WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of Personalized, Proactive, Patient-Driven Care

Reducing Relapse Risk Clinical Tool

This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the Components of Proactive Health and Well-Being. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
WHOLE HEALTH: CHANGE THE CONVERSATION
Reducing Relapse Risk
Clinical Tool

Introduction
Recovery is a lifelong process that often involves changes across multiple domains of a person’s daily life, including physical, behavioral, inter- and intra-personal, psychological, and social spheres. Specific areas of change often include increasing self-awareness, self-care, and life balance; ensuring adequate nutrition, exercise, and sleep; developing healthy relationships with others and self; and a recovery support network; improving coping and communication skills; addressing any existing physical or mental health issues; learning how to manage cravings; and learning relapse prevention skills. All of these changes are crucial for a successful maintenance of recovery and reengaging in life without the use of substances.

Each person’s progression into and maintenance of recovery is unique. Therefore, it is important to facilitate the patient’s looking inward to determine the changes that would be important to the successful maintenance of recovery. The process of recovery (and relapse) is often influenced by several relapse risk factors, including:

- The severity and consequences of addiction;
- Co-occurring mental or medical conditions; and
- The individual’s coping skills, motivation, and support system.\(^1\)

It is important for clinicians to be aware of the complexities of substance use disorders (SUDs) and recovery, so that they can provide optimal support for the patient’s progress and maintenance of recovery.

What Is Relapse?
Relapse is both an event and a process.\(^1\) A lapse is the initial use of a substance after a period of recovery; a relapse is continued use after the initial lapse.\(^1\) The relapse process often begins long before the individual uses the substance. It can start with letting go of some of the changes the individual has made in recovery, and reverting back to old patterns. Early warning signs of the relapse process can include the following:

- Thinking about using or fantasizing about past use;
- Not reaching out for support in times of emotional need or denying the need for support altogether;
- Starting to reassociate with people and places linked to past substance use;
- An increase in behaviors that were common when the individual was using; and
- Stopping the medication prescribed for an addictive disorder.
In addition to these common signs, patients may have their own unique indicators as well that signal they are drifting away from recovery. It is important to help patients learn to identify their own warning signs of the relapse process—this will help them increase self-awareness and strengthen recovery. Within the relapse process, there are many opportunities for the individual to intervene, reengage with recovery-oriented behaviors, and get back on track with recovery.

Research indicates that approximately 60% of individuals with substance dependence eventually enter sustained recovery; however, for many of them, it takes more than one “cycle” of lapse–relapse–treatment reentry before achieving sustained recovery. The clinicians should support the patient’s attempts at recovery regardless of how many times they tried in the past (and relapsed). Multiple treatment episodes may have a cumulative positive effect, leading to a sustained recovery. Early recovery is often the most vulnerable time; approximately half of alcohol-dependent patients relapse within 3 months of detoxification, indicating that relapse prevention–oriented treatment should be introduced as early as possible. Because addiction is “a chronic relapsing disease,” relapse can occur, though, at any time in the recovery process—some people relapse after having been in recovery for years. Therefore, it is important that patients understand that recovery is not an event or a time-limited goal; rather, it is a series of changes across multiple domains of life that need to be maintained lifelong.

If a lapse or relapse occurs, the patient should be encouraged and guided by the clinician to explore the relapse itself and the circumstances surrounding it, including any early warning signs of relapse. This knowledge can then be used as a learning experience toward improved understanding and skills for relapse prevention in the future. With relapse, patients may benefit from stepping up the level of treatment they receive for SUDs; for example, a patient in an outpatient aftercare program (weekly individual meetings with a counselor) can be transitioned to an intensive outpatient program (group and individual therapy meetings several times a week). Increasing attendance at mutual self-help group (e.g., Alcoholics or Narcotics Anonymous) meetings and “boosting” other personal support can exert additional positive effects.

### OPIOID OVERDOSE WARNING

Those who abstained from opioids, even for a relatively short period of time, are at increased risk for accidental overdose. As part of relapse prevention it is critical to educate patients about the danger of unintentional overdose after a period of “staying clean.” With abstinence (or even reduced use), the individual’s tolerance level for the drug decreases; resorting to using prior (e.g., pre-relapse) doses of opioids can cause overdose and death. Injectable-naloxone kits may help prevent a fatal opioid overdose in active users.

Opioid Overdose Prevention Toolkit:  
Relapse Risk Factors

One of the common reasons for relapse is that the patient is not well prepared for what the process of recovery entails.\textsuperscript{1} Many people assume that upon stopping the use of a substance, the worst will be over in a few weeks or months, and then they can ease up on their recovery efforts. This is an incorrect assumption.\textsuperscript{1} It is important to educate the patient that recovery requires lifelong and ongoing effort to progress in and maintain recovery.\textsuperscript{1}

Several psychosocial factors have been identified as relapse risk factors, including the following:

- Low self-efficacy (the patient’s belief in their ability to control their substance use);
- Positive outcome expectancy related to substance use (the patient’s belief that substance use brings positive effects, e.g., sociability, decreased anxiety);
- Lack of motivation for or ambivalence to positive change;
- Insufficient adaptive coping skills, especially in high-risk situations;
- Negative affect;
- Inadequate social and emotional support; and
- Possibly, the presence of craving.\textsuperscript{1}

When working with older adults it is also important to consider risk factors that are specific to older populations such as social isolation, loneliness, loss and grief, depression, and co-morbid medical conditions, to name a few.\textsuperscript{1} For a successful ongoing recovery, the patient should receive appropriate support and counseling addressing all the risk factors they endorse.

There are also more specific “daily life” factors that can increase the risk for relapse. Some behavioral risk factors include:

- Maintaining contact with people who still use or sell substances (e.g., by keeping their phone numbers);
- Being in the presence of substances or related paraphernalia;
- Spending time in places where one used substances;
- Isolating/withdrawing from others; and
- Not reaching out to one’s recovery-oriented support network in times of distress.

Internal risk factors include:

- Having untreated physical or mental health issues;
- Being bored; and
- Being hungry, angry, lonely, or tired (often referred to, especially in the 12-step program settings, using the acronym “HALT”).
External or environmental risk factors may include:

- Residing in a neighborhood with high substance use activity;
- Living near a bar; and
- Being exposed to substance use in one’s professional or personal environment.

“Triggers” (internal or external “cues”) associated with past substance use can also be risk factors for relapse. These cues or triggers can activate an urge or craving to use that, in turn, can lead to relapse if not appropriately addressed. Triggers are often unique to the individual. Although some may be obvious to identify (e.g., a friend coming over with a bottle of alcohol), others can be subtle (e.g., a memory of pleasure associated with past-use of a substance). With the multitude of possible risk factors for relapse, many of which are unique to the individual, it is important for patients to explore their personal risk factors during treatment.

**Reducing Relapse Risk**

Relapse prevention is an essential part of treatment for SUDs and recovery. Relapse prevention involves a complex interplay of environment, history, thoughts, affect, expectations, coping, physical withdrawal, motivation, perception of the situation (and after actions happen), support network, self-efficacy, craving, and self-regulation. While in treatment, it is important for clinicians to closely monitor the patient’s progress, especially early in recovery when the risk of relapse is highest, as well as assess the patient’s commitment and motivation to change and help enhance it, if needed, as part of relapse prevention. Motivational interviewing or motivational enhancement approaches can be useful for increasing motivation to change. The clinician and the patient should collaborate together in developing a treatment plan and goals for recovery, as well as identifying any potential barriers to recovery.

Treatment plans should be tailored to the patient’s individual needs and preferences, and take into consideration availability of different treatment modalities (e.g., residential versus outpatient treatment). Smooth and gradual transition from a higher to lower level of care can additionally facilitate recovery, as it gives the patient time to adapt.

Relapse prevention is interrelated with many other aspects of recovery. Relapse prevention can be conceptualized as involving two main parts: building the foundation of recovery across multiple life domains (see Introduction and Resource Box 1), and learning specific relapse prevention tools (Resource Box 2). Relapse prevention strategies should be tailored to the needs of an individual patient, taking into account the patient’s sociocultural environment, level of motivation, severity of SUDs, and presence and severity of co-existing medical and mental health problems, to name a few. Particular attention must be paid to co-occurring SUDs and mental health conditions. Co-occurrence of mental health conditions is common, and addressing these conditions (e.g., posttraumatic stress disorder [PTSD], depression, anxiety, or insomnia) is critical for the success of SUD recovery. Approximately one-third to a half of patients seeking treatment for SUDs also meet criteria for PTSD, with some studies reporting prevalence of PTSD to be even higher.
Relapse prevention strategies can be taught in individual or group therapy formats. The use of experiential learning techniques can make learning a more active process, enhance self-awareness, decrease defensiveness, and encourage behavior change.¹ Some examples of experiential interventions that can be delivered by a trained counselor include role playing, behavioral rehearsal, metaphors, monodramas, psychodrama, bibliotherapy, journaling, interactive videos, and home practice assignments.¹ Meditation-based interventions can be well suited for experiential learning of self-awareness and positive coping skills. Research evidence indicates that mindfulness meditation training and practice can enhance outcomes in SUDs.⁵⁻⁷ Mindfulness-based relapse prevention is a 8-week program specifically tailored for relapse prevention in SUDs.⁸

The American Society of Addiction Medicine describes ten relapse prevention strategies essential for clinicians to be familiar with and implement when treating patients with SUDs throughout the continuum of care (Table 1). These strategies can easily be integrated with other therapeutic modalities (e.g., motivational interviewing, contingency management, pharmacotherapy, spirituality, mindfulness meditation, and family-based interventions).¹
### Table 1. Helping Patients: Ten Clinical Relapse Prevention Strategies

*Adapted from American Society of Addiction Medicine*

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| 1. Help patients understand relapse as both an event and a process, and learn to identify warning signs of the breakdown of the recovery process | • Review individual relapse history; identify relapse warning signs and triggers (both internal and external—see Resource Box 1)  
• Help patients understand that attitudinal, emotional, cognitive, and behavioral changes may precede lapse/relapse by days to months  
• Help patients learn the connection between thoughts, feelings, events, or situations and relapse to substance use |
| 2. Help patients identify high-risk situations and develop effective cognitive and behavioral coping skills | • When helping the patient identify high-risk situations, include inter- or intrapersonal high-risk situations |
| 3. Help patients enhance communication skills and interpersonal relationships, and develop a recovery-oriented support network | • Support networks can include supportive friends, family, community groups, church groups, and self-help recovery programs (e.g., Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery)  
• Support networks should not include people with negative feelings about the patient or people who are using substances |
| 4. Help patients reduce, identify, and manage negative emotional states | • Depression, anxiety, anger, and boredom are associated with relapse  
• Becoming too Hungry, Angry, Lonely, or Tired (HALT) can increase relapse risk |
| 5. Help patients identify and manage craving and urges that can trigger relapse | • Cravings and urges can be triggered by internal (thoughts, emotions, physical discomfort) or external (sights, smells, interactions, situations) experiences |
| 6. Help patients identify and challenge cognitive distortions | • Examples of cognitive distortions are “black and white” thinking, overgeneralization, catastrophizing, jumping to conclusions, etc. |
| 7. Help patients work toward a more balanced, healthier lifestyle | • It is important to work on stress reduction, as increased perceived stress increases relapse risk  
• To assess lifestyle, help the patient evaluate their patterns of daily activities, stressors, balance between self-fulfilling activities and external demands, nutrition, amount of exercise and relaxation, social engagement, spirituality, etc.  
• Help patients identify and develop positive habits and activities to replace the habits and activities of substance use |
| 8. Help patients consider the use of medications in combination with psychosocial treatments | • Pharmacotherapy can include acamprosate, naltrexone, or disulfiram (which is not commonly used nowadays) for alcohol use disorders; buprenorphine, methadone, or naltrexone for opioid use disorders; or bupropion, nicotine preparations, or varenicline for nicotine dependence |
| 9. Facilitate a smooth transition between levels of care for patients completing residential or hospital-based inpatient treatment programs, or structured partial hospital or intensive outpatient programs | • Gains in treatment can be lost if the patient does not continue with ongoing outpatient or aftercare treatment  
• It can be helpful to use motivational interviewing to facilitate continuation of treatment, as well as using close monitoring for therapy progress |
| 10. Incorporate strategies to improve adherence to treatment and medications | • Motivational interviewing, and/or providing reinforcers for participation in treatment may improve treatment adherence |
### Resource Box 1. Building a Whole Health Recovery Foundation

<table>
<thead>
<tr>
<th><strong>Physical and Emotional Surroundings</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Avoid people, places, and things (e.g., paraphernalia) associated with substance use.</td>
<td></td>
</tr>
<tr>
<td>• Bring awareness to your physical surroundings to identify and reduce (or eliminate) anything that may increase the risk of relapse.</td>
<td></td>
</tr>
<tr>
<td>• Emotional distress is a relapse risk factor; talking to others, exercise, meditation, yoga, prayer, massage, or deep muscle relaxation can be helpful to reduce emotional distress.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diet</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A healthy diet positively influences health in general; it may also ease the detoxification process and facilitate recovery.</td>
<td></td>
</tr>
<tr>
<td>• It is important to avoid any addictive substances, as their use can compromise recovery.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Rest</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Poor sleep, tension (stress), and negative emotional states increase the risk of relapse; adequate sleep, rest, and relaxation are essential components of self-care, optimal functioning, healing, and recommitting to a healthy lifestyle in recovery.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Support</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Healthy social support is vital for a solid recovery foundation; connection to others can help decrease the sense of isolation, which is a risk factor for relapse.</td>
<td></td>
</tr>
<tr>
<td>• Find or create a personal recovery-oriented support network; for example, supportive friends and/or family members, community groups, or recovery-oriented self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery).</td>
<td></td>
</tr>
<tr>
<td>• Educating family and other key individuals about substance use disorders and recovery can facilitate recovery.</td>
<td></td>
</tr>
<tr>
<td>• Spiritual or religious involvement can also be a protective factor against relapse.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Self-Care</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-care includes taking care of yourself when feeling a deficit in any of the areas described in this table. It also includes being aware of any emotional distress or exhaustion and taking steps to support yourself during these times.</td>
<td></td>
</tr>
<tr>
<td>• To establish a solid recovery foundation, it is important to engage in positive, fulfilling activities, while minimizing the impact of draining or negative activities in daily life.</td>
<td></td>
</tr>
<tr>
<td>• Daily self-care can be seen as a healing process from the demands of the day, whatever they may be. Self-care activities include talking to supportive others, exercise, journaling, going for a walk, spending time with a friend or pet, reading, prayer, massage, deep breathing, yoga, meditation, or engaging in other enjoyable healthy activities.</td>
<td></td>
</tr>
<tr>
<td>• Mindfulness meditation can be particularly useful for promoting recovery, especially when used as an adjunctive treatment. It has shown helpful for substance use disorders as well as for physical and mental health conditions, including depression and anxiety. Mindfulness-based relapse prevention is a group therapy developed specifically for relapse prevention in substance use disorders.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical Health and Exercise</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consult with a clinician about your medical and mental health conditions, especially those that may impact relapse risk.</td>
<td></td>
</tr>
<tr>
<td>• Engage in exercise as determined appropriate by your clinician; exercise can improve physical and psychological health and energy, reduce tension/stress, anxiety, depression, and sleep problems—all known relapse risk factors, and have positive effects on the brain’s reward systems, which are often affected by substance use.</td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health
- Substance use disorders and mental health problems frequently co-occur. Diagnosis and treatment of co-occurring mental health conditions (e.g., PTSD, depression, anxiety, insomnia) along with the treatment for substance use disorders are critical for substance use disorder recovery.\(^3\)

### Substance Use Disorder Treatment
- Evidence-based behavioral treatments are the first-line approach to the treatment of substance use disorders.
- Behavioral treatments can be delivered in a variety of formats (individual, group, or couples therapy), settings (outpatient, day treatment, residential), and vary in duration, frequency, and intensity. Individual therapy is structured around individual needs and pace. Group therapy allows support from other group members working toward similar goals.\(^1\)
- It is important to address any underlying issues that have been related to substance use and to work on increasing coping skills to prevent relapse.
- Ongoing outpatient therapy (continued care or aftercare) after the initial, usually more intensive, treatment is recommended for relapse prevention and the maintenance of recovery.\(^1\)
- Recovery-oriented mutual self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery) can complement professional treatment and enhance outcomes in SUDs. The duration and frequency of self-help group attendance (especially during the earlier stages of recovery) have been linked to improved outcomes in recovery, especially abstinence. Meeting attendance and engagement, and having a sponsor are the strongest predictors of abstinence over time among those participating in mutual self-help groups.\(^15\)–\(^18\)

### Relapse Prevention Plan
Creating a written personalized relapse prevention plan can be a very useful tool for reducing relapse risk. Preparing and referring to this plan can help increase awareness of pro-relapse behaviors, and help relapse prevention efforts. Relapse prevention plans often include the following:
- Names and contact information of key people in your recovery support system;
- Information about your internal triggers (e.g., specific thoughts, emotions, behaviors, attitudes related to substance use) and external triggers (e.g., specific people, places, things, situations) to use substances;
- Identification of healthy coping skills;
- Your personalized plan on how you can intervene when relapse triggers are activated (e.g., call your sponsor; go for a walk or a run; meditate). Your treatment provider can help you create a relapse prevention plan.

### Early Recovery Checklist
1. Eliminate drugs/alcohol and related paraphernalia.
2. Avoid situations and places where substances may be used or have been used in your past.
3. Get rid of contact information of people who were associated with your prior substance use (e.g., delete phone numbers of friends and acquaintances who were involved in your drug or alcohol use in any way; change your phone number).
4. Avoid people that use substances.
5. Do not isolate or withdraw from supportive others.
6. If an urge or craving occurs, implement your relapse prevention plan and reach out for help.
### Resource Box 2. Relapse Prevention Tools

**HALT:** Ask yourself am I Hungry? Angry? Lonely? Tired?

*Oftentimes being hungry, angry, lonely, or tired can trigger a desire to use (especially in early recovery), and therefore it's important to identify hunger, anger, loneliness, or tiredness and address the underlying need instead of using a substance.*

**Relapse prevention plan:** Use your relapse prevention plan in times of need—that's what it's there for.

**SOBER:** Use the SOBER brief meditation when feeling a desire to use: Stop, Observe, Breathe, Expand, Respond.⁸ (Resource Box 3)

**Recovery wallet card:** Create a wallet-size card and outlines your personalized relapse prevention plan. Such a card can contain the following: (1) your top three reasons for not using substances, (2) a list of at least three people or places you could contact when you need support and their phone numbers, and (3) a list of the specific strategies you will use for relapse prevention.⁸,¹⁹

**“Play the tape through”:** When having an urge or craving to use, play the scenario in your thoughts all the way through, thinking not only about the experience of using but also of what might happen due to using (consequences such as legal, personal, emotional, physical—including death, financial, job loss, social, etc.) and how you will feel after it is all done.

**Reach out to your support network:** Reach out to someone in your recovery support system when feeling distressed or lonely, or having an urge to use, etc. Call a person who is positive and supportive of your recovery—do not call an old friend you used to use with or who sold you drugs.

**Recovery self-help groups:** Attend a 12-step (e.g., Alcoholics Anonymous, Narcotics Anonymous or SMART Recovery) meeting. (See www.aa.org, www.na.org, and www.smartrecovery.org.)

**Focus on “one day at a time”:** If cravings or urges to use are happening, make a decision to not use for “today” or “the next hour” or “the next 5 minutes.” When the time period is up, repeat the process and use the relapse prevention tools that you have learned about. Remember: cravings and urges do not last forever; after a while they pass on their own.

**Urge surfing:** This method encourages simply observing a craving or an urge, and noticing the experience of the urge itself, accepting it, and allowing it to pass, rather than attempting to fight it or act on it. With time, a craving or an urge will run its course and spontaneously fade away.¹

**Recovery is not a race:** Do not try to do too many things at once in early recovery—your body, mind, and heart need time to heal. Learn to develop healthy balance piece by piece, day by day, and build from there.
Resource Box 3. Relapse Prevention Tool: SOBER Brief Meditation

SOBER Brief Meditation
adapted from Mindfulness-Based Relapse Prevention⁹

✓ **Stop**: right here and right now; this pause can allow you to step out of autopilot (instead of automatically reacting to an urge, or distressing situation)

✓ **Observe**: what is happening right now, in this moment – what’s going on in your mind and body; bring gentle awareness to your thoughts, sensations, and emotions

✓ **Breathe**: bring your attention to the sensations of each breath

✓ **Expand**: expand your awareness to include a sense of the body and mind as a whole

✓ **Respond**: now, try to make a mindful choice what to do next (if anything)

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

This clinical tool was written by Cindy A. Burzinski, MS, LPCT, SACIT, Assistant Researcher, and Aleksandra Zgierska, MD, PhD, Assistant Professor and integrative medicine family physician in the Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health.

References


WHOLE HEALTH: CHANGE THE CONVERSATION
Clinical Tool: Reducing Relapse Risk