

1. What is Chronic Relapse Syndrome:
 - a. Chronic relapse syndrome develops after a recovering individual experiences one or more relapses in their efforts to obtain continued remission. The syndrome is when the person loses the conscious ability to recognize common warning signs that should alert them to the fact that they are in a high risk situation. With this syndrome, unhealthy thinking, mistaken beliefs and perceptions, and compulsive behaviors becomes further engrained, and less likely to be recognized until they reach a point of total loss of control, which at that time they will be incapable of intervening. The syndrome consists of automatic subconscious patterns of self sabotage and self harm due to unresolved and underlying issues.
2. How does it impact folks in recovery and recovery treatment providers:
 - a. For those in recovery, due to the lack of specialty focus on treating chronic relapse syndrome, the person will cycle in and out of multiple treatments with continued failed outcomes despite their commitment to stay sober.
 - b. This will negatively impact their sense of self worth, their self perception, they will begin to believe they are not capable of recovery and that something must be wrong with them that they cannot get treatment “right”, which leads to an increase in shame and worse self sabotage and self harm outcomes.
 - c. The consequences will be more severe for the person with relapse syndrome, the trauma more impactful, and the family dysfunction worse.
 - d. For treatment providers, they continue the same repeated approach and information that will likely not help long term, and can begin turning away patients that they mistakenly feel they are “enabling”. Engagement from people with relapse syndrome will decrease quickly, their desire to remain in treatment longer will minimize due to the repeated information they already know and have.
3. Does the current system of recovery funding impact chronic relapse syndrome?
 - a. Yes, all in all, it costs money to train staff in this specialized approach to help integrate services in the treatment environment to help reduce problematic outcomes and increase optimal outcomes of success.
 - b. Most treatment environments practice the older model of “People, Places and things” which for these individuals holds no weight as by the time they are in that part of their progression they are not capable of intervening.
 - c. There are little to no outpatient providers that offer this service, which can lead to problems for a continuance of treatment.
 - d. There can be limited resources and funding for those who require long term treatment (which is everyone who has the syndrome) to help intervene on their cycle of relapse and remain in treatment for 9 months to 1 year. Even if treatment is funded they run into outside issues pertaining to mortgage and lease mandates, family support, work and legal issues.
4. How can recovery homes and other recovery treatment providers help prevent chronic relapse?
 - a. If they can have one or more staff trained in this model of therapy, it can allow for a long term continued approach which is proven more effective.

- b. They can mandate that staying in the home requires continued treatment so the person isn't just supported in a structured sober environment but they are engaging in treatment also.
 - c. Structure and Accountability are key elements for relapse syndrome people to be successful, and open discussion regarding identified warning signs and prevention planning that was worked on in treatment actually reviewed and implemented into their daily life and routine.
 - d. Above all else, longer term treatment and sober living options, that are regulated and require consistent checks to review approach would be most helpful.
5. What policies or funding can the General Assembly provide to help:
- a. Support Funding to allow those without resources to continue treatment and access care that aligns with their need to treat chronic relapse syndrome, not just any recovery house model.
 - b. Try to pass laws that allow those in a behavioral health hospital setting to get out of lease agreements, and mortgage responsibilities so they can continue treatment without adding stressors that hurt them later.
 - c. Coordinate with Probation and Parole, the legal system to allow those with relapse syndrome to be referred by their clinician to a program that supports this treatment despite location and relationships with other providers.