Drug Intoxication & Detoxication: Novel Approaches

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Exploring Fear of Recovery among Individuals with Substance Abuse Disorder: A Novel Descriptive Study

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ABSTRACT

Substance abuse disorder is a complex issue, with many contributing factors, which creates multiple barriers to seeking and maintaining sobriety. One such barrier may be fear of recovery. Fear of recovery can be conceptualized as a fear of succeeding in sobriety efforts because of self-reported lack of skills, knowledge, or social structure needed to be successful. Although fear of recovery may be a significant barrier to sobriety for individuals with substance abuse disorders, this phenomenon is not well-understood. Therefore, using social cognitive theory to underpin this research, the purpose of this study was to explore participants' perceptions of fear of recovery as related to their sobriety or possible relapse. Three research questions guided this study (1) How, if at all, do people recovering from drug addiction experience fear of recovery? (2) For people recovering from drug addiction, what are the main factors and specific concerns that underlie the fear of recovery? and (3) For people recovering from drug addiction, how substantial or impactful is the fear of recovery? Data was collected from individual semi-structured interviews from 11 participants, all of whom have enrolled in a formal sobriety program. Seven themes emerged from data analysis. Most participants expressed some level of fear of recovery, especially related to facing personal fears, societal pressures, and implementing lifestyle changes. Additionally, all participants discussed personal strategies to overcome these challenges and improve decision-making, including finding social support, finding the motivation to stay sober, and using media as source of support and information. These novel findings are expected to inform the research on possible barriers to seeking sobriety and strategies to maintain sober living. Additionally, results may be used to inform practice, as existing and future treatment programs may integrate information on fear of recovery to better support individuals with substance abuse disorder.

Keywords: Fear; Abuse disorder; Sobriety; Recovery

INTRODUCTION

Addressing Substance Use Disorder (SUD) is a complex problem. There are many barriers to reaching sobriety for people with SUD, whether it pertains only to alcohol, legal drugs, or more dangerous illegal drugs, such as opioids. Barriers to sobriety include physical dependency on the drug and peer pressures associated with drug use, especially within the context of social groups [1,2]. Additionally, the physical side effects of withdrawal can also be a powerful barrier. However,

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there may be another factor contributing to difficulty in recovering from SUD, namely fear of recovery. Fear of recovery reflects fears regarding factors that prompted the person to first abuse substances, the loss of friends who are not accepting of the decision to recover from SUD, and fear that they lack the skills necessary to complete the recovery process.

Statement of the Problem

The problem addressed in this study is the extent to which fear impacts the recovery of people with SUDs." Numerous studies point to factors such as peer pressure and physical dependency that contribute to peoples' failure to recover [3]. However there remains paucity of literature on how fear contributes to achieving sobriety and recovery and more specifically does fear create hesitancy to recover. Therefore, the aim of this qualitative descriptive study was to explore the concept of fear of recovery among people recovering from SUD. The following central research questions guided the study.

- RQ1. How, if at all, do people recovering from drug addiction experience fear of recovery?
- RQ2. For people recovering from drug addiction, what are the main factors and specific concerns that underlie the fear of recovery, if any?
- RQ3. For people recovering from drug addiction, how substantial or impactful is the fear of recovery?

Background

Fear of recovery is a unique construct within the realm of recovery barriers. Fear of recovery is distinct from fear of treatment, reflecting psychosocial fears regarding the recovery process or the idea of being recovered. Only minimal existing literature addresses the concept of fear of recovery. Melemis's study noted that many addicted people experience fear of the recovery process because of the self-belief that they lack willpower or the skills needed to succeed. In the literature on eating disorders, one of the central components of fear of recovery relates to the loss of the condition, which often becomes a facet of personal identity [4]. This also closely relates to being afraid of returning to pre-disorder thoughts and conditions. In these cases, the disorder was an identity-based response to displeasure with the old status quo, making returning to that status quo unpleasant and frightening [5]. Similarly, Neale et al., found that those with drug addictions feared returning to the status quo could trigger a relapse. Therefore, social support or social effects, while generally positive in recovery, can also lead to barriers to SUD recovery efforts.

As stated previously, there are many interrelated factors that can contribute to impeding recovery efforts. Social effects contribute significantly to relapse in substance abusers [6]. Patients with factitious disorder reported fear of losing relationships as a critical part of fear of recovery. Relatedly, social exposure to pro-disorder ideas and socialization can intensify the fear of recovery and promote relapse [7]. Therefore, there is reason to believe that fear of recovery may play an essential role in impairing drug addiction recovery. However, the concept requires exploration and development in the specific context of drug addictions.

Theory

There is no currently established theory of fear of recovery SUD, as the concept has not yet been explored. Therefore, a broadly relevant theoretical perspective was necessary to inform this study's exploration of the fear of recovery for individuals with SUD. The results of the study may later be used to support the development of a novel theory explaining the fear of recovery in SUD.

The theoretical framework for the proposed study was Social Cognitive Theory (SCT) [8]. The SCT is a widely used theoretical perspective that informs a specific view of information acquisition. Under SCT, it is understood that much of a person's knowledge derives from observing others through direct observation, social interaction, or media representations. Individuals develop self-efficacy, a sense of whether or how well they can do a task themselves [9]. Self-efficacy does not necessarily correlate well with actual ability in all contexts. However, self-efficacy informs critical aspects, such as how seriously they approach a task [10].

In application to fear of recovery, the concept of self-efficacy was beneficial. Rating the ability to do something *vis-à-vis* experiences, expectations, and media was valuable in understanding aspects of fear of recovery, especially self-doubt. In addition, SCT has been used to model eating disorders effectively and SUD relapse, making SCT an appropriate framework, conceptually linking these two domains.

Summary

Previous studies indicate that there are various barriers to SUD recovery, including psychosocial fears regarding the recovery process. However, a dearth in the literature remains regarding how fear of recovery may influence recovery efforts for adults with SUD. This study aims to add to what is known about the fear of recovery among those with SUD. The following section will discuss how this study was carried out.

MATERIALS AND METHODS

Methodology

The research methodology for this study was qualitative, which is well-suited to exploring new ideas. Qualitative studies are theory-informed and do not need a well-established theory of the topic and is ideal for exploring the subjective experiences and perceptions of a study's participants [11]. The present study explored an almost entirely new construct, fear of recovery, in the context of SUD, making a qualitative exploration well-aligned. To the extent that fear of recovery has been documented in the literature on eating disorders, the ideas associated with a fear of recovery are profoundly personal and only likely to be possible through in-depth qualitative exploration.

Design

The research design will be descriptive. Descriptive qualitative research allows for an in-depth description of a central phenomenon, which was significant in this study because fear of recovery is new in the context of SUD. As a result, it would be more useful, as a preliminary exploration, to sketch out the broad contours of the phenomenon rather than to try to fully understand why it exists. Therefore, a descriptive design was deemed appropriate for the study.

Population

The overall population of interest is people recovering from SUD in Delaware. In contrast, the target population is people recovering from SUD in Delaware who have participated in local sobriety support programs, such as AA and NA groups. The inclusion criteria for the study were that participants should (a) be at least 18 years of age, (b) self-identify as currently recovering from SUD involving one or more addictive drugs, (c) live in the state of Delaware, and (d) have enrolled in one or more locally administrated sobriety programs, such as AA and NA groups.

Sample

A sample of participants was recruited using convenience sampling with inclusion criteria. A convenience sampling strategy is appropriate for accessing hard-to-reach populations, such as people recovering from SUD. However, using inclusion criteria was also necessary, given that targeting a specific subset of the overall population was vital. Sampling occurred outside of formal group settings, using social media platforms. Social media groups provided permission to post recruitment information on respective pages. Prospective participants expressed interest in the study by e-mail or calling a provided number on the recruitment information. Then, inclusion criteria were validated for each participant, consent information was gained, and interviews were scheduled.

The final sample for the study was 11 participants. The sample size was based on a meta-analysis of sample sizes in qualitative research, which typically has 10-15 participants [12]. The principle of saturation was applied, with a preliminary ad hoc analysis conducted on an ongoing basis to assess if the new participants had continued contributing new ideas to the study. Once two consecutive participants failed to add new data to the study, the saturation point was deemed reached and further recruitment was discontinued.

The 11 participants' ages ranged from 19-71, with an average age of 40. Six participants self-identified as female, and five as male. Five participants identified as White, four as African American, one as Hispanic, and one as biracial White and Asian. Five participants were recovering from alcohol addiction, four from opioids, one from methamphetamines, and one from both alcohol and crack cocaine. **Table 1** shows an overview of the participants' demographics.

Table 1: Participants' demographic information

Participant	Age	Gender	Race	Recovering from
TS 1	53	Female	Biracial (White and Asian)	Alcohol
TS 2	28	Male	White	Opioids
TS 3	71	Male	White	Alcohol
TS 4	39	Male	African American	Multiple substances
TS 5	49	Female	Hispanic	Alcohol
TS 6	19	Female	White	Opioids
TS 7	46	Male	African American	Opioids
TS 8	35	Male	White	Methamphetamines
TS 9	31	Female	African American	Alcohol
TS 10	25	Female	White	Opioids
TS 11	44	Female	African American	Alcohol

Instrumentation

Data was collected in one-on-one semi-structured interviews. Interviews represent an ideal source of qualitative data, as they allow for understanding the participants' experiences, perceptions, and opinions [13]. The interviews were structured by an interview guide that I developed in advance and was validated by three colleagues from my university. In this fashion, I ensured that key ideas needed for the study were addressed and all promising ideas throughout the interviews were fully explored and developed.

Data Collection

Interviews for this study were audio-recorded and lasted 30-60 minutes. Once the interview was complete, it was transcribed within one week and provided for member checking. Participants had two weeks to check their transcripts and return them if desired. Those who opted against member checking were used as-was.

Data Analysis

Data analysis for the study used Braun and Clarke's six-step

qualitative thematic analysis process and aided by the use of *in vivo* 12 software. The six steps of qualitative thematic analysis are as follows:

- To build familiarity with the data.
- Open coding.
- Preliminary themes development.
- Validation of themes.
- Refinement of theme, where duplicate or incomplete themes were merged into other themes.
- The final step was reporting the data, which is included herein.

RESULTS

The results of this study were generated from the analysis of the 11 interviews of individuals recovering from SUD in the state of Delaware. Seven themes emerged from the analysis of the interview data. The key themes were relevant to the participants' experiences of fear of recovery or lack thereof, its underlying factors, and the extent of its impact on their recovery journey.

The majority of the participants experienced some level of fear of recovery, particularly in: (a) Facing fears and difficulties (n=11), (b) Dealing with societal pressures (n=10), and (c) Implementing lifestyle changes (n=8). The underlying factors of the experience of fear of recovery and lack thereof, all of the participants (n=11) shared their strategies in decision making and overcoming challenges, which included (a) Finding support from people who understand, (b) Finding the motivation to stay sober, and (c) Using media as a source of support and information [14].

The degree of impact of fear of recovery on most participants' (n=10) recovery experiences tended to be minimal, as they revealed that their attitude towards recovery was to be committed. This finding excluded one participant who had experienced multiple failed attempts at recovery and was unsure of how to remain sober successfully. The participants' experiences and the corresponding key themes are described in the following sub-sections.

Theme 1: Experiencing Fears and Difficulties

All 11 participants experienced some fears and difficulties during their recovery journey. The experiences included relapsing (n=9), facing uncertainties (n=8), and reluctance to seek support (n=2). The threat of relapsing and actually relapsing was part of participants' experiences of the fear of recovery. They were generally afraid of not being able to control their addiction, as TS 4 stated, "I was afraid that I'd go back to using especially the crack." TS 2 and TS7, who were both recovering from opioid addiction, disclosed that they used drugs as a coping mechanism and that they feared they would relapse if they were not able to cope with their problems.

TS 11 used to work in the hospitality industry and were exposed to alcohol. In starting her recovery from alcohol addiction, she revealed that she felt the threat of relapsing as she had easy access to alcohol; thus, TS 11 shared that she later on changed her career. Additionally, relapse was a concern for TS 4 and TS 8 due to the "cravings" and "urges" that they felt. TS 8 shared, "The urges to use and my mind constantly thinking about the drugs." TS 5 experienced relapse, and during her second attempt, she shared that she was more concerned about relapsing than before.

Apart from relapse, the participants (n=8) shared that their recovery experience, especially at the beginning, was filled with uncertainties. The participants described uncertainties as scary and difficult to deal with. TS 1 expressed, "It is not easy, it is scary, and filled with a lot of unknowns." The unknowns, according to TS 2, included how to start, where to proceed, what will happen, and how long the recovery would last. With all the questions and uncertain answers, TS 2 shared that he was also afraid of failing. TS 7 and TS 9 shared that addictive substances have been a part of their habits that they were afraid of the uncertainty of going on without them [15]. TS 7 stated, "It was fucking frightening in the beginning. I was consumed with all these feelings, worries, and fears. I couldn't remember the last time I didn't use and the idea of stopping sent me in a panic."

Two participants shared that they felt reluctance and difficulties in reaching out to people to seek support. TS 9 stated that when facing challenges in recovery, she knew that the "right thing to do" was to reach out to others; however, TS 9 shared that she was reluctant to seek help from others. TS 6 admitted to being young at the age of 19 and finding difficulties in talking to the people in her support group who were older than her.

Theme 2: Experiencing Societal Pressures

Ten of the eleven participants experienced societal pressures in their recovery journey. Societal pressures included others' poor expectations (n=10) and stigmatization (n=4). Five participants shared that other people did not take their addiction problem seriously or had misconceptions about addiction, and expected them to function as normal. TS 1 and TS 2 shared that other people expected them to be able to control their addiction if they wanted to. TS 1 stated, "They thought I just drank a little too much and I could stop whenever I wanted to that if I just tried a little harder to control my drinking it wouldn't be a problem." TS 2 described other's expectations towards him as, "That I could stop if I really wanted to or they expect me to be able to control it." TS 9 and TS 11, who were both recovering from alcohol addiction, shared how other people normalized drinking which they thought added pressure on them as they recovered. TS 9 stated, "Everyone I knew drank. That's what kept me drinking because society supports drinking." TS 11 again referenced working in the hospitality industry where drinking was "glamorized" and "expected." She found such an environment to be non-conducive for her addiction recovery.

Three participants shared that they felt pressured to prove people who had low expectations of them wrong. TS 5 expressed, "Society expects me to fail. I've proven them right a few times hopefully this time I'll prove them wrong." On the

contrary, two participants shared their experiences of how other people expected them to recover from their addiction, but that the expectation put pressure on them as if they were undergoing recovery not for themselves but for others [16]. TS 6 felt pressured by her parents especially because they were the ones who took her to the rehabilitation center after she overdosed in their house. TS 2 stated, "Expectations from others have put a lot of pressure on me. I feel like I'm doing it for them and not me."

Theme 3: Implementing Lifestyle Changes

Eight participants shared that the challenging part of recovery was the thought and the actual implementation of changes in their lifestyle. Substance use has been central to the participants' lives especially as their way of coping. TS 3 stated, "My only way of coping with challenges was to drink so I had to learn how to do it without drinking it away." TS 6 was taken by her family to a rehabilitation center where she experienced several changes in her life including not being able to use opioids and being away from her friends and family. TS 1 and TS 2 shared that they had to change "everything" in their lives to focus on their recovery. TS 2 expanded:

Changing everything about my life. Most of my life before recovery was centered on my drug use whether it was the people I was using with or buying my drugs from or figuring out how I was going to score [17]. I had to put my recovery first which was a total change and I had to rely on others when I felt like using.

Lifestyle change was a challenge for TS 9 and TS 11 because it affected their identity. The participant stated that she felt not as comfortable being her sober self than being her drunk self. TS 9 shared, "I try to be positive but the old me doesn't want this, I was more comfortable with the drunk me than I am with the sober me." TS 11 had to leave her career at the hospitality industry to avoid her "easy access" to alcohol which she was recovering from.

Theme 4: Finding Support from People who Understand

When the participants were asked about how they made decisions and overcome challenges in their recovery experience, all of the participants shared that they felt the need to reach out to people who they know understood their situation. All the participants perceived that their sponsors and the people in their recovery support group understood their addiction and recovery the most. TS 9 stated, "I called my friend from AA the other day when I was struggling. Talking to her helped. I also talked to my sister who's been in the program for a while. She seems to understand." TS 8 shared that the people in his recovery support group understood him the most and were supportive of his recovery as they expected him to stay sober and consistently attend meetings, and guided him to make good decisions. The other participants stated that they felt that they could share their recovery struggles to the people in their support group.

Four participants additionally stated that they sought the help of professionals including peer recovery coaches, counselors, and therapists. Two participants shared that they were supported and understood by their families. TS 5 shared, "They have seen what I am capable of while I'm drinking and when I'm not. They want me to get back everything I threw away because of my drinking."

Theme 5: Finding the Motivation to Stay Sober

All the participants shared that they made decisions and overcame the challenges in their recovery experience from their motivation to stay on track and achieve their goals. For nine participants, reaching a milestone in their recovery journey was a defining moment that they looked back on for motivation. Milestones differed from participant to participant. Some participants defined their milestones through timelines such as the 30-day mark, the 1-year mark, or the 10-year mark. For instance, TS 2 shared, "The day I got my 30-day coin was when I felt like I could do this." For other participants, milestones were marked by specific moments. TS 4 and TS 5 found the motivation to stay sober whenever they recalled the moment they hit "rock bottom." TS 4 stated, "I had to lose everyone and everything before it became real." Specific moments as milestones also included successes such as resisting temptation for the first time, speaking in front of a support group about their addiction and recovery for the first time, and being voted as an officer of the support group for the first time.

Five participants shared that they found motivation in others' belief in them. TS 11 shared that other people held her accountable for her own recover and had high expectations of her to serve as a "role model" for people who were newly attempting to recover from addiction. TS 10 also had similar experiences of being expected to be responsible for her. TS 10 shared that when people held her in high regard, she tended to feel motivated to succeed. TS 5 and TS 7 shared that they felt motivated to stay sober to remain true to themselves and to give back to the people who believed in them. TS 7 stated, "I remain true to my sobriety… and I work at the program and give back to others what was so freely given to me."

Five participants reported that they felt motivated to stay sober because of the goals that they set for themselves. Both small and big goals served as a motivation for the participants. In TS 6's experience, having goals meant that she had a starting point on what she needed to do. For TS 3, "I look at what my goals are, the time it will take, and what I will need to do to reach them [18]. Time, effort, and outcome are my drivers." When met with challenges such as encountering triggers to addiction or having urges, the participants shared that they redirected their thoughts and distracted themselves through reading books, listening to music, and writing in journals.

Theme 6: Using Media as a Source of Support and Information

Traditional and social media have been referenced by all 11 participants as useful sources of support and information

during recovery. Eight of the participants shared their beliefs that media contained an array of information particularly in the different programs available for addiction treatment as well as information providing hope and removing stigma against individuals with SUD. TS 4 stated, "Both traditional and social media provide information about services, program, and supports available to people who have addiction problems and about recovery." TS 2's perceptions about the usefulness of media as a source of information for recovery were more specific to himself. TS 2 shared, "I think it has allowed me to understand that there are different programs that can help me with my recovery, that it is something that is possible, and others have achieved recovery." TS 3 noted how traditional media such as television advertisements contained information about where to reach out for help regarding addiction. TS 6 had similar perceptions regarding social media, "I see stuff on Facebook and Instagram about recovery groups, programs." TS 7 specified how social media helped reduce the stigma related to addiction and recovery. TS 10 shared that media was a source of success stories from people who recovered from addiction which gave her hope that she would also successfully recover from addiction [19].

Social media was also regarded as a source of support in the form of online support groups. Online support groups helped the participants feel validated and that they were not alone in their recovery journey. TS 5 shared, "I belong to a few groups on FB that are connected to recovery. They make me feel like I'm not the only one with this problem and we all struggle."

Theme 7: Having a Committed Attitude towards One's Recovery

The majority of the participants (n=10) shared that having a committed attitude weighed more than the challenges, support, motivation, and some form of fear of recovery that they experienced during their recovery. According to the participants' narratives, commitment entailed acceptance that addiction is a problem, consistency, willingness, courage, and the belief that they were going through the recovery for themselves instead of for others. Thus, despite others' comments, expectations, and judgment, nine participants reiterated that their recovery was focused on themselves. TS 3 shared, "In the beginning I felt like I needed to do what everyone else wanted me to do but after some time in the program I realized that my recovery was for me." Other people's encouragement and support were important in the participants' recovery; the main focus was on wanting to get better for them. TS 7 stated, "They help me to stay humble and true to my sobriety but I don't let them dictate my recovery journey. I own that."

In undergoing the recovery for themselves, seven participants stated their realization that the process of recovery was not the same for everyone. TS 11 stated, "Recovery is not a one size fits all approach, but if you really want it, you can have it." The participants shared that the important aspect of recovery was to stay committed in the program that suited them. In TS 9's recovery from alcohol addiction, she described, "It takes a desire to stop drinking, working the steps, and staying close to the program." Only TS 8 expressed a pessimistic attitude, as he had failed to stay sober after multiple attempts at recovery over the past 5 years. However, in TS 8's current recovery experience, he has already reached the 30-day milestone of sobriety and reported his commitment in going through the steps of the recovery program despite stating that us not prioritizing his recovery goals. TS 8 stated, "I don't prioritize (my recovery goals). I just do them."

DISCUSSION

The results indicated that the participants undergoing recovery from addiction to substances such as alcohol, opioids, and drugs experienced some elements of fear of recovery to an extent. These findings are novel, as fear of recovery has not been documented within SUD literature at present. However, participants' experiences of facing fears and difficulties regarding uncertainties, relapse, and reluctance to reach out to others does align with previous literature on SUD and other related disorders, where persons experience fear of recovery. For example, these findings align with results of Melemis who found that individuals with SUD may experience fear of recovery because of self-doubt and uncertainty concerning personal ability to cope with recovery-related stressors.

Participants also expressed experiencing societal pressures from others' expectations and stigma against addiction and recovery. These findings, while novel in exploring fear of recovery for SUD, do align with previous research by Javed et al., who found that social effects can significantly influence relapse among persons with SUD [20]. However, the link between stigma and fear of recovery is not yet well understood.

According to participants, recovery meant implementing lifestyle changes, which the participants perceived as a big adjustment. The participants were generally concerned and anxious about finding a coping strategy outside of using addictive substances and about being away from friends and family while they are in the rehabilitation center. However, in making decisions and overcoming the challenges of recovery, the participants generally sought support especially from people who had similar experiences or who understood what they were going through. They also sought motivation from their own accomplishments such as reaching milestones and working towards their goals.

Interestingly, traditional and social media were used as sources of information and support. Media contained various information that allowed the participants to have options when finding a suitable program for them. Online support groups offered validation that they were not alone in their recovery journey. Nonetheless, the essential factor in addiction recovery was to have a committed attitude. The recovery process tended to differ from person to person. The participants of this study reiterated that it was important to remember that they were aiming to stay sober not for anyone else but themselves.

This study has a few limitations. First, as these findings provide novel insights into the phenomenon of fear of recovery among individuals with SUD, it is not possible to use extant research to confirm results. A second limitation is that self-report data is used within this study. Participants may have inadvertently added social desirability bias, in which they answer as they believe they should, regardless of accuracy or truthfulness. Additionally, this study has a small sample size. Therefore, findings may not be generalizable to individuals outside of the sample, in different locations, or persons that struggle with other addictions.

Implications and Recommendations for Future Research

Study findings present support for implications among various stakeholder groups, including mental health professionals, families of those with SUD, and individuals with SUD. Regarding mental health professionals findings illustrate a need to address fear of recovery within current treatment options. Fear of recovery should be discussed with patients so that this barrier can be addressed and mitigated to the extent possible. Additionally, families are encouraged to discuss fear of recovery with family members with SUD, either on their own or with the aid of mental health professionals, in order to better support those with SUD. Finally, individuals with SUD may benefit from reflecting on if they fear recovery. Being cognizant of this fear may help overcome associated barriers and lead to better outcomes.

As limitations are present, they present avenues for future research. First, future researchers are encouraged to replicate this study using both quantitative and mixed methods design. By adding quantitative methods or a mixed method approach, results can be more generalized and relationships between SUD and fear of recovery may be ascertained. Further, demographic data can be examined to see if fear of recovery is different among populations with SUD, which was outside the scope of this study. Additionally, this study could be replicated using additional qualitative data sources to triangulate participants' responses. Future researchers may also want to replicate this study in other parts of the country, and within formal sobriety programs to see if results differ.

CONCLUSION

Despite these limitations, the findings are significant. Results of this study are expected to inform the literature on possible barriers to seeking and maintaining sobriety for persons with SUDS. As this is currently lacking in the existing research, creating this information is imperative to better understand SUD and barriers and strategies that may hinder or promote sobriety. Additionally, findings may inform current treatment practices. By incorporating this data, treatment facilities may be better equipped to speak about and support individuals with fear of recovery. Similar strategies may also be helpful to those with SUD and increase the likelihood of success in sobriety efforts.

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