



DOING THE BEST FOR OUR CLIENTS :

**RELAPSE PREVENTION FOR A
SUSTAINED RECOVERY IN
SUBSTANCE USE DISORDERS**

By

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Learning objectives

- ❑ **Understanding Relapse:** Participants will be able to identify common triggers that can lead to relapse, including emotional, environmental, and social factors, and understand how these triggers can impact their recovery journey.
- ❑ **Developing Coping Strategies:** Attendees will learn various coping mechanisms and strategies to manage cravings and stressors. This might include techniques such as mindfulness, cognitive-behavioral approaches, and building a support network.
- ❑ **Creating a Relapse Prevention Plan:** Participants will gain the skills to create a personalized relapse prevention plan, which includes setting realistic goals, identifying warning signs of relapse, and outlining steps to take if they feel at risk.

Learning objectives CONT.

- ❑ **Enhancing Self-awareness and Self-monitoring:** The webinar will help individuals enhance their self-awareness regarding their thoughts, emotions, and behaviors, enabling them to monitor themselves effectively and take proactive steps to maintain their sobriety.
- ❑ **Building a Support System:** Attendees will understand the importance of having a strong support system, including family, friends, and peer support groups. They will learn how to seek out and utilize these resources effectively to support their ongoing recovery

Sustained Recovery

Sustained recovery from substance use disorders refers to a long-term period during which individuals successfully abstain from substance abuse and maintain a healthy lifestyle. It is abstinence from all mind and mood altering substances and sustained changes to life which brings about a sense of balance, control, and consciousness.

I've Relapsed... Now What?

R-e-l-a-p- s-e

Understanding the Relapse Process

Relapse refers to the process of returning to use after a period of abstinence. Relapse is always a possibility. Every treatment program and approach needs to integrate relapse prevention planning. It is essential to learn how to recognize signs of slipping and relapse and to devise a plan for effectively coping with warning signs to prevent relapse.

The relapse process can start with a thought and can take place prior to ever acting on urges. A relapse can build up over a period of hours, days, weeks or even months. When it takes place you can learn from it and identify clues (signs/indicators) that preceded and triggered the relapse.

Is Relapse Inevitable?

- ❑ **“And the greatest difficulty is that it’s not the elbow that becomes addicted, but the brain. The very origin that likes alcohol is trying to determine whether to change the behavior. Guess what it will always decide?” ~ Bert Pluymen, The Thinking Person’s Guide to Sobriety.**
- ❑ **But even though a person in recovery should do everything possible to safeguard their sobriety, the insidious nature of addiction means that relapse is an unfortunate reality for far too many. It is not exactly an inevitability, but it is a distinct possibility that should be prepared for.**

Is Relapse Inevitable?

- ❑ **Relapse isn't random...It's usually a sign that a recovery program is lacking something. Most people who relapse can point to exactly what was missing and describe quite incisively how they slipped back into drinking or drugging. The signs and symptoms of relapse are well-established." ~ Debra Jay**
- ❑ **A chat with the Grim Reaper should be enough to scare away any thought of relapse. Wish it were that easy, but not even days conversing with Death can disintegrate the claws of addiction." ~ Ellen Hopkins, Traffick**

Is Relapse Inevitable?

- **For anyone attempting to regain their sobriety, one of the most dangerous sayings thrown around is “Relapse is part of recovery.” From some perspectives, that could be seen as giving tacit approval to drink and use drugs again.**
- **To be perfectly clear—substance abuse during recovery from addiction is NEVER okay. The nature of the disease of addiction means that there are no guarantees.**

It Takes a Family: A Cooperative Approach to Lasting Sobriety

- Part of any good relapse prevention plan is vigilance against an impending relapse. Typically, a return to active substance abuse doesn't happen all at once. There are progressive stages that move the person from recovery and sobriety to a full-blown relapse. While there is some overlap and the delineations between the stages aren't always distinct, if you are watchful, you will be able to notice when your sober journey is starting to veer off course.**

Fisher and Harrison (2009) defined relapse as a process of parts:

- **Slip – This is where a person has been abstinent and has a slip. The act is so small the person doesn't feel bad about it and will return to abstinence immediately. This might be, for instance, accepting a line of cocaine from a friend without thinking about it.**
- **Lapse – A lapse is where the person uses the substance after having been abstinent. They'll drink or take more of the substance than what is defined as a slip, but will return to abstinence. This might be an evening where a person uses cocaine but stops again the day after.**
- **Relapse – This is where a person has been abstinent for a while and begins using the substance again in an uncontrolled way. Use usually returns to the same severity as before any treatment began.**

The Stages of Relapse

Stage I: Emotional Relapse

This first stage is not always deliberate. Some of the negative emotions include:

- **Anxiety**
- **Agitation**
- **Frustration**
- **Extreme impatience**
- **Irritability**
- **Intolerance**
- **Blaming others**
- **Anger**
- **Sadness**
- **Depression**
- **Lack of gratitude**
- **Social withdrawal and isolation**
- **Mood Swings**
- **Self-neglect – poor personal hygiene, sleep disruption, unhealthy eating**
- **Early recognition such emotional triggers can mean the difference between continued sobriety and a slip or relapse.**

Stage II: Mental Relapse

In this second stage, the addict is often actively wrestling with both sides.

- **They WANT to drink/use – Something or someone has triggered cravings.**
- **They DON'T want to drink/use – They know it's a bad idea that could tear down everything they've built.**

As with emotional relapse, there are a number of behavioral red flags:

- **Glamorizing the past – “It wasn't that bad.”**
- **Not going to 12-Step meetings or working the prescribed treatment plan.**
- **Justifying a “theoretical” relapse – “If I ever decide to get drunk again, here's why...”**
- **Practicing dishonesty – Lying, stealing, cheating, etc.**
- **Engaging in risky behaviors**

This is where a relapse prevention plan that includes a strong support system could safeguard recovery. NOW is the time to call for help.

Stage III: Physical Relapse

- ❑ This third stage is marked by a return to active drinking and drugging. A relapse can last for a day or, tragically, for the rest of a person's life.**
- ❑ Here's the thing – a relapse DOESN'T always mean returning to the former drug of choice. ANY attempt to become intoxicated – with ANY substance – is a physical relapse. This includes drinking alcohol, using illicit drugs, huffing inhalants, and misusing prescription medications.**
- ❑ Relapse can progress fast with progressive psychological and behavioral changes**
- ❑ Can start hours, days, weeks or months before a person uses mood-altering chemicals.**

Relapsing as Phenomenon

- ❑ **60% of people who successfully complete treatment will relapse within the first year after leaving a facility.**
- ❑ **The leading cause for relapse is failure to follow the prescribed continuing care plan set up at discharge.**
- ❑ **Full recovery is a challenge, but it is possible.**

RELAPSE STATISTICS

Some substances alter the brain's chemistry so much that without proper treatment, structure, and support, relapse is highly likely to occur:

78% HEROIN

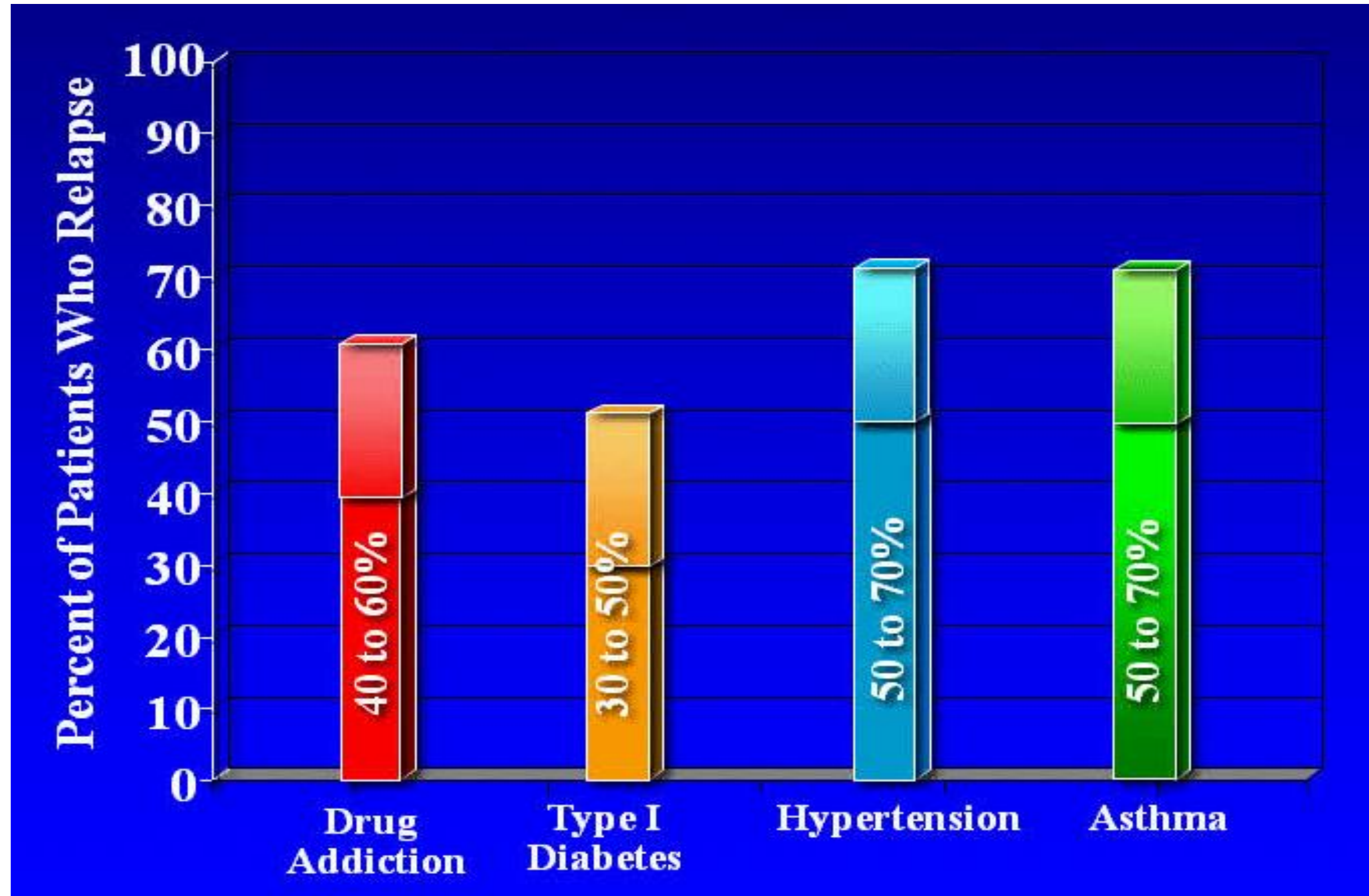
68% ALCOHOL

62% COCAINE

52% METH

43% MARIJUANA

Relapse Rates are Similar for Drug Addiction and other Chronic Illnesses



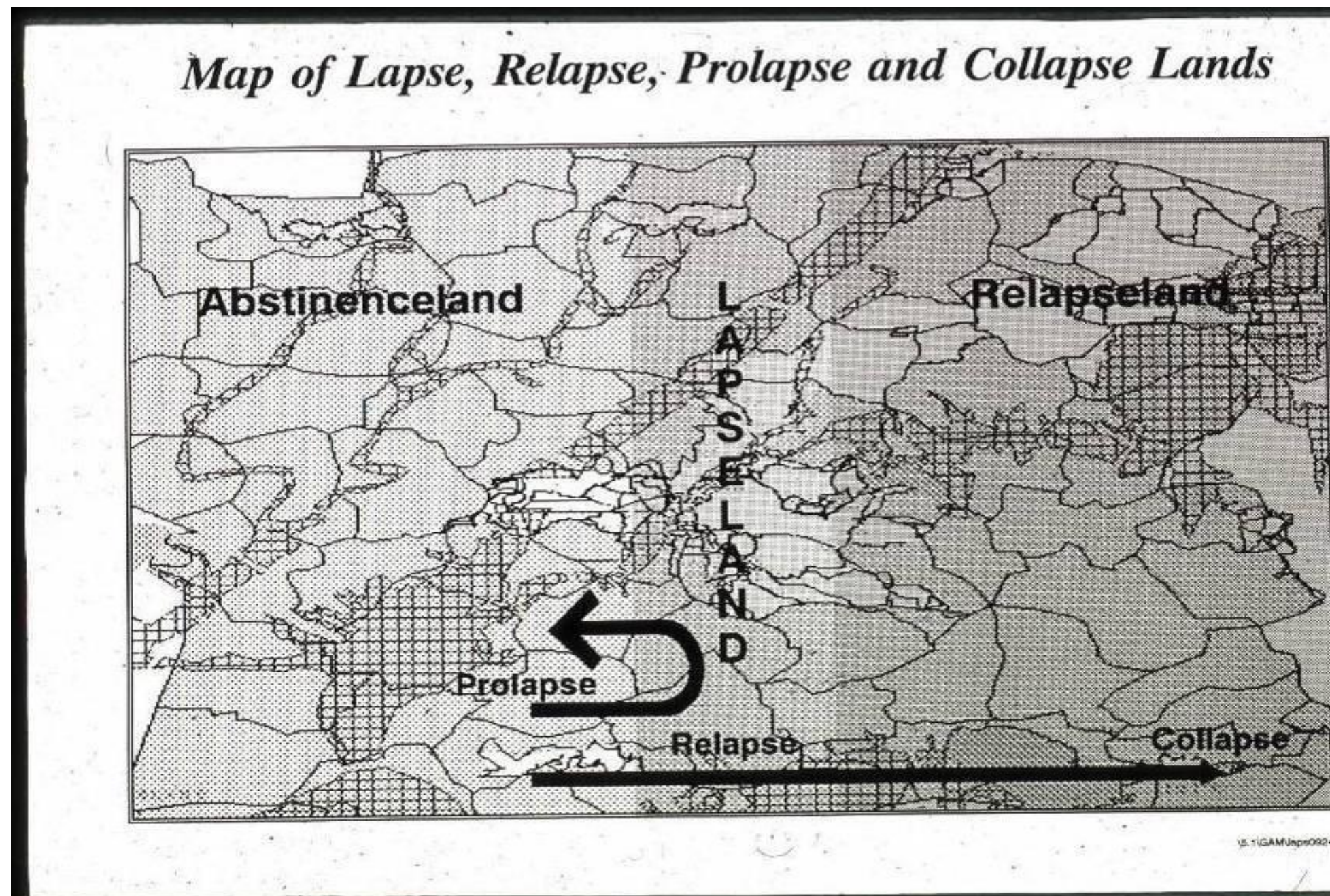
Chronic Medical Diseases' Similarity To Alcohol/Drug Dependence

Similarities to other chronic diseases:

- **Less than 50% take medications as prescribed**
- **Less than 30% of patients comply with prescribed behavioral change**
- **Relapse rates of 40% - 60% per year**
- **Re-emergence of symptoms following discontinuation of treatment.**
- **Drug addiction is a chronic illness with relapse rates similar to those of hypertension, diabetes, and asthma.**

Vulnerability

Why do some people get addicted to drugs while others do not? As with any other health condition, vulnerability to addiction differs for each individual. There are certain risk factors that make addiction more likely



Relapse Justifications

- **The addicted brain attempts to provide a seemingly rational reason (justification) for behavior that moves a person in recovery closer to a slip**
- **I Needed It for a Specific Purpose**
- **I Was Testing Myself**
- **Other People Made Me Do It**
- **It Was an Accident**
- **I Felt Bad**



Abstinence

Relapse

Thin Line

Constructs, models & theories

The 4 Relapse Prevention Models

- **Marlatt's Model (1996) - model of two levels**
- **Dynamic Model of Relapse, Witkiewitz & Marlatt (2004)**
- **Gorski's CENAPS Model**
- **The Matrix Model**

Theories



- ❑ Relapse prevention theories offer frameworks for understanding and addressing the process of relapse in various contexts, such as addiction, mental health disorders, and behavioral problems. These theories inform the development and implementation of relapse prevention programs and interventions tailored to individual needs and circumstances.**
- ❑ Effective relapse prevention typically involves a combination of strategies, including education, skill-building, therapy, social support, and ongoing monitoring and adjustment.**

NEXT are some key theories >>>

- **Cognitive-Behavioral Theory (CBT):** CBT focuses on identifying and changing negative thought patterns and behaviors that contribute to relapse. It teaches individuals coping skills to manage triggers, cravings, and high-risk situations.
- **Social Learning Theory:** This theory suggests that people learn from observing others. In the context of relapse prevention, it emphasizes the role of social influences, such as peer pressure, modeling, and social support networks, in maintaining sobriety or recovery.
- **Self-Efficacy Theory:** Proposed by Albert Bandura, this theory emphasizes the importance of one's belief in their ability to achieve specific goals. In relapse prevention, self-efficacy involves building confidence in one's ability to resist urges and cope with stressors without returning to problematic behaviors.

- **Stages of Change Model (Transtheoretical Model):** This model posits that behavior change occurs in stages—precontemplation, contemplation, preparation, action, and maintenance. Relapse prevention strategies vary depending on the individual's stage of change, with a focus on helping individuals progress through these stages and maintain long-term change.
- **Mindfulness-Based Relapse Prevention (MBRP):** MBRP integrates principles of mindfulness meditation with cognitive-behavioral techniques to prevent relapse. It helps individuals develop awareness of cravings and triggers without reacting impulsively, fostering acceptance and nonjudgmental awareness of their experiences.

- **Coping Skills Model:** This model emphasizes the importance of teaching individuals specific coping skills to manage stress, cravings, and other triggers for relapse. Coping skills may include problem-solving techniques, relaxation exercises, assertiveness training, and communication skills.
- **Biopsychosocial Model:** This holistic approach considers the complex interplay of biological, psychological, and social factors in addiction and relapse. It acknowledges that relapse prevention strategies need to address biological vulnerabilities, psychological patterns, and social contexts to be effective.
- **Wikler's Theory of Relapse and More..**

The Abstinence Violation Effect

- **The abstinence violation effect (AVE) is a construct for explaining why some people who use a substance again after a period of abstinence experience more serious recurrence of use .**
- **People susceptible to AVE are theorized to engage in all-or-nothing thinking in which they interpret any use as total failure and not as a temporary setback. According to the theory, the internal conflict over this disconnect between their behavior and values and the associated feelings of guilt, shame, and hopelessness increase the risk of severe and continued recurrence**
- **Emotional- guilt, blame, failure, etc.**
- **Cognitive- Internal, stable, global, uncontrollable**
- **Self-awareness increase**
- **Comparison to Internalized Standards- greater difference, more guilt**
- **Behavioral Reaction- dominant habitual response**
- **Cognitive Reaction- resolve discrepancies**

What Is the Relapse Prevention Model?

The relapse prevention model is a strategy to reduce the likelihood of relapse after a person completes the initial stages of treatment.

- Relapse prevention (RP) is a mindfulness-based cognitive therapy that helps identify high-risk situations that could trigger a relapse and ways for a person to overcome them and maintain the positive outcomes and changes they've made.
- Some of the key points of the relapse prevention model include:
- Empowerment to advocate for themselves
- Healthy coping skills in triggering situations
- Positive reinforcement
- Finding and maintaining a support network to rely on
- Relapse prevention has two specific goals:
- Preventing a lapse or relapse before it happens through learned skills and techniques
- Providing lapse management strategy to prevent it from progressing into a full-blown relapse.

What Is the Relapse Prevention Model? (CONTD.)

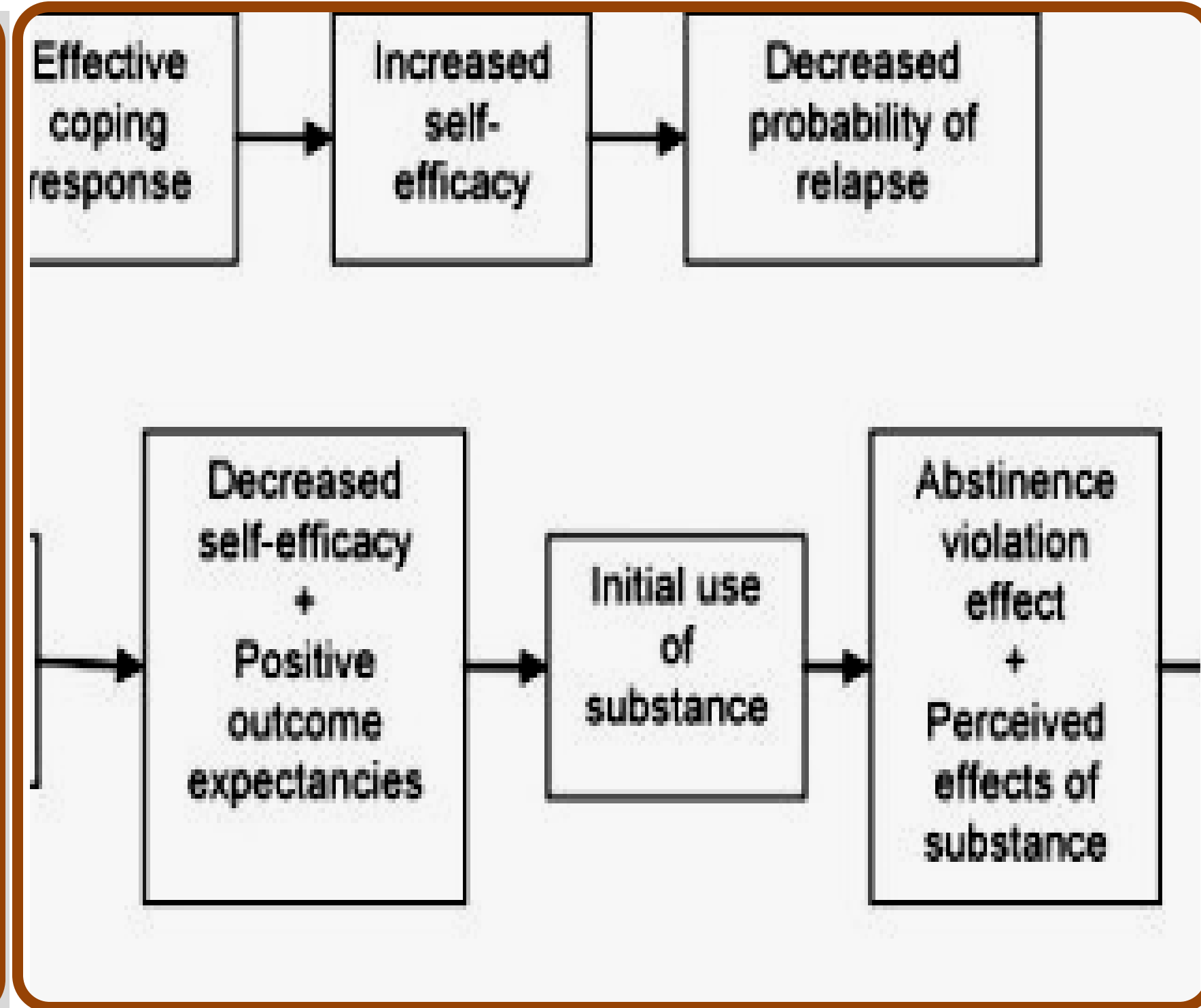
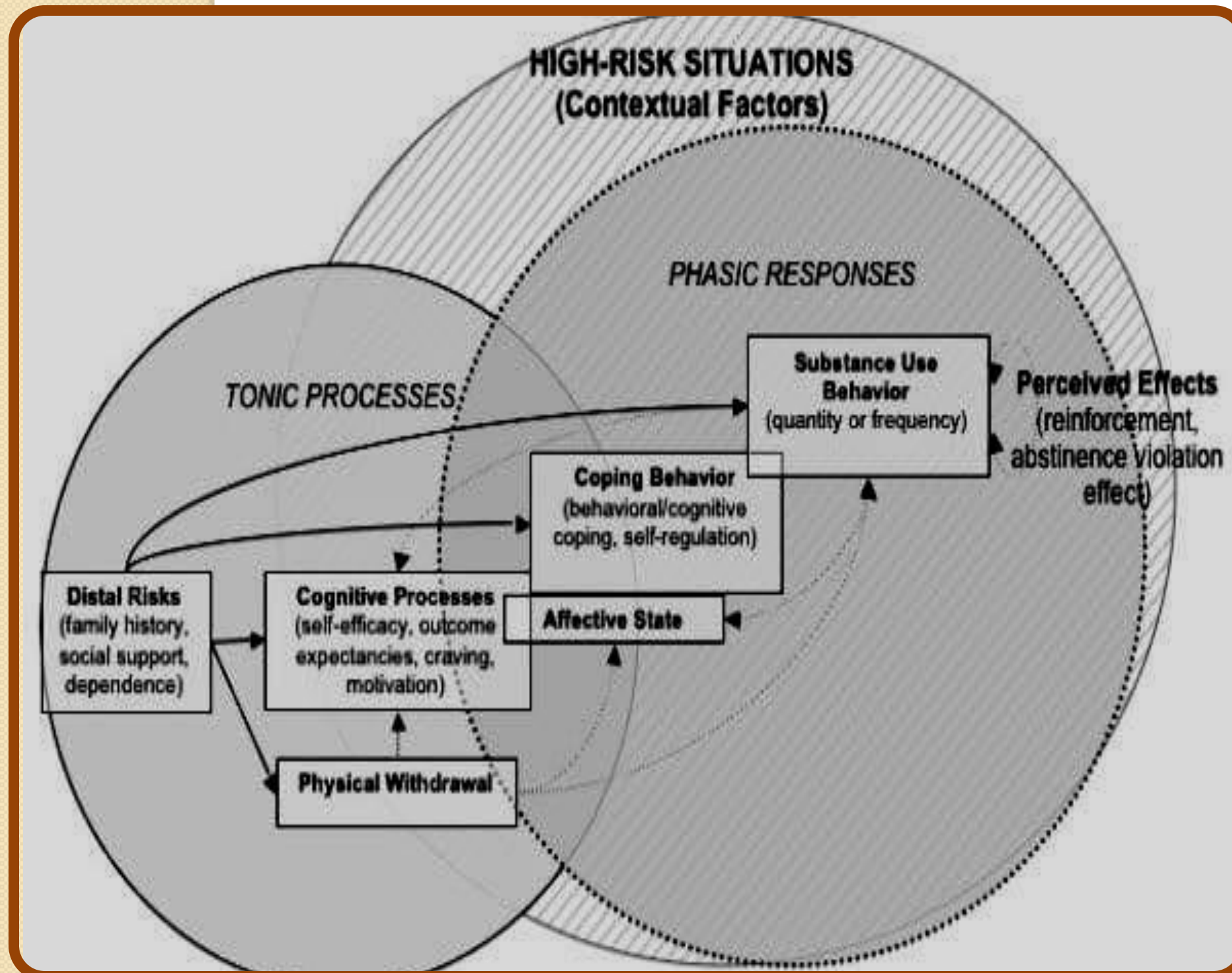
Marlatt's Model (1996)

- Relapse prevention, based on the cognitive-behavioral model of relapse, has become an adjunct to the treatment of numerous psychological problems, including (but not limited to) substance abuse, depression, sexual offending, and schizophrenia. This article provides an overview of the efficacy and effectiveness of relapse prevention in the treatment
- This is a model of two levels:
 - Immediate **high-risk situations** and the person's reactions to them.
 - Interactions with other people and high-risk situations.
- This theory indicates that where a person has developed healthy coping skills, they have more chances of remaining abstinent. Using substances is a coping strategy.
- Quitting a substance is highly stressful. During stressful moments an addicted person would usually turn to the substance. This is why healthy coping strategies are critical.

What Is the Relapse Prevention Model? (CONTD.)

- This stress makes the desire for the substance, the (unhealthy) cop**ing mechanism**, increase.
- In summary:
- The following factors increase chances of relapse:
 - Exposure to high-risk situations.
 - Lack of healthy coping strategies.
 - How a person expects their recovery to go.
 - The person feels as though they've lost control of rules they've put in place (known as abstinence violation effect).
 - Cravings and other unhealthy lifestyle behaviours.
- Marlatt et al (2002) outlined two different types of triggers and lifestyle influences that lead to relapse:

1. Dynamic Model of Relapse, Witkiewitz & Marlatt (2004) Modified & original 1985



- **This model focuses on behaviour and the factors that influence it. It's a model that presents relapse as the whole picture. There are two types of risk factors substance users' experience:**
- **Distal risks would be an underlying risk factor such as a genetic predisposition to develop an addiction.**
- **Proximal risks are immediately stressful situations that increase the chances of use. This might be the loss of a loved one or a person's belief that they're unable to recover.**
- **This theory considers all the risks that can contribute to a relapse occurring.**
- **They're completely unique to each individual. Each risk factor can, of course, exacerbate and increase the risk of others occurring.**
- **For instance, where a person is depressed, they might drink alcohol to ease the low mood, but the effects of drinking also lower mood.**

- **The following six areas can help predict how likely it is that a person will relapse:**
- **Cognitive functioning – this includes how a person perceives themselves and their ability to cope and recover. It includes a commitment to abstinence, how a person feels about their future, and how the person experiences cravings.**
- **Coping strategies – if a person has healthy coping mechanisms to replace that of substance use, they're more likely to remain sober.**
- **Distal risks – this might be a genetic predisposition or a family history of addiction. These types of factors affect the brain and how a person thinks as well as how a person experiences withdrawal.**
- **Perceived effects – some people might use substances as they feel it helps with other issues. If a person thinks a substance eases feelings of low mood better than participating in a new hobby, then they're more likely to return to the substance.**

- **Phasic responses** – these are where a person experiences a particular emotional or physiological state. They can arise from how a person thinks due to their cognitive functioning or how they cope with a situation.
- **Tonic responses** – this is connected to how vulnerable a person is due to underlying factors. This includes their cognitive functioning, how they manage responses to triggers and experience withdrawal.
- **The Dynamic Model of Relapse identifies seven factors within the individual that influences relapse...**
- **A person's emotional state.**
- **Distress tolerance.** How much stress a person can tolerate
- **Craving.**
- **How much confidence and self-belief a person has that they can remain abstinent.**
- **Outcome expectations.** How a person imagines their future in relation to addiction and quitting the substance.
- **Coping and self-regulation.** How a person responds to situations.
- **The severity of substance use at the start of treatment.**

What Is the Relapse Prevention Model? (CONTD.)

◦Gorski's CENAPS Model

- The Gorski model of relapse prevention is a helpful tool when addressing relapse and relapse prevention plans with clients. The Gorski model proposes that people often have many early warning signs that precede a relapse. Many people in addiction are not able to recognize these early warning signs as they are automatic and unconscious.**
- This model allows individuals to identify and address early warning signs of relapse through the following nine steps: stabilization, assessment, relapse education, identifying warning signs, managing warning signs, recovery planning, inventory training, family involvement, and follow up. Each step allows the client to develop more skills and self-awareness in order to help prevent relapse from occurring in the future.**

- **This is a relapse prevention therapy model that was developed by a counselor who was in addiction recovery themselves.**
- **It was more accessible for addiction counsellors, especially those who hadn't come from academic backgrounds but had instead ground-level experience.**
- **Relapse is seen as being caused by brain and social dysfunction, as well as personality dysregulation.**
- **Brain dysfunction is caused by substances that impair a person's ability to think in a healthy way and to respond in an emotionally helpful way.**
- **Addiction is treated as a disease through various counselling approaches. The cognitive, behavioural, and social aspects of the individual are approached.**

It has five goals:

- **To understand what contributes to relapse, taking a holistic approach.**
 - **Creating a list of signs that might lead to relapse.**
 - **Developing strategies to cope with relapse.**
 - **Creating a thorough recovery programme.**
 - **Creating a plan of what to do should relapse occur.**
- **The model uses cognitive behavioural approaches to support the person in identifying thoughts and feelings they have. This treatment is based on abstinence and focuses on emotions that have developed linked to unhelpful thinking patterns.**
- **The CENAPS model of relapse prevention therapy consists of a treatment programme of at least six weeks. The programme includes individual counseling, group sessions, and educational sessions.**

Gorski's Stages of Recovery

Gorski's model outlines six stages of recovery including:

- **Transition – where the person acknowledges they have a problem and abstinence is a goal.**
- **Stabilization – the withdrawal period.**
- **Early recovery – the focus here is changing addictive functioning to thoughts, feelings, and behaviours that are linked to sobriety.**
- **Middle recovery – includes repairing the damage that addiction has caused.**
- **Late recovery – addressing issues from the past and family history that may have caused deep-rooted issues with substances.**
- **Maintenance – ongoing abstinence within a treatment programme**

3. Matrix model

- **This is what is known as a neurobehavioral method within the treatment setting.**
- **This means it addresses the processes occurring in the brain as well as behaviours being displayed. It was developed to treat people addicted to stimulants.**
- **This model focuses on how a person goes through various stages of recovery**
- **The Matrix stages of recovery**
- **There are five stages according to this model including:**
- **Withdrawal.**
- **Honeymoon.**
- **The Wall. This is where a person is most likely to relapse.**
- **Adjustment.**
- **Resolution**

Integrated Recovery Model

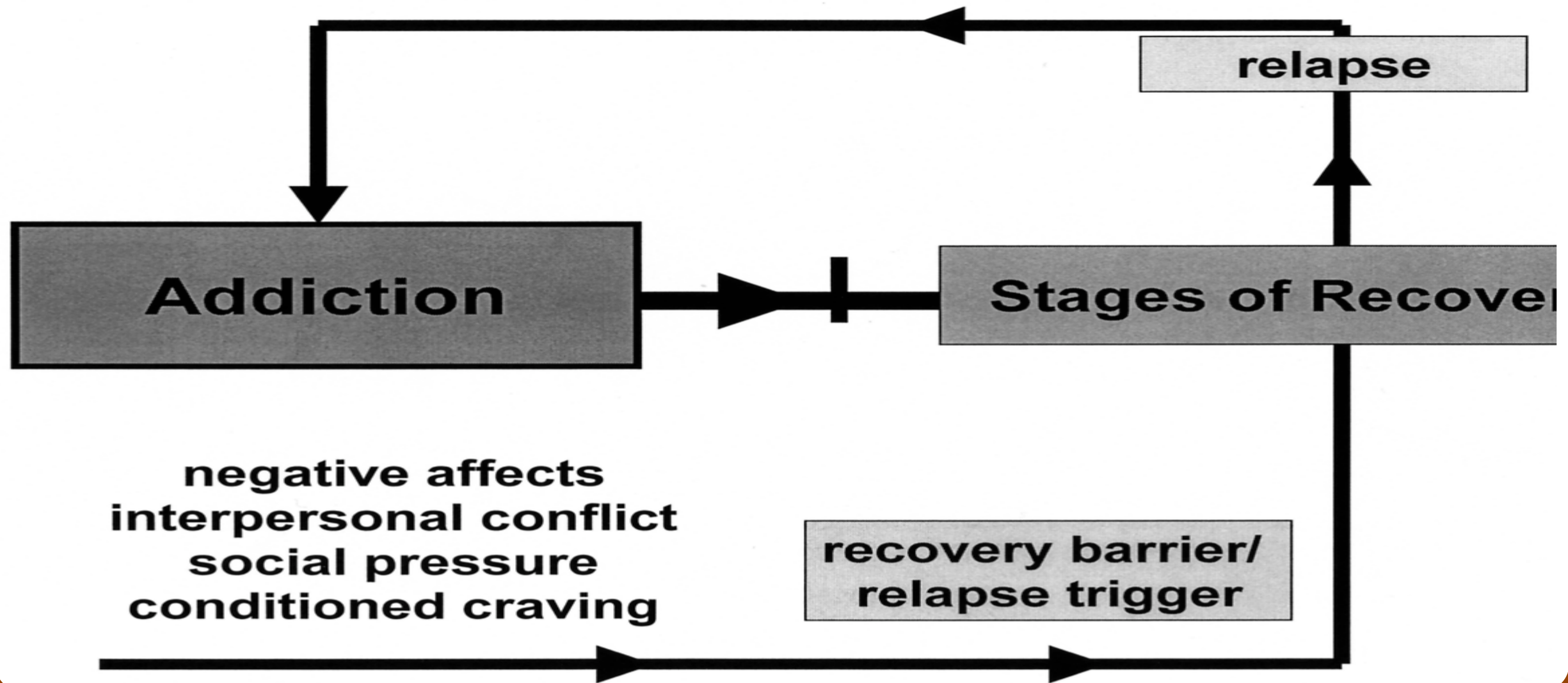
Stage 1: Withdrawal

Stage 2: Early Abstinence (“Honeymoon”)

Stage 3: Protracted Abstinence (“the Wall”)

Stage 4: Adjustment/Resolution

Integrated Recovery Model



Thanks to David R. McDuff 2005

What is required for recovery?

- **An understanding of co-occurring conditions such as depression, anxiety, and trauma.**
- **Accessible treatment professionals.**
- **Availability of resources**
- **Respect for the individual's autonomy**
- **Understanding of relapse**
- **Active use of recovery supports**
- **An understanding that addiction is as chronic health condition**
- **An appreciation of how difficult the journey of recovery can be**

Relapse Prevention Strategies

- Working with their therapist, a person will explore their past behaviors to anticipate future challenges in everyday life and develop various methods to navigate them without resorting back to substance use.
- Establishing a relapse prevention plan can involve role-playing, mindful meditation, relapse prevention worksheets, and verbal or written agreements with a support system.

Relapse prevention strategies include:

- Avoiding High-Risk Situations and Triggers
- Coping Skills
- Eliminating Myths and Placebo Effects
- Managing Self-Efficacy
- Managing Urges and Cravings
- Emergency and Lapse Management Planning

Identifying Relapse Risks

TRIGGERS

Relapse after a period of abstinence is typically initiated by one or a combination of the three main triggers:

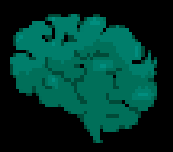
STRESS cues stimulate cravings and drug-seeking behavior during abstinence

RE-EXPOSING the abstinent user to the drug of abuse can induce them onto the drug-seeking behavior

ENVIRONMENTAL CUES that have a pre-existing association with a

RISK FACTORS

- | The drug's chemical composition
- | User's environment & drug-related history

When
DOPAMINE D2
receptors
 **IN THE BRAIN**
BECOME LIMITED
THE USER BECOMES
MORE SUSCEPTIBLE
TO THE REINFORCING
effects of drugs

WHAT CAUSES RELAPSE?

**Relapse
can be
triggered by
any mix
of the
following
factors:**

- Cravings
- Withdrawal
- Stress
- Mental disorders
- Impaired judgment

“Two-thirds of all relapses happen within
the first 90 days of recovery”

Learning from Relapse

- ❑ **“The longer we stay sober, the more we need to know to maintain a sense of meaning, purpose, and comfort... the recovery process forces us to keep growing, learning, and changing.” ~ Terence T. Gorski, Passages through Recovery: An Action Plan for Preventing Relapse.**
- ❑ **Despite all of your willpower, good intentions, and preparations, the insidious nature of addiction still makes a relapse a very real hazard.**

This is why one of the best things you can do to protect your progress in recovery is to also develop a relapse response plan. Different from a prevention plan, this is enacted after a relapse, in an attempt to:

- Involve members of the personal support system**
- Determine what triggered the relapse**
- Reevaluate the situation**
- Determine any adjustments to the treatment plan**
- Re-instill hope and lay the foundation for a return to treatment**

- ❑ At this low point, you may not be ready to immediately return to your recovery program, but that is precisely why your personal support system should be notified. They are there to reassure you that you are not alone, and that help is still available. They can assist you in assessing the situation and finding your way forward.**
- ❑ It may seem difficult, but one of your key tasks after relapse is to stay positive. It was the disease of addiction that caused the relapse, not any moral or spiritual defect on your part. The sooner you acknowledge that, the sooner you can stop self-blaming and start recovery again, hopefully, picking up near where you left off.**

Implications of relapse prevention to practice

- ❑ **Empowerment:** Relapse prevention empowers individuals by teaching them to recognize triggers, understand their vulnerabilities, and develop coping skills to manage cravings and high-risk situations. Practitioners can empower clients by providing them with tools and strategies to take control of their recovery journey.
- ❑ **Long-Term Success:** By focusing on preventing relapse, practitioners aim to promote long-term success in recovery. By equipping individuals with the skills to navigate challenges and setbacks, practitioners increase the likelihood of sustained recovery outcomes.
- ❑ **Individualized Care:** Relapse prevention strategies are tailored to each individual's unique needs, strengths, and circumstances. Practitioners assess factors such as co-occurring mental health issues, social support networks, and environmental influences to develop personalized relapse prevention plans.

Implications of relapse prevention to practice (CONTD.)

- ❑ **Holistic Approach:** Relapse prevention encourages a holistic approach to recovery that addresses not only the physical aspects of addiction but also the psychological, emotional, and social components. Practitioners may integrate various therapeutic modalities, including cognitive-behavioral therapy, motivational interviewing, mindfulness techniques, and family therapy, to support comprehensive recovery.
- ❑ **Continuous Monitoring:** Relapse prevention involves ongoing monitoring and assessment of progress and potential risk factors. Practitioners regularly evaluate clients' adherence to relapse prevention strategies, identify emerging challenges, and adjust treatment plans accordingly to provide timely interventions and support.

Implications of relapse prevention to practice (CONTD.)

- ❑ **Collaborative Care:** Relapse prevention often involves collaboration among multidisciplinary healthcare professionals, including therapists, counselors, physicians, and peer support specialists. Practitioners coordinate care, share information, and work together to provide integrated and comprehensive support to individuals in recovery.
- ❑ **Education and Skill-Building:** Practitioners educate clients about the nature of addiction, the stages of relapse, and the importance of self-care and healthy coping mechanisms. They facilitate skill-building exercises, role-playing scenarios, and rehearsal of coping strategies to enhance clients' self-efficacy and resilience in facing relapse triggers.

Implications of relapse prevention to practice to the addiction professional

For addiction professionals, integrating relapse prevention into their practice has several important implications:

- Enhanced Treatment Effectiveness:** Incorporating relapse prevention strategies into treatment plans can significantly enhance the effectiveness of addiction treatment. By addressing the possibility of relapse proactively, addiction professionals can help clients develop the skills and strategies they need to maintain long-term recovery.
- Client-Centered Approach:** Relapse prevention requires a client-centered approach that takes into account each individual's unique needs, experiences, and challenges. Addiction professionals must tailor relapse prevention plans to suit the specific circumstances and goals of each client, fostering a collaborative and empowering therapeutic relationship.

Implications of relapse prevention to practice to the addiction professional (CONTD.)

- ❑ **Continuum of Care:** Relapse prevention extends the focus of treatment beyond initial recovery to support individuals throughout their journey to sustained sobriety. Addiction professionals play a crucial role in providing ongoing support, monitoring progress, and adjusting treatment strategies as needed to address evolving needs and challenges.
- ❑ **Skill Development:** Relapse prevention involves teaching clients a range of practical skills and coping strategies to manage cravings, triggers, and high-risk situations. Addiction professionals must provide comprehensive education and support to help clients build these skills and increase their self-efficacy in maintaining sobriety.
- ❑ **Holistic Approach:** Relapse prevention emphasizes a holistic approach to recovery that addresses the complex interplay of biological, psychological, social, and environmental factors contributing to addiction. Addiction professionals must consider all aspects of clients' lives and well-being when developing relapse prevention plans, integrating various therapeutic modalities and support services as needed.

Implications of relapse prevention to practice to the addiction professional (CONTD.)

- ❑ **Crisis Intervention:** Despite proactive efforts to prevent relapse, some clients may still experience setbacks or lapses in sobriety. Addiction professionals must be prepared to provide timely and effective crisis intervention, offering support, guidance, and encouragement to help clients regain their footing and recommit to their recovery goals.
- ❑ **Professional Development:** Effectively implementing relapse prevention strategies requires ongoing professional development and training for addiction professionals. Staying abreast of the latest research, evidence-based practices, and emerging trends in addiction treatment ensures that professionals can offer the most effective and up-to-date support to their clients.
- ❑ Overall, integrating relapse prevention into practice empowers addiction professionals to provide comprehensive, client-centered care that promotes sustained recovery and improves outcomes for individuals struggling with addiction. By focusing on proactive strategies to prevent relapse, addiction professionals can support clients in achieving lasting sobriety and reclaiming control of their lives.

A relapse in addiction can have significant implications for both the addict and their family members. Here are some key points to consider:

For the Addicted person :

- ❑ **Physical and Mental Health Impact:** Relapsing can lead to a deterioration in physical health due to substance abuse. Mental health can also suffer, as feelings of guilt, shame, and hopelessness may arise.
- ❑ **Risk of Overdose:** Depending on the substance, a relapse can increase the risk of overdose, especially if the individual has lost tolerance during their period of abstinence.
- ❑ **Financial Consequences:** Substance abuse can be financially draining, leading to debt and financial instability for the addict.
- ❑ **Legal Issues:** Substance abuse can lead to legal problems such as DUIs, possession charges, or other legal consequences, which can worsen with a relapse.
- ❑ **Relationship Strain:** Relapses can strain relationships with family, friends, and colleagues due to broken trust, erratic behavior, and emotional turmoil.
- ❑ **Impact on Goals:** It can derail progress made in recovery, affecting personal and professional goals and leading to a sense of failure and disappointment.

For the Family:

- ❑ **Emotional Turmoil:** Family members often experience a range of emotions such as anger, frustration, sadness, and fear when a loved one relapses. This can lead to increased stress and anxiety within the family unit.
- ❑ **Financial Burden:** Supporting an addict through recovery can be financially draining, especially if relapses result in additional treatment costs or legal fees.
- ❑ **Disruption of Family Dynamics:** Relapses can disrupt family routines and dynamics, leading to conflicts, arguments, and strained relationships among family members.
- ❑ **Feelings of Helplessness:** Family members may feel helpless or powerless in the face of addiction, especially after a relapse, which can contribute to feelings of despair and hopelessness.
- ❑ **Co-dependency:** In some cases, family members may develop codependent behaviors, enabling the addict's substance use or neglecting their own needs in the process.
- ❑ **Education and Support Needs:** Families often require education and support to cope with the challenges of addiction and relapse, including therapy, support groups, and resources to enhance understanding and resilience.
- ❑ Addressing relapse involves a holistic approach that includes ongoing support, therapy, education, and a commitment to recovery for both the addict and their family members.

Relapse prevention plan, response & contract

Creating a relapse prevention plan, response, and contract is an important part of maintaining progress in recovery from addiction or managing mental health challenges. Here's a breakdown of what each of these elements might involve:

Relapse Prevention Plan:

- ❑ **Identify triggers:** List specific situations, emotions, or thoughts that might trigger a relapse.
- ❑ **Develop coping strategies:** Identify healthy ways to cope with triggers, such as mindfulness, exercise, talking to a supportive person, or using distraction techniques.
- ❑ **Build a support network:** Include friends, family, support groups, or therapists who can provide assistance during difficult times.
- ❑ **Establish healthy routines:** Plan regular activities that promote physical and mental well-being, such as exercise, hobbies, and self-care practices.

Relapse prevention plan, response & contract (CONTD.)

- ❑ **Learn from past experiences:** Reflect on previous relapses or setbacks to understand what led to them and how to avoid similar situations in the future.
- ❑ **Response Plan:**
- ❑ **Recognize warning signs:** Be aware of early signs of relapse, such as increased stress, cravings, or negative emotions.
- ❑ **Take immediate action:** Implement coping strategies from your prevention plan as soon as you notice warning signs.
- ❑ **Reach out for support:** Contact your support network or therapist for guidance and encouragement.
- ❑ **Review and adjust:** After a relapse or near-miss, review what happened, what worked, and what could be improved in your response plan.
- ❑ **Relapse Prevention Contract:**

Relapse prevention plan, response & contract (CONTD.)

- ❑ **Personal commitment:** State your commitment to following your relapse prevention plan and response strategies. **Consequences:** Outline potential consequences of relapse, such as increased distress, setbacks in progress, or impact on relationships.
- ❑ **Support system:** Specify who will be involved in supporting you, such as family members, friends, therapists, or support groups.
- ❑ **Review and update:** Set a schedule for reviewing and updating the contract as needed, based on progress and changing circumstances.

Conclusion

- ❑ Relapse prevention plays a crucial role in the practice of treating substance use disorders.
- ❑ Integrating relapse prevention into practice empowers addiction professionals to provide comprehensive, client-centered care that promotes sustained recovery and improves outcomes for individuals struggling with addiction. By focusing on proactive strategies to prevent relapse, addiction professionals can support clients in achieving lasting sobriety and reclaiming control of their lives.
- ❑ Relapse prevention strategies are designed to help individuals in recovery from addiction anticipate, avoid, and manage situations that may lead to relapse. These strategies encompass a range of techniques and approaches aimed at promoting long-term sobriety and reducing the risk of returning to substance use. Here are some common relapse prevention strategies .
- ❑ By integrating these relapse prevention strategies into treatment plans and daily routines, individuals in recovery can strengthen their resilience, reduce the risk of relapse, and build a solid foundation for sustained sobriety.

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Thank You!