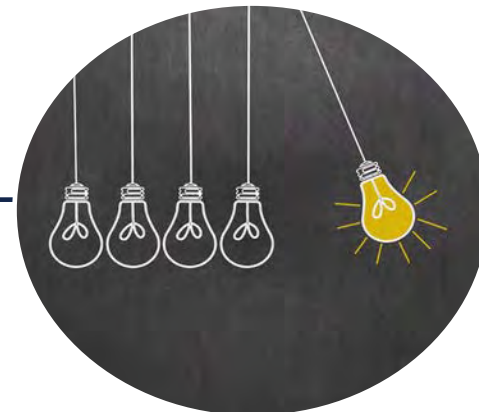
EDUCATION LEVEL



RESULTS PART I: TURNING POINT ELEMENTS



Turning Point Elements



Survival

Relational

Individual



SURVIVAL ELEMENTS

Life and Death

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

Shelter

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

Health

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

Intolerable

“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, unoused

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, unoused

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, unoused



INDIVIDUAL ELEMENTS

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

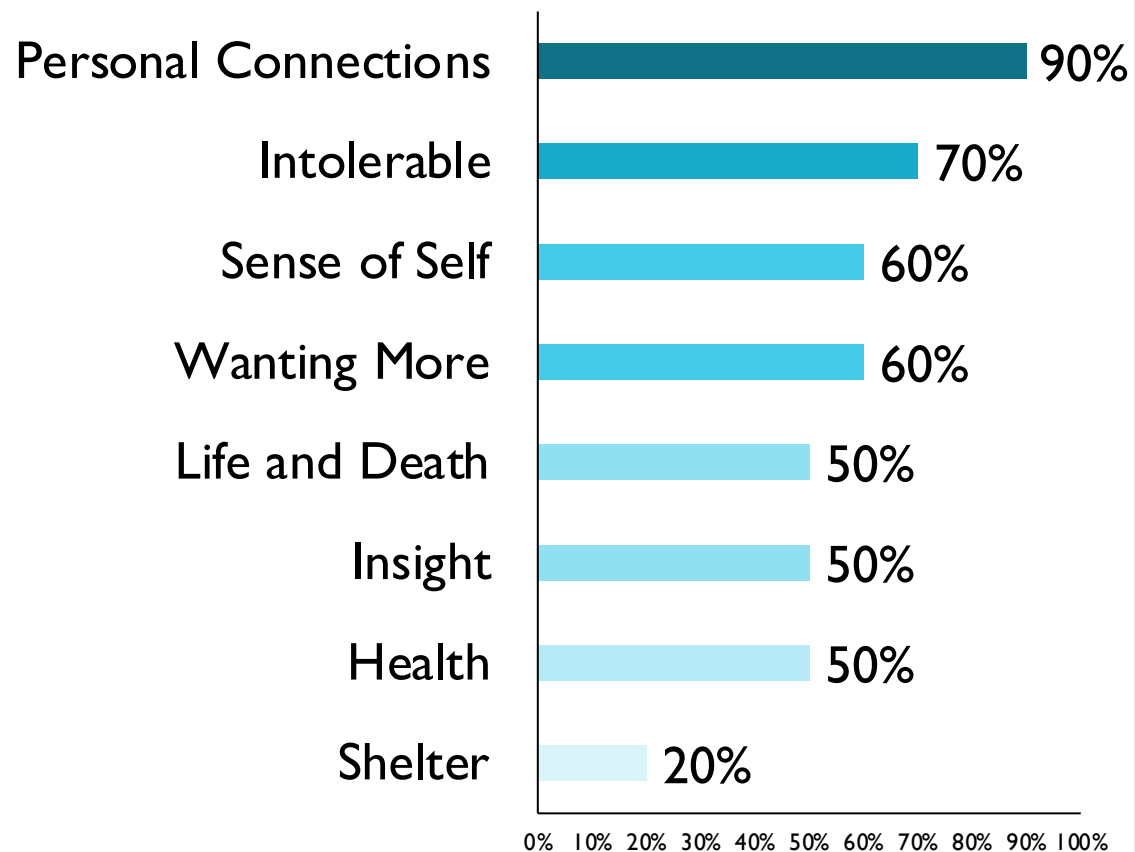
"I'd be doing enough energy to either become something or exert the same amount of energy [using substances] and be nothing – *Randall, age 41, unhoused*

Wanting More

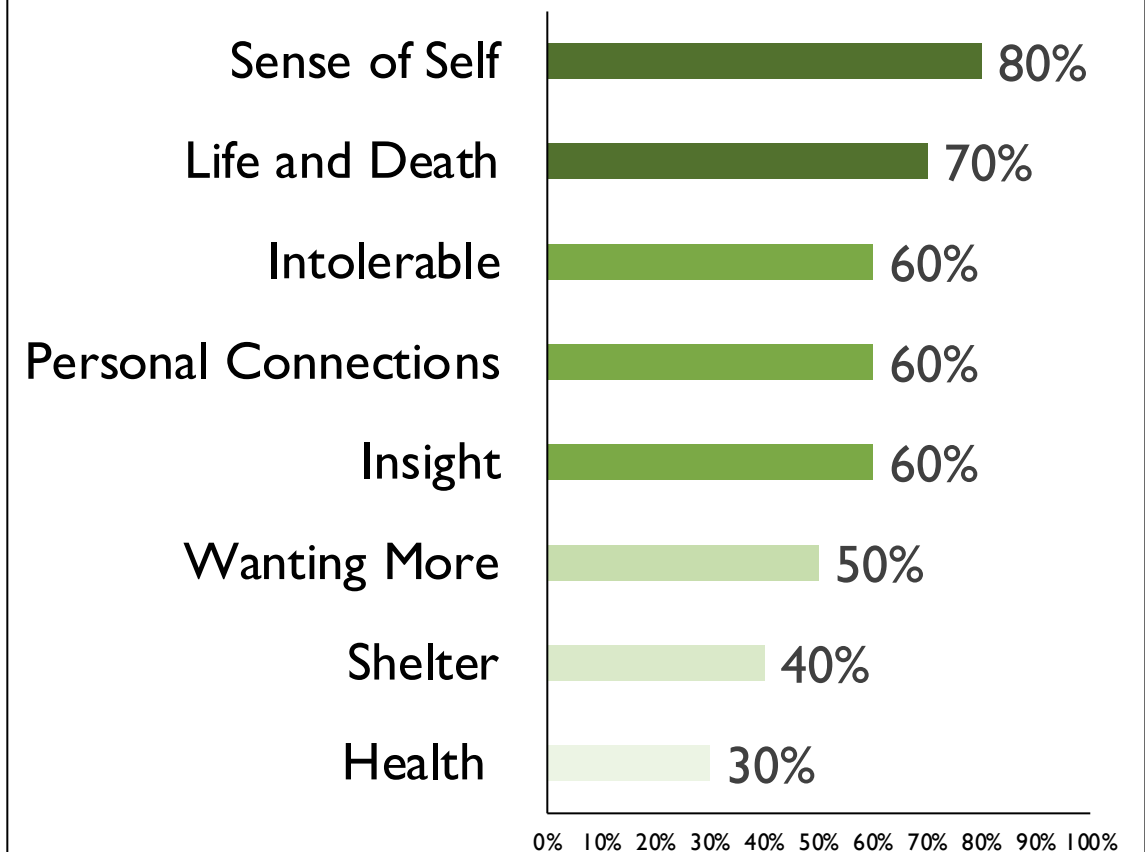
"And I was thinking, I need to do something with my life. I need better." - *Dean, age 41, unhoused*

HIERARCHY OF TURNING POINT ELEMENTS BY GENDER

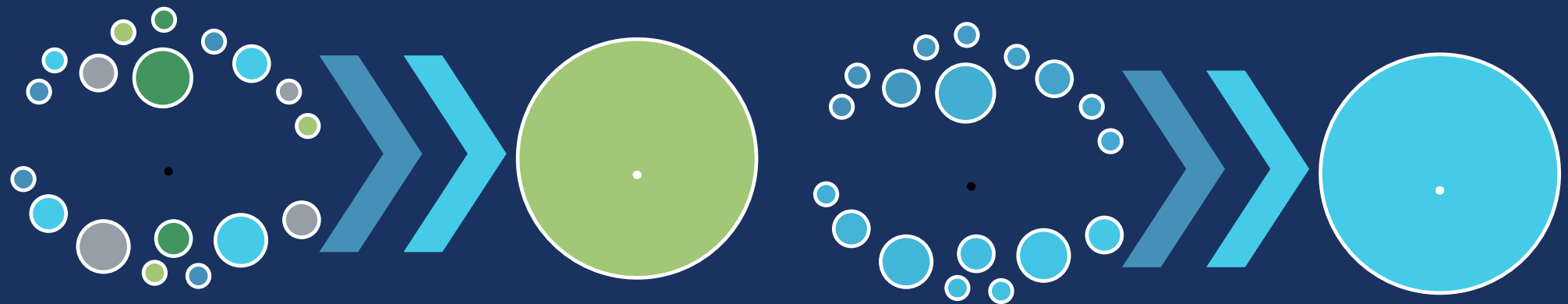
Women



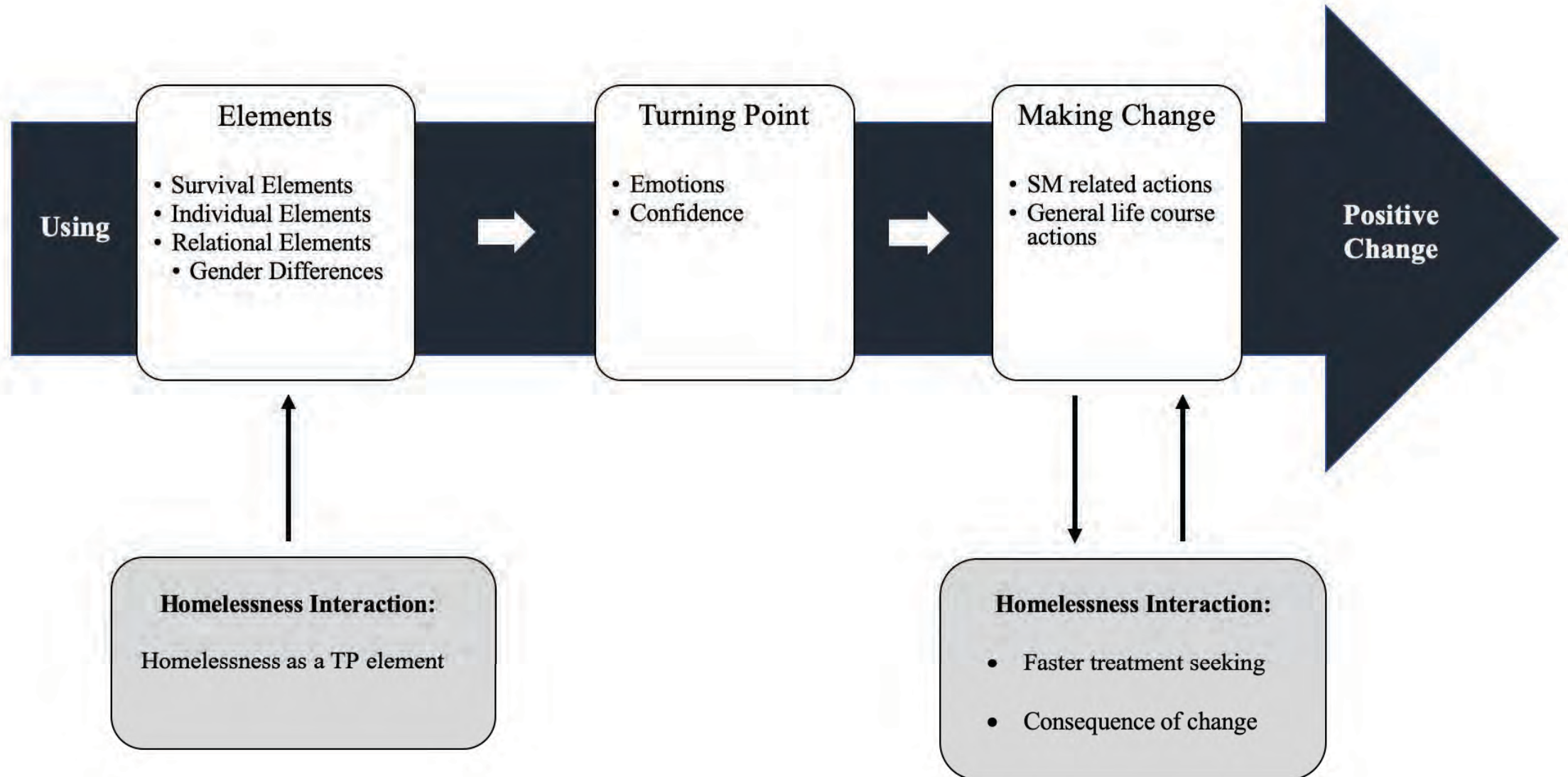
Men




RESULTS PART 2: TURNING POINT PROCESS



TURNING POINT MODEL



EMOTIONS



“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*



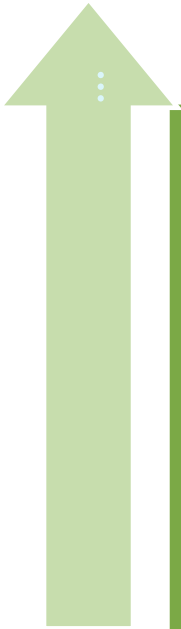
Elements

Turning Point

Making Change


Homelessness Interaction

CONFIDENCE



“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



Elements

Turning Point

Making Change

Homelessness Interaction

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

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)

IMPLICATIONS

Future scientific inquiry

- Further identification of TPs & examination of demographic differences
- Related constructs
- TP process





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QUESTIONS???



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