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Relapse Prevention Planning with Clients

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CERTIFICATE OF APPROVAL

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Relapse Prevention Planning with Clients

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Abstract

Addiction is a common disease; about 21 million Americans have at least one addiction (Addiction Statistics, 2021). However, only about ten percent of Americans with an addiction receive treatment. Treatment comes in many forms including medication, therapy, coping skills, support systems, and other interventions. This paper emphasizes the importance of relapse prevention and the benefits it can provide in addition to treatment. Relapse prevention is based on a cognitive-behavioral approach to therapy and while it is considered to be a form of tertiary prevention, this paper argues that relapse prevention should be seen as a method of primary prevention. Several determinants of relapse are addressed in this paper including self-efficacy, outcome expectancy, motivation for change, coping skills, emotional regulation, and cravings. These determinants can increase the probability that an individual will face a relapse. The paper concludes with the stages of relapse, explains risk factors within the stages, and the progression between stages.

Relapse Prevention Planning with Clients

The number of individuals with an addiction is increasing in the United States, which could lead to an epidemic if it is not controlled. Some ways in which addictions may be able to be controlled are treating individuals not only in isolated facilities but also continuing treatment when they are out and living as active members of society (Vadivale & Sathiyaseelan, 2019). Addiction rates are concerningly high and relapses are part of this rate. Part of this concern comes from individuals dropping out of treatments which is another reason why relapse prevention is critical to sustained sobriety (Bates, 2019). In relapse prevention, the counselor evaluates the issues that the client is facing and then works with the client to find strategies to intervene in a healthy way when triggers arise (Ramadas et al., 2021).

Literature Review

Cognitive-Behavioral Foundation of Relapse Prevention

A study completed in 1986 by Brownell and colleagues reviewed the problems of relapse in addictive behaviors. These colleagues took a novel approach and saw addiction in terms of cognition and behavior rather than the disease model that was popular at that time (Ramadas et al., 2021). Later, Marlatt proposed the first cognitive behavioral model of the relapse process; this model looks at an individual and the potential risks of use that may surround the individual. Some of the risks may involve the interaction between an individual and the risk factors that surround them in their environment (Marlatt & Donovan, 2018).

Cognitive Behavioral Therapy (CBT) is helpful to reevaluate cognitions and change clients' thinking to be healthier in terms of reality (Vadivale & Sathiyaseelan, 2019). Relapse prevention is based on a cognitive-behavioral framework which consists of identifying times and

places where both internal and external triggers may be frequent and incorporates both cognitive reframing and behavioral coping strategies into these times and places (Ramadas et al., 2021).

Relapse prevention involves integration of psychoeducation on cognitive distortions (Sripada, 2021). A study completed by Orum and colleagues presents an association between different levels of cognitive distortions and substance use (Orum et al., 2020). Individuals in the study that were using substances were observed to have impaired cognitions, diminished executive functioning, poor decision-making abilities, risky behaviors, diminished reward and motivation mechanisms, diminished processing speed, and diminished visual-spatial abilities (Orum).

Persons with addictions benefit from learning about which thoughts are rational and which are irrational. For example, an addict may have the irrational thought of "If I quit using substances, I will have nothing to do" or "I can't calm down without my substance" or "I can stop drinking at any time". Learning to identify these thoughts as irrational and then turning them into more rational thoughts can be beneficial for addicts from a cognitive-behavioral standpoint. Additionally, when a client is able to identify certain factors that may be present in a high-risk situation, they are better able to avoid that circumstance (Marlatt & Donovan, 2018). A few factors that may be present in high-risk situations for addicts, also sometimes referred to as triggers are old using acquaintances, former 'using' places, needles or other 'using' devices, and seeing other people using substances. Psychoeducation can be helpful to identify cognitive distortions including irrational thinking and triggers. One psychoeducational skill is building a support network that is sober, includes more than just a couple of people, and includes individuals that are trusted by the addict. Another psychoeducational skill is developing a list of alternative activities to turn to in times of triggers or cravings. Some activities might include

going for a walk, listening to music, deep breathing, meditation, working out, spending time with others, and so on.

Prevention Model

There are primary, secondary, and tertiary prevention models. In primary prevention, the goal is to get an understanding of the serious risks being made when using substances (Ramadas et al., 2021). For addicts, risks may include a history of trauma or worsening mental health condition(s), unstructured day to day environments including homelessness, codependent relationships, a family history of substance abuse, and a lack of education. Counselors can help clients understand what risk factors are prevalent in their life and how to monitor and be aware of the risks.

In secondary prevention, addicts may be experiencing relapses or may begin to abuse a new substance (Ramadas et al., 2021). This comes from the addict having triggers and cravings to use and then coping with the triggers and cravings in an unhealthy way such as using substances to manage. The counselor can develop more accountability for client's to create a plan for secondary prevention. Some ways to keep the client accountable might be to have them monitored, have family involved in the treatment process, have weekly individual meetings with the client to discuss new and ongoing triggers, or working with a prescriber to have medications adjusted to that the client does not have addictive medications in their possession and instead has medications that are not addictive or at least not as addictive (Marlatt & Donovan, 2018).

Tertiary prevention is used whenever primary and secondary prevention strategies are not working for an individual (Ramadas et al., 2021). A tertiary prevention plan may include admitting an individual into inpatient treatment where they can have a very structured environment and be monitored 24 hours per day. Tertiary prevention plans may also include

treating the conditions that addition has caused such as physical or mental concerns. Inpatient treatment can help to treat these concerns due to the fact that the client will be unable to use in an inpatient setting and therefore will naturally detox from all non-prescribed mood-altering chemicals.

Relapse prevention is sometimes viewed as a tertiary prevention strategy. The two components to this strategy are prevention of an initial relapse and staying sober as well as getting appropriate treatment and management if a relapse does occur. Overall, skills are a main factor in maintaining abstinence from substances (Ramadas et al., 2021). When coping is not effective, the addict will likely give in and use a substance, and from here the individual makes decisions on whether or not to continue using the substance (Marlatt & Donovan, 2018). In treating those with addictions, it is important to recognize addiction recovery is not possible without relapse prevention. An individual must understand that relapses can come with progress and that this is part of overcoming an addiction.

Determinants of Relapse

To support clients who have wrestled with addiction, counselors must have knowledge of the benefits and determinants of relapse prevention work. For example, Guenzel and McChargue (2020) have shown in studies that brain functioning can be recovered with abstinence from substances which can lead to longer term success for addicts. There are several determinants of relapse noted in the literature. They include self-efficacy, outcome expectancy, motivation for change, coping skills, emotional regulation, and cravings.

Self-efficacy. When an individual has high self-efficacy, the individual is more likely to have improved treatment results; whereas when an individual has low self-efficacy, the individual is less likely to have positive treatment results (Marlatt & Donovan, 2018). Studies

have shown that having high self-efficacy assists individuals to build up their faith and faith network which creates a strong belief in staying sober (Zumwalt, 2018). When an individual is lacking self-efficacy, it is important to help them build up that quality in order to prevent relapses. Self-efficacy effectually relates to self-confidence in the individual as well as cognitive stability (Zumwalt, 2018).

Outcome Expectancy. An addict's outcome expectancy may rely on expected effects of substances. Outcome expectancy may be related to the extent of physical dependence to substances at a given time, varying beliefs regarding substance use, and certain situational factors that may be influencing an individual (Pedroso et al., 2017). Studies show that when outcome expectations are higher, the treatment outcome is poorer and when outcome expectations are lower, the treatment outcome is better (Marlatt & Donovan, 2018). Research from Pedroso and colleagues (2017) shows that outcome expectancy can be improved using a continued care plan for clients that includes appropriate step downs to various levels of care.

Motivation for Change. Motivation is known for what can make or break a behavior change and is seen as a key component in recovery because it gives an individual purpose to proceed with making a change in their lifestyle (Marlatt & Donovan, 2018) Pedersen and his colleagues completed a study that showed some motives for addicts are related to social facilitation, experimentation, coping and relaxation, cutting down, peer pressure, and enhancement (Pedersen et al., 2021). In order to complete short and long-term goals, individuals need both internal and external motivators to be most successful (Leone et al., 2021).

Coping Skills. When an individual has effective coping skills during active addiction, they are more likely to be able to stay out of high-risk situations and more likely to be able to maintain sobriety later on in their recovery (Marlatt & Donovan, 2018). In a study completed in

2019, Vadivale and Sathiyaseelan found that coping skills are used more effectively in group settings when the group is a cohesive and heterogeneous working group, meaning a group of individuals that share certain similarities and are in the working stage. Some coping skills stem from therapeutic techniques such as cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) and other coping skills are more related to the client as an individual including certain sports, meditations, environment changes, and family/friends.

Emotional Regulation. When an individual has maladaptive emotion regulation, they are more likely to relapse. If an individual has a negative emotional state, they are less likely to be able to prevent relapse; in contrast, when an individual has a positive emotional state, they are more likely to be able to stay abstinent (Marlatt & Donovan, 2018). Counselors can help individuals with addictions to effectively regulate their emotions using healthy cognition skills. Counselors can also inform the clients about maladaptive emotion regulation strategies that might include things like self-blame and blaming others for an addiction (Leone et al., 2021).

Craving. Craving is another predictor of relapse for substance users. When an individual experiences craving, they are more likely to have impulsions which leads them to using a substance in order to get rid of their craving (Marlatt & Donovan, 2018). There is a high risk for relapse linked to cravings and cravings have now been implemented into the Diagnostic Statistical Manual of Mental Disorders as one criteria related to having a substance use disorder. Enkema and colleagues (2020) completed a study which found mindfulness to be a helpful skill for addicts when experiencing cravings. Mindfulness was able to help the individuals calm their minds and focus on the present instead of their substance of choice.

Types of Relapses

The three types of relapses are emotional, mental, and physical (Breslin et al., 2020). Emotional relapse is when an individual has memories of a past relapse and does not want to have to experience that again but has intense emotions which lead to behaviors that come prior to a relapse (Breslin et al.). An individual that is in an emotional relapse is not planning to physically relapse, but this does not prevent them from getting the means to do so. Some of the signs that an individual may possess during an emotional relapse are isolating themselves from the people they normally see or events that they normally attend, not using coping skills normally used for themselves, and an unstructured routine with disrupted sleeping and eating patterns. An addict in the emotional relapse stage needs to reevaluate their level of self-care and recognize that they are in the stage of emotional relapse (Guenzel & McChargue, 2020).

Mental relapse is when an individual is having an internal debate of whether they should continue with abstinence or break the sobriety and begin using again (Breslin et al., 2020). Some of the signs of a mental relapse could be having many triggers followed by lingering thoughts of use, justification as to why using again would be okay, planning out a way to get substances and use them, and having cravings to use substances. In this stage it is helpful for counselors to help addicts identify the situations that could lead to a physical relapse and challenge their thought patterns of going back to substance use (Guenzel & McChargue, 2020).

Physical relapse is when an individual physically goes back to using the substance. This stage is quite challenging for most addicts to recover from because they have now shifted physiological patterns in their body from abstinence to continued use. Addicts in this stage of relapse are taking active steps toward acquiring their substance of choice. This could mean contacting a dealer or old friend, driving to the smoke shop or liquor store, or even getting a ride to a location where substances are readily available. It is critical for counselors to monitor

individuals in the early stages of sobriety because many addicts will think that they can use without being noticed (Guenzel & McChargue, 2020).

Relapse Prevention Strategies and Stages of Recovery

Stages of recovery can assist professionals in explaining the patterns of recovery and the steps an individual takes within their recovery (Bates, 2019). The first stage is abstinence which begins the first day that an individual is able to stay sober from all substances and can proceed for a couple of years. This is a time when is important to pick up on coping skills when cravings arise (Bates). The second stage is repair where an addict is repairing various life circumstances that were negatively impacted by their substance use and this stage can last up to three years. Studies have shown that as addicts process some of their life experiences and trauma, they may become triggered, so it is important to do this carefully (Bates). The third stage is growth which is when an addict has completed most of the repair stage; this stage lasts up to the rest of the individual's life (Bates). There are five strategies that can be used to prevent relapses. They include therapy, medications, monitoring, peer support, and emerging interventions (Guenzel & McChargue, 2020). Therapy can be received in several different forms and helps an individual to reevaluate their goals, mindset, and steps in which they can obtain goals (Guenzel & McChargue). Therapy for individuals who have an addiction is often seen in the form of motivational interviewing (Jaffe et al., 2017). This helps clients to help themselves rather than "doing the work to them". Therapy can help clients to understand the impact that their addiction has on different areas of their life and can provide them with the skills and tools needed to stay sober when triggers are present.

Medication is another treatment approach to addiction that can be helpful for certain individuals. However, studies have shown that medications are more effective when combined

with some sort of continuous therapeutic interventions. Some medications that can be helpful to prevent relapses in substance users are Antabuse, Naltrexone, and Acamprosate (Marlatt & Donovan, 2018).

Monitoring is important to confirm that individuals are maintaining sobriety. Some of the ways that counselors can confirm sobriety are sweat monitors, urinary analyses, breathalyzers, and required check-ins (Guenzel & McChargue, 2020). While monitoring can be expensive, it is necessary in some cases to prevent incarceration. Monitoring can be used to locate an individual which can prevent them from going to certain areas where their drug of choice is present (Koffarnus et al., 2021). It can also be used to determine whether or not the individual is using certain substances, which is important because using these substances will likely put the individual and/or others in an at-risk situation.

Having peer support on an individual basis and within communities is critical. Some forms of support may include sober friends, family, recovery coaches and counselors, and others (Guenzel & McChargue, 2020). Social support is essential to addicts that are in the midst of their recovery. Social supports are most effective when they are sober supports because then there is no risk for them to be a trigger to the addict. Studies show that addicts with social supports have longer lasting sobriety than addicts without social supports (Marlatt & Donovan, 2018).

A therapeutic intervention that studies have shown to be effective for individuals going through relapse prevention is meditation. This mindfulness skill has been proven to be helpful in preventing relapses through mind-distraction and relaxation (Marlatt & Donovan, 2018). Mindfulness is helpful for these individuals to calm their stress levels and reduce the intensity of their cravings (Vadivale & Sathiyaseelan, 2019).

In addition, Marlatt and Donovan (2018) identified four different self-management strategies for relapse prevention. Self-management strategies are intended to build up the independence of a recovering addict and their ability to maintain sobriety using the resources that they have in place. These strategies include reducing stress or increasing pleasurable activities, cognitive-behavioral techniques, mindfulness, and meditation techniques. Breslin and colleagues (2020) found in research that addicts who are able to self-manage their lifestyle and behaviors are more successful in their recovery.

Counselor Considerations and Future Research

Relapse prevention is a critical component of therapy for counselors working with substance abusers or potential substances abusers. Counselors should provide educational components into therapy regarding relapse and how to prevent it. Counselors should also provide information about local support groups for clients, post-acute withdrawal symptoms, cross addictions, mental health, and theories of addiction.

While incorporating these psychoeducational pieces into treatment, counselors should also provide a supportive group therapy environment where clients can hear from others in similar situations as themselves and gain insight and a sense of normalcy. Counselors may create this supportive environment by guiding conversations in an effective manner, maintaining client confidentiality within the group, making connections between clients' thoughts and behaviors, and providing the group with feedback and discussion points.

Future research regarding relapse prevention may search for additional interventions to reduce the risk of relapse, how to keep clients held accountable in their sobriety when using telehealth, and more research regarding the relation between stress and unhealthy coping by using substances. While there is considerable research already available in the realm of

addictions, relapse prevention may be an area to explore further in order to gain more ability to prevent the disease from re-occurring.

Conclusion

While suffering from an addiction is something that no individual should have to endure, it is promising to know that there are ways to prevent and work to decrease the suffering. Relapse prevention is one way to prevent some of this suffering by identifying triggers, coping skills, and s sober support system. Due to the increasing number of individuals that would like to be seen by an addictions or mental health counselor, there has been long waiting lists for individuals to get into treatment which could lead them to opt out of treatment. So, being able to have a guide for teaching relapse prevention without having to generate a new curriculum could help counselors to save time and use the guide to give psychoeducation to their clients.

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Appendix:

Group Educational Relapse Prevention Manual Outline

- Cognitive Distortions (The Recovery Village, 2021)
  - Rational/Irrational Thoughts
  - Magnification and Minimization
  - Catastrophizing
  - Overgeneralization
  - Magical Thinking
  - Personalization
  - Jumping to Conclusions
    - Mind Reading
    - Fortune Telling
  - Emotional Reasoning
  - Disqualifying the Positive
  - "Should" Statements
  - All-or-Nothing Thinking
- Communication (8.1 Relapse Prevention, 2021)
  - Drama Triangle
    - Persecutor→Challenger
    - Rescuer→Coach
    - Victim→Survivor/Thriver
- Coping Skills (SAHMSA's National Helpline, 2021)
  - Wait to respond
  - Mindfulness and meditation
  - Keep busy
  - Stay healthy
  - Exercise
  - Journal
  - Talk with a therapist/sponsor
  - Build a sober support network
  - Got to 12-step meetings
  - Find gratitude
- Cross Addictions (Online Substance Use, 2021)
  - Exercise
  - Food
  - Gambling
  - Sex/Pornography
  - Shopping/Spending money
  - Video games
- Definition of Addiction (Online Substance Use, 2021)
  - Lapse
  - Relapse
  - Difference between a lapse and relapse
- Mental Health (The Recovery Village, 2021)

- Co-occurring Disorders
  - Anxiety
  - Depression
  - ADHD
  - Bipolar Disorder
  - Personality Disorders
  - Schizophrenia

Theories of Addiction (Online Substance Use, 2021)

- Addictive Personality
- Learned Behavior
- Pain verses Pleasure
- Mental Health

Triggers and Cravings (SAMHSA's National Helpline, 2021)

- High-risk Situations
- Certain occasions
- Parties
- Gambling
- Sporting events
- Old using friends
- Being offered a substance
- Fatigue
- Stress
- Free time or boredom
- Seeing someone else using
- Loneliness

Twelve Steps (Alcoholics Anonymous) (Melemis, 2015)

1. Admit powerlessness
2. Believe that a greater power can restore sanity
3. Decide to turn over will to God
4. Moral inventory for self
5. Admit wrongdoings
6. Allow God to remove defects
7. Ask God to remove shortcomings
8. Make list of persons we had harmed
9. Make direct amends
10. Take personal inventory and admit when wrong
11. Seek God through prayer
12. Carry this message throughout our affairs

Stages of Relapse (8.1 Relapse Prevention, 2021)

- Physical
- Mental
- Emotional
- Relapse Process/Cycle

Support Systems (SAMHSA's National Helpline, 2021)

- Codependency
- Family

- Friends
- Peers
- Sponsors/Mentors

Recovery Environment (The Top 10, 2021)

- Structure
- Recovery Plan