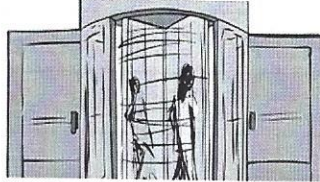


THE CIRCLE CAN BE BROKEN



RELAPSE PREVENTION TRAINING- *Planning and skill building to improve treatment outcomes*

Training Objectives

- Understand and identify typical process stages of recovery and relapse in addictive disorders;
- Understand how to identify relapse warning signs, conditioned triggers, and high-risk conditions
- Understand the dynamics of craving and at least 2 Cognitive-Behavioral management techniques
- Learn and practice at least 3 coping skills for managing triggers high risk situations
- Understand the abstinence violation syndrome and how to "inoculate" clients to its potential
- Develop a trauma informed, culturally relevant relapse prevention plan

Relapse

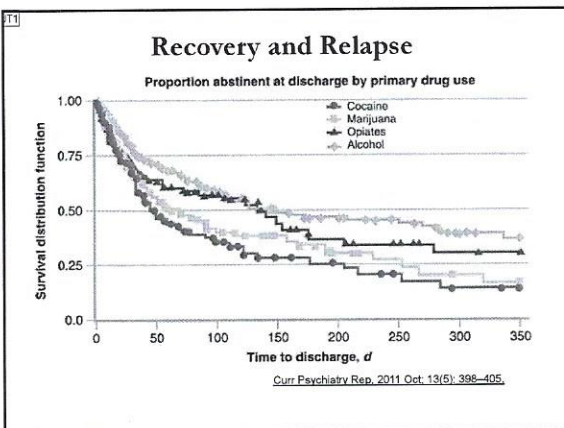
Relapse- To fall or slide back into a former state. In relation to drug misuse, relapse is viewed as resuming the use of a drug after one or more periods of abstinence.

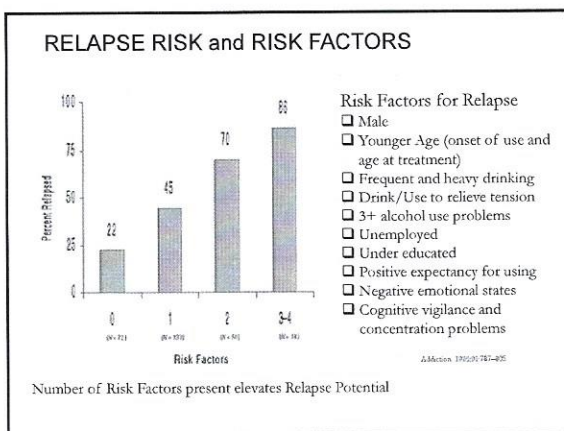
RELAPSE IS A PROCESS- While relapse appears as an event, when studied relapses generally start well before the "return to use" event. According to Terry Gorski,

"Relapse is the process of becoming dysfunctional in recovery and failing to use recovery tools to stop the process"

THE GOAL IS TO IDENTIFY AND INTERRUPT THE PROCESS. ...







RELAPSE PREVENTION

Relapse Prevention Treatment (RPT) is a primarily a cognitive-behavioral approach with the goal of identifying and managing high-risk situations for relapse.

The main ideas in RPT are:

- 1) **Recovery is a process** of personal growth with distinct developmental milestones, each with its own risk of relapse
- 2) Educating individuals on **relapse prevention can help** them focus on what is important to help maintain their recovery
- 3) The main tools of RPT are used to **develop healthy coping skills**

Slide 4

JT1

Jan Tice, 5/12/2019

- Relapse prevention attempts to address the factors that contribute to relapse. Relapse factors are grouped into two broad categories:

- INTERNAL FACTORS involve the recovering person alone (for example, their emotions and beliefs)
- EXTERNAL FACTORS are those that involve the recovering person and other people or systems (peer groups, community, family dynamics)

The relapse prevention model teaches addicts to anticipate relapse by recognizing and coping with various immediate determinants and covert antecedents



Two Relapse Process Models

Gorski's Early Warning Sign Approach: Relapse is a process with identifiable stages. Interruption of the "process" is key.

- ❑ STRESS or STUCK IN RECOVERY
- ❑ DENIAL
- ❑ INTERNAL DYSFUNCTION
- ❑ EXTERNAL DYSFUNCTION
- ❑ OPTION REDUCTION
- ❑ RELAPSE

Mariatt's I Model: A cognitive-behavioral approach

- ❖ Exposure to High Risk Situations
- ❖ Ineffective Coping Response
- ❖ Decreased 'self-efficacy' and increased positive expectancies for alcohol/other drug use
- ❖ Lapse (initial use)
- ❖ Abstinence Violation Effect (AVE)
- ❖ Relapse

BOTH MODELS STRESS THE IMPORTANCE OF BEGINNING WITH ASSESSMENT

Treatment, including Relapse Prevention Treatment, begins with a thorough assessment of treatment need and placement in the appropriate level of care.

Recommendations include:

- Evaluating "recovery status/stability" and relapse history (ASAM dimension 5 and 6) and Functional Relapse Analysis
- Assessment of emotional, behavioral, and cognitive functioning (ASAM Dimension 3)
- Determination of treatment need(s) and placement in the appropriate level of care
- Identify accessible strengths which define the individual's "Recovery Capital"

Functional Analysis – The “5-W’s”

The 5-W’s of an individual’s drug use provide important Relapse Prevention planning information

A guided interview about a relapse situation... How does use fit in your life?

Antecedent Situation	Thoughts	Emotions – Sensations	Behavior	Outcome(s)
Where was I?		How was I feeling? What emotions?	What did I do?	What happened afterward?
Who was with me?	What was I thinking?	What signals did I get from my body? (especially any craving; withdrawal; euphoric relief)	What did I use?	How did I feel right after?
What was happening?			How much?	How did others around me react to my behavior?
			What paraphernalia did I use?	
			What did others around me do at the time?	Any other consequences?

Skill Build

- Practice completing a Functional Relapse Analysis
- Using a tool to identify developmental milestones in recovery
- Practice identifying an individual’s “Recovery Capital”

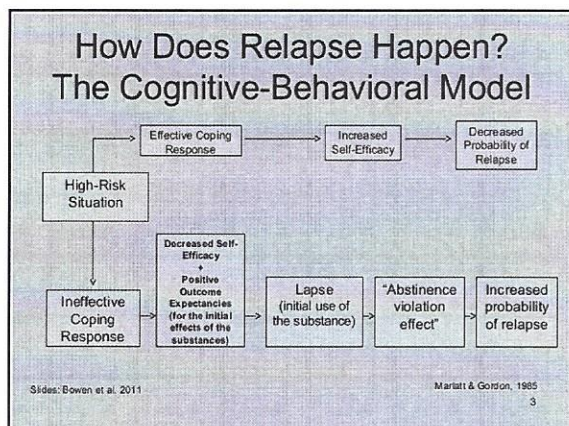


The Gorski model of Relapse Prevention includes:

- 1) Initial (stabilizing) Recovery Planning
- 2) Warning Sign (High Risk Situation) Identification
 - a) Warning Sign Review
 - b) Warning Sign Analysis
- 3) Warning Sign Management
 - a) Thought Management
 - b) Feeling Management
 - c) Behavior Management
 - d) Integrated thought, feeling, and behavior management
- 4) Recovery Planning with Relapse Prevention Planning



Let’s look again at Marlatt’s Cognitive-Behavioral Model—COMPARE, CONTRAST and move forward



Determinants of Relapse

1. High Risk Situations

Identify “THE HIGH RISK SITUATIONS” (HRS)—Sometimes called CUES AND TRIGGERS.
Each HRS is composed of:

Internal Factors	External Factors
<ul style="list-style-type: none"> • Biological States • Thoughts-Beliefs (Cognitive) • Perceptions • Feelings • Urges • Impulse Control 	<ul style="list-style-type: none"> • People • Places • Things • Situations/Events • Time

High-Risk STACKING

Important concept in RPT

In the early stages of Relapse Prevention Treatment it is important to:

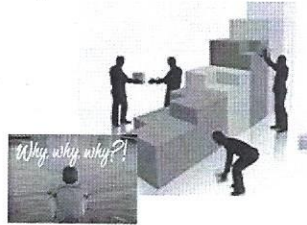
- ☐ Use a patient-centered, engagement focused approach
- ☐ Ensure personal (physical; emotional; environmental) stabilization

INITIATE RPT with strategies that stress behavioral change:

- Planning time to engage in non-drug related behavior
- Avoiding or leaving a high-risk situation (stimulus control)

Skill Build- Practice using some HIGH-RISK SITUATION techniques

- Brainstorm High-Risk Cues and Triggers
- Review a Functional Analysis
- Using Gorski's "I'm in trouble with my recovery WHEN" technique



Determinants of Relapse 2. Coping Response

Coping strategies include both approach and avoidance coping

AVOIDANCE COPING
include strategies to eliminate those elements or situations that are stressors and present relapse potential
--CAN YOU GET AWAY FROM IT?

APPROACH COPING
is necessary if the High-Risk situation (cue or trigger) cannot be avoided—

REVIEW YOUR HIGH RISK / WARNING SIGN LIST AND IDENTIFY WHICH CAN BE AVOIDED AND WHICH WOULD BE MORE DIFFICULT TO AVOID

Techniques and Tools

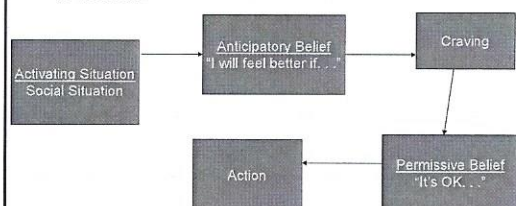
As Relapse Treatment continues into later phases of recovery, more emphasis can be given to the "cognitive" aspects of relapse prevention. This includes teaching clients about:

- Managing conditioned responses: Desensitization with Cue Exposure
- Managing Craving and Outcome Expectancies
- Stimulus Control- avoiding or minimizing exposure
- Cognitive Restructuring- Effective mood/behavior management technique
- Reinforcement for Recovery efforts (Contingency Management)
- Refusal Skill building- managing high-risk relationships
- Modeling- Building Positive, Pro-Social/Pro-Recovery Social Relationships and Modeling Recovery

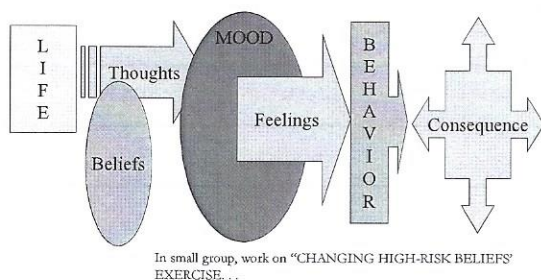
Working with High Risk Beliefs

Core Beliefs trigger "ACTION RELATED" relapse promoting beliefs, including:

- Anticipatory Beliefs- Predict positive, gratification or escape
- Permissive Beliefs- Support resolving any conflict about a course of behavior



Cognitive Restructuring- Belief's Functional Analysis



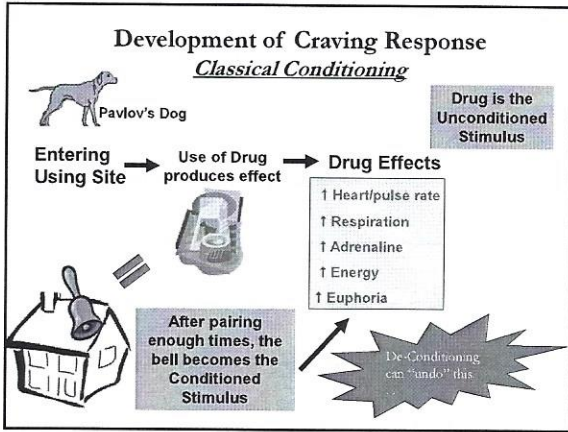
Cognitive Therapy Tools- Cognitive Restructuring

NATURAL LAWS ABOUT BELIEFS

- If the results of your behavior do not meet your needs, there is an incorrect belief working
- Results take time to measure
- Growth is a process of changing beliefs that do not work
- If your self-worth over relies on externals, you are in trouble.
- When the results of your behavior meet your needs over time, you experience inner peace.

Restructuring is learning to:

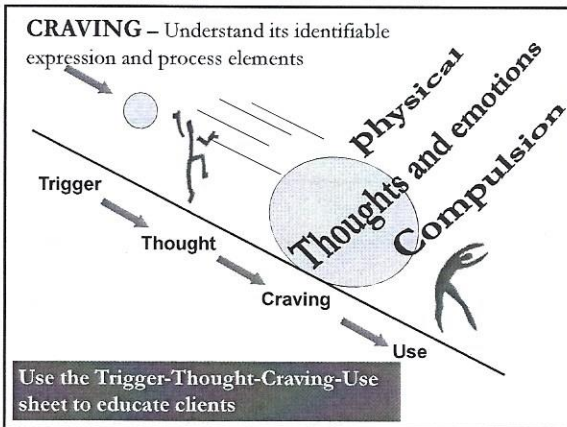
- 1) identify/recognize using/relapse promoting beliefs
- 2) Challenge those beliefs
- 3) Create new, relevant and recovery-oriented beliefs
- 4) Practice using these to build memory/response strength



Development of Craving Response
Operant Conditioning

Drug use is a behavior that is reinforced by:

- The positive reinforcement that occurs from the pharmacologic properties of the drug;
- positive cognitions related to the drug use (beliefs about its benefits);
- Reinforcement from social/peer acceptance; and,
- Once a person is addicted, drug use is reinforced by the negative consequences of removing or avoiding painful withdrawal symptoms

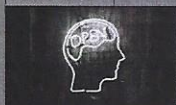


Tools and Techniques

- Mood Management Skills- Remember Negative Mood states are High Risk and are difficult to avoid!

- Relaxation Training
- Visualization Training
- Biofeedback
- Breath work
- Assertiveness Training
- Exercise
- Meditation
- Cognitive restructuring

DBT MBSR



Let's PRACTICE TWO OF THESE... HOW DO THEY FIT WITH Desensitization?

Cognitive Therapy Tools and Techniques

Refusal Skills

HOW TO SAY NO Without losing your friends

- Clarify/Name the activity
- Declare what you are going to do—Choose a positive alternative activity!
- Make an invitation
- Move away (watch your posture and tone)
- Affirm your invitation
- Leave!



Community Reinforcement Approach

■ Key concepts:

- Behavioral analysis and “mapping” - Shape and reinforce new behavioral repertoire, environmental and relationships
- **Frequent urine testing** - Positive reinforcement with vouchers for drug free urine samples
- Behavioral relationship counseling
- Vocational Counseling
- Build a strong Pro-Recovery Relationship, support system—MODELING!!!
- Use Recovery App's

Contingency Management with Incentives



Vouchers



Take-home
Methadone
Doses



Gold Stars to earn items



Inexpensive Gifts



Access to Housing



Access to
Work Therapy

Determinants of Relapse

3. Self-Efficacy

Self-Efficacy is defined as the degree to which an individual feels **CONFIDENT** and **CAPABLE** of performing certain behaviors (coping skill) in a specific situational context (High-Risk).

Think practice, practice, practice

Recognize and reward efforts, even the small steps!!! The longer the period of successful abstinence or controlled use, the greater the individual's perception of self-efficacy



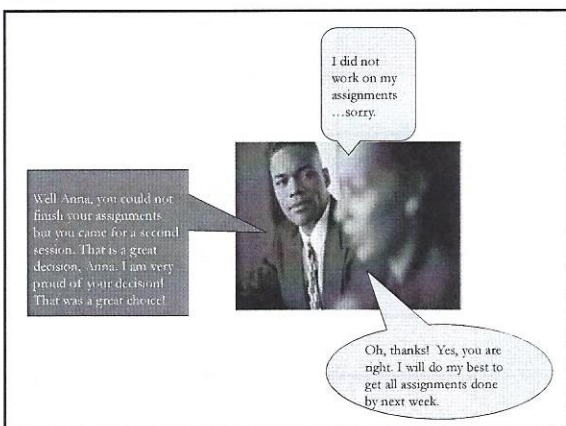
The importance of practicing skills in and outside of treatment. . work through resistance

"It is very important that you give yourself a chance to **try new skills** outside our sessions so we can identify and discuss any problems you might have putting them into practice.

"I'll try, but I've got so many things to do, coming to treatment, going to meetings..."

The practice exercises I'll be giving you at the end of each session will help you try out these skills."

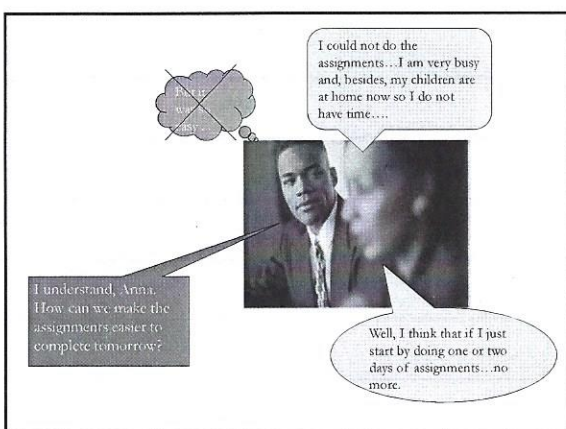




Well Anna, you could not finish your assignments but you came for a second session. That is a great decision. Anna, I am very proud of your decision! That was a great choice!

I did not work on my assignments ...sorry.

Oh, thanks! Yes, you are right. I will do my best to get all assignments done by next week.



I understand, Anna. How can we make the assignments easier to complete tomorrow?

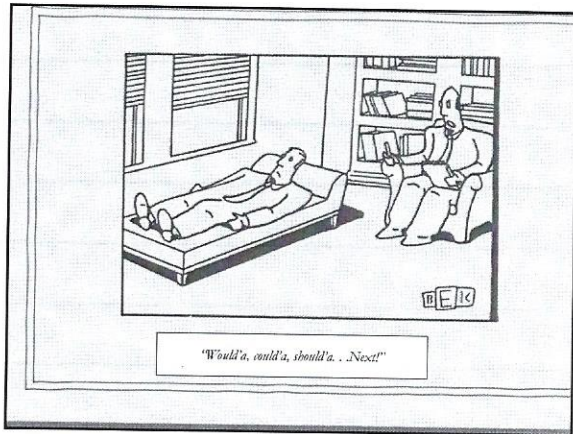
I could not do the assignments...I am very busy and, besides, my children are at home now so I do not have time....

Well, I think that if I just start by doing one or two days of assignments...no more.

Build a Personal Relapse Prevention Plan

Your PERSONAL RELAPSE PREVENTION PLAN should be written, be frequently (daily) reviewed and revised, and include:

- ☐ A complete list of High-Risk situations and emotional, behavioral, cognitive Warning Signs
- ☐ Self-Instructions on how you will manage that warning sign (what skill[s] you will use)
- ☐ A safety net plan defining what you will do if things don't change or "get better"
- ☐ A list of your recovery resources and support team members



**REMEMBER BRAIN DYSFUNCTION/
COGNITIVE IMPAIRMENTS COMPLICATE
RECOVERY**

**--RULES FOR WORKING WITH MILD COGNITIVE
IMPAIRMENTS**

- Keep explanations clear and simple- Use repetition, reframing and the storytelling examples
- Create a safe atmosphere for asking questions
- Consider whether the client's cognitive problem may require some type of professional evaluation—take action!
- Be creative!

Use language that is compatible with the client's level of understanding and sophistication. . . Check frequently with clients to be sure they understand a concept and that the material feels relevant to them

**RELAPSE PREVENTION WORK
REQUIRES FLEXIBILITY AND
CULTURAL SENSITIVITY**

Preliminary evidence suggests Black and Latino individuals may not derive as much benefit from Relapse Prevention (RP) as White individuals.

The studies on which this evidence is based, however, were not designed specifically to test this question of differential benefit. More research is needed to understand whether ethno-racial minorities show differential benefit, and if so, whether culturally adapted versions of RP can help address it.

The best single predictor of retention and dropout is the quality of therapeutic alliance established between the therapist and the client.

**PARTING
THOUGHTS.**

Studies in primary health care have found that health programs that utilize a patient self-management philosophy achieve superior outcomes and cost savings in the treatment of chronic illness.

Such programs focus on enhancing the self-efficacy of the patient, improving problem solving skills, and empowering each patient as the expert on how self-management strategies can be refined to fit his or her own lifestyle. . . .
