



Relapse Prevention Planning

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Introduction

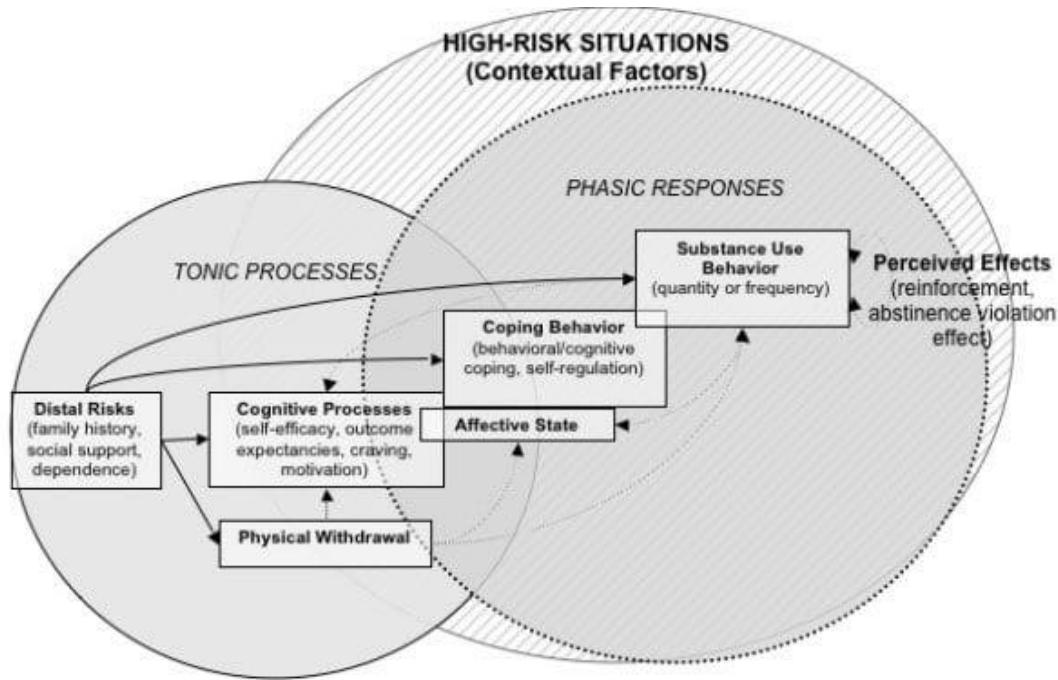
- Naomi Weinstein, MPH
- Training and consultation services specializing in:
 - Substance use (and harm reduction)
 - Mental health
 - Child welfare and family court
 - Parenting and family issues
 - Recovery services and supports



Relapse is...

- **Progression of feelings and events that lead to substance use after a period of abstinence**
- *Failure to use new coping strategies and avoidance skills*
- *Response of the brain to craving*
- *Return to old ways of thinking and behaving*





Relapse models

- Caused by progression of feelings and events that lead to substance use. (Often begins with what seems like a seemingly “*irrelevant decision*”) *Gorski*
- Response to triggers depends on effective coping skills and confidence, along with outcome expectations *Marlatt*
- Dynamic interactions between multiple intra- and inter-personal risk factors and social determinants *Witkiewitz and Marlatt*

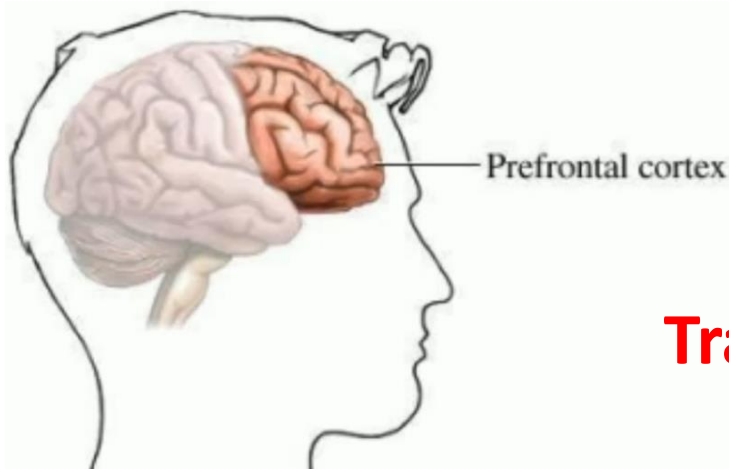
Relapse is common

- Relapse rates vary by substance
 - 40 – 60% of people relapse (similar to other chronic illnesses)
 - Alcohol: 80% relapse within first year | 40% relapse after 2 years
 - Methamphetamine: 61% relapse within first year
 - Opioids: 80 – 95% relapse within first year
- Relapse risk decreases over time (with abstinence, and with experience/skills)
- Most frequent during early recovery (first 90 days)
- Normal and common, but NOT an expectation.
- Concern: Relapse violation effect



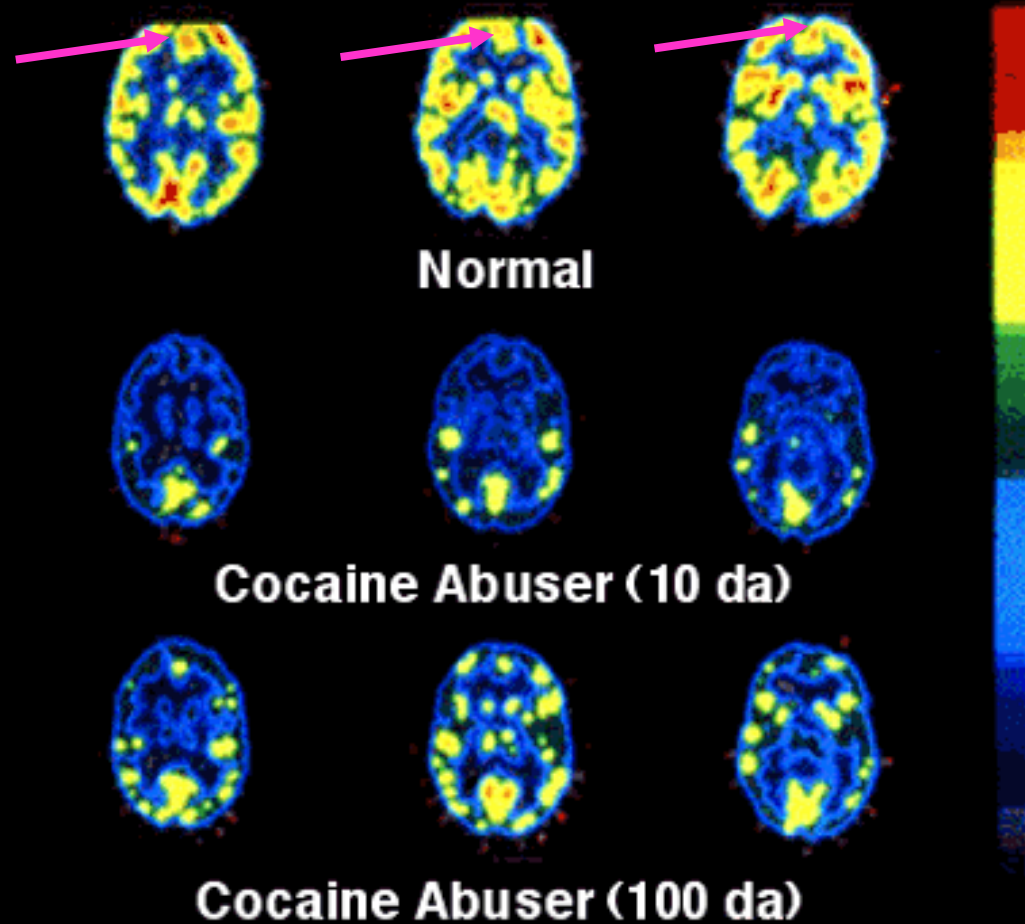
Damaged neurochemistry: Prefrontal cortex

- Impulse control
- Planning
- Predicting outcomes
- Decision making
- Rational thinking
- Appropriate behavior



Translation: high vulnerability for relapse

Cocaine's impact on the brain: No brakes!



Stages of relapse (Gorski)



- Emotional relapse (setting the stage)
 - Self-isolation
 - Neglecting meetings
 - Mood swings
 - Poor self-care



- Mental relapse (opening the door)
 - Thinking fondly about the past
 - Dishonesty
 - Reconnecting with drug using friends



- Physical relapse
 - Actual use

Invisible early warning signs (emotional relapse)

- Physical cravings
- Not going to meetings
- Drug dreams
- Thinking about past use
- Feeling tense/nervous
- Eating more/less
- Sleeping too much/little
- Decreased need for sleep
- Feeling depressed
- Not wanting to be with people
- Feeling irritable
- Stopping treatment/medications
- Trouble concentrating
- Increased spending/shopping
- Overconfident about abilities
- Thinking people are against you



More visible early relapse signs (mental relapse)

- *If any signs of relapse are observed, ask about the changes seen, and the Relapse Prevention Plan*
- Change following improvement (in wrong direction):
 - Not following rules
 - Reduced attention to appearance and hygiene
 - Impulsivity
 - Less attention to job search, housing search, mandates
 - Lack of follow-through
 - Poor grades or work performance
 - Less focus during parenting time with child
- Reports of putting self in high-risk situation as test (e.g., go to a bar)
- Reports of unexplained urges or cravings

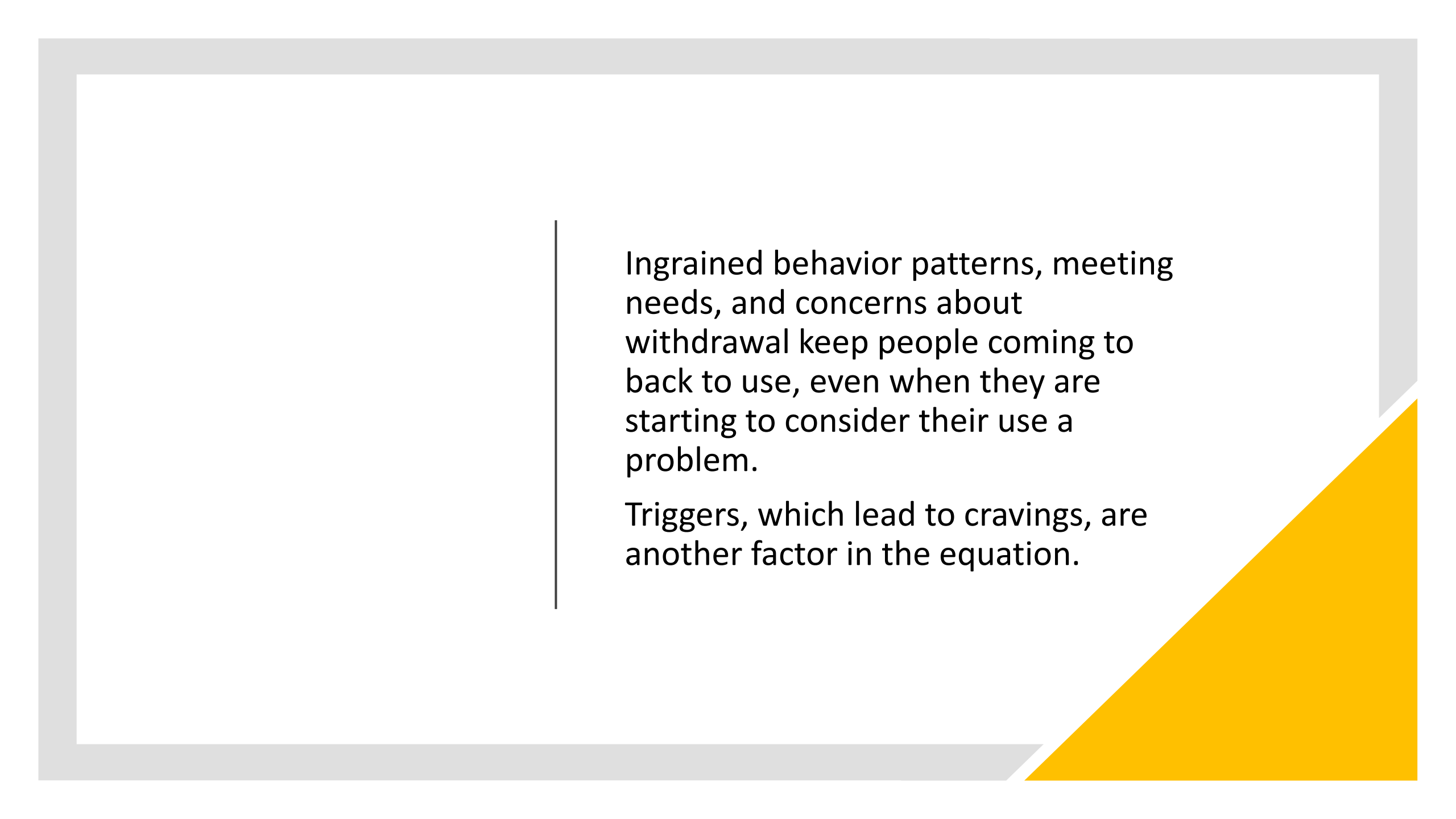


Relapses are not all the same

- Duration
- Extent of use
- Context/situation
- How discovered
- How handled after

Lapse v. slip





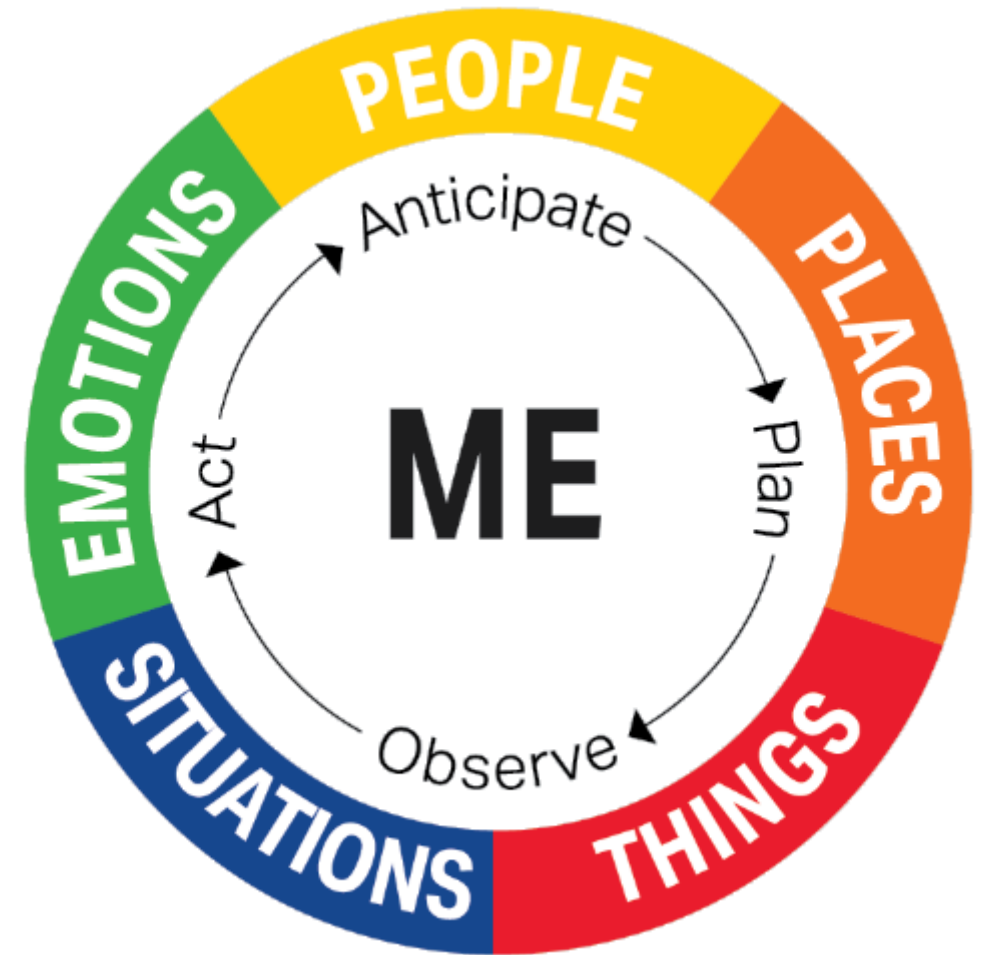
Ingrained behavior patterns, meeting needs, and concerns about withdrawal keep people coming back to use, even when they are starting to consider their use a problem.

Triggers, which lead to cravings, are another factor in the equation.

Relapse triggers

- People
- Places
- Things
- Emotions
- Situations (including child welfare contacts, even supportive or positive ones)

These are vague. Details are needed.



Trigger list should be specific!

One former crack user's triggers:

- Umbrellas
- Car antennas
- Soda/beer can
- Glass bottles
- Lighters
- Tin foil
- Having money



Child welfare considerations

Family triggers

- Intimate relationship with user
- Sexual problems with a partner
- Family members who encourage use
- Strong feelings about family members seen frequently
- Access to substances at relative's homes or family gatherings
- Family conflict/violence
- Lack of family connections





Child welfare considerations

Parenting-specific triggers

- Tough child behaviors
- Feeling judged by others
- Unresolved grief and loss
- Ambivalence about reunification
 - Parenting skills
 - Parent/child bond
 - Relapse potential

Child welfare considerations

System involvement triggers

- Feeling judged
- Transportation challenges to required services
- Lacking appropriate clothes for meetings
- Feelings of embarrassment and shame
- Negative past experiences with care systems
- Caseworker reminds parent of past trauma



Child welfare considerations

Important relapse factor: ambivalence



- Societal expectation: parent wants to reunify or continue being a full-time parent
Not all parents want to be a 24/7 parent
- Ambivalence is normal but highly stigmatized
Signs of ambivalence: last minute relapses, missing parenting time with children
- Does not mean reunification will not be successful

Child welfare response: talk with clients about possible ambivalence, normalize the feeling, and work through options



Needing help with relapse prevention is the reason many people seek treatment for their substance use.

Relapse prevention is the set of practices and tools that help people recognize and avoid high risk situations for relapse, and also live a healthy, recovery-oriented life.

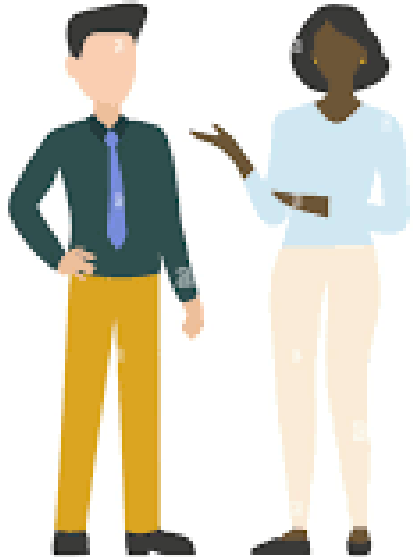




Relapse Prevention Plan

- A person's current understanding of what makes them tick, challenges they might anticipate in the future, strategies for managing these challenges, and how to be most successful in recovery.
- Insight and tools developed through treatment and recovery experience
- Best plans
 - Written, over time
 - Reflect personal insight about unique vulnerabilities
 - Align with skills learned in treatment
 - Modified as self-understanding develops

Introductory language about plans



- Do you have a written out Relapse Prevention Plan? Would you be willing to share it with me?

A lot of parents we work with say they find it helpful to have a detailed written out Relapse Prevention Plan. Would you be willing to write yours out, based on what you've learned about yourself in treatment?

- You've probably discovered a lot about yourself during your time in treatment. Your Relapse Prevention Plan should reflect that.
- Abstinence is really tough and not everyone is 100% perfect at the beginning. If you have a slip, one of the things we want to do is look over your Relapse Prevention Plan and see what elements need to be tightened up.

Plan Template

Relapse Prevention Plan

My goals for my future – what I would like to accomplish, become, have, or do in my future

Reasons why my recovery is important to me.

What makes me feel triggered to want to drink or use (be specific!)

People

Places

Things

Feelings/Emotions

Situations/events

Skills and strategies I can use to cope with any cravings I experience

Some of the warning signs I may experience that signal I may be heading toward a relapse

If I realize I am heading for a relapse, these are steps I can take to avoid a crisis (emergency steps)

I know my recovery is not only about coping with cravings – it is also about taking care of myself in a regular way to allow me to thrive. Self-care routines that I will use include:

My support system

Name:

Relationship to me:

Phone number:

Name:

Relationship to me:

Phone number:

Name:

Relationship to me:

Phone number:

Name:

Relationship to me:

Phone number:

Name:

Relationship to me:

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Name:

Relationship to me:

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Name:

Relationship to me:

Phone number:

Having a slip or relapse does not mean I have failed. To hold myself accountable, if I relapse I will do the following afterwards:

Signature:

Parent

Date

Support professional

Date

Other support person

Date

Parenting Addendum

Parenting Specific Relapse Prevention Plan Addendum

Being a parent is tough, and there are lots of things that can be stressful and even serve as triggers. What are some of the experiences you have as a parent that trigger cravings?
Child behavior
Assessment of your parenting skills
Memories of past losses
Systems involvement (child welfare, family court, other public systems)

What are parenting-specific warning signs that you might be close to relapsing, who would notice, and what should they do in response?
Parenting-specific warning sign #1
Who would notice
What they should do
Parenting-specific warning sign #2
Who would notice
What they should do

Parenting-specific warning sign #3
Who would notice
What they should do

Plan for Child Safety in Case of Emergency

If there is an emergency, including a slip or a relapse, and I am unable to safely care for my child, the following is my plan:

Where my child will be	
The person who will be able to take care of my child:	
Name:	Signature/Date:
Is this person able to provide safety and supervision to my child for as long as necessary?	
Yes	No
Signature/Date:	
My plan to step back in to resume caring for my child	
My plan for notifying my treatment provider, child welfare, Court, or other support about any relapse	

Signature:	
_____ Parent	_____ Date
_____ Support professional	_____ Date
_____ Other support person	_____ Date

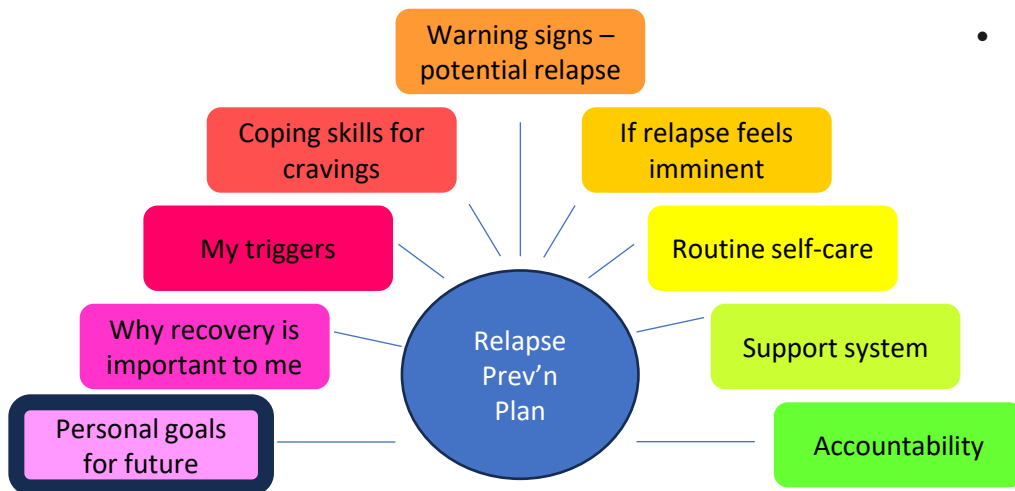
Elements of Core Relapse Prevention Plan



Relapse prevention plan: core elements

Personal goals for my future

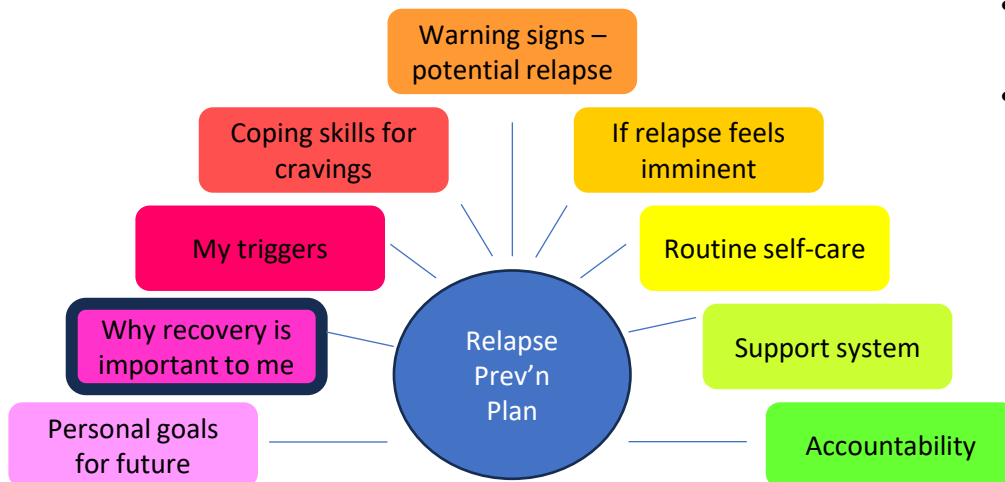
- I want to be a better mother to my children.
- I want to get and keep a job to help my family be more financially stable.
- I want to have a better relationship with my mother.
- I want to be a person other people want to be around.
- I want to take my kids on a vacation to Disney.



Relapse prevention plan: core elements

Why recovery is important to me

- My children have suffered too much because of my substance use.
- I don't like how my substance use made me do bad things. I don't want to be a person like that.
- I don't like it that my kids are embarrassed by me.
- If I don't use drugs, people won't look down on me.
- I will probably lose my house if I start using again.

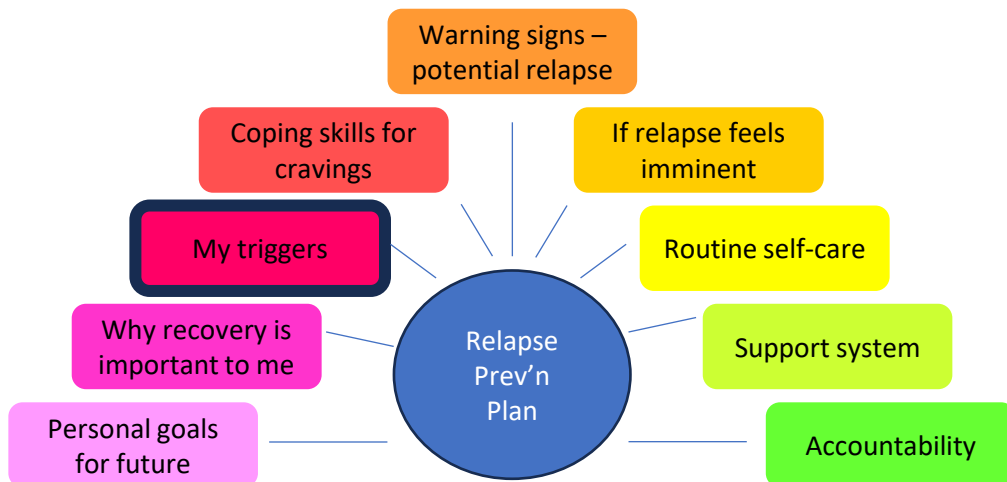


Relapse prevention plan: core elements

My triggers (detailed list)

*People | Places | Things |
Feelings/moods | Situations*

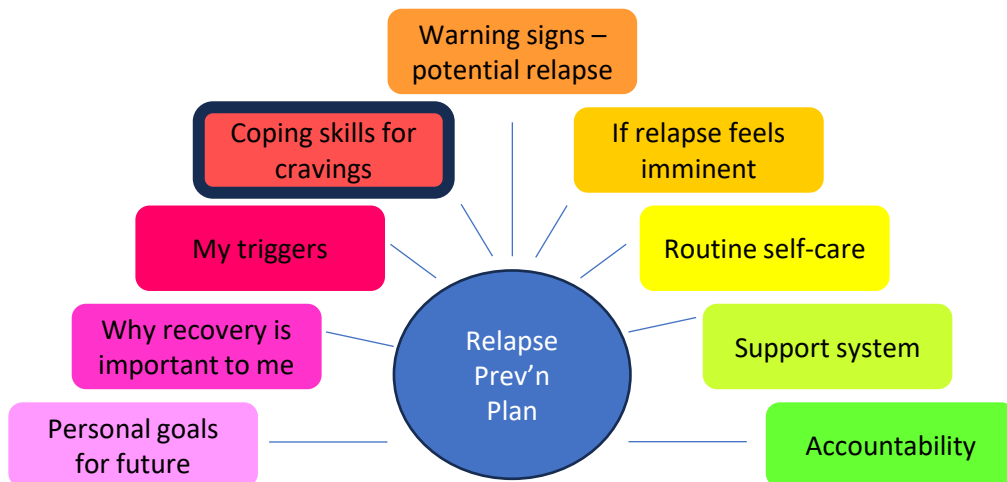
- Hanging out with people I used to get high with, including my cousin Maria
- The bar where I liked to go drink
- When I argue with my ex-boyfriend
- When the kids are not getting along and are yelling at each other



Relapse prevention plan: core elements

Coping tools for cravings

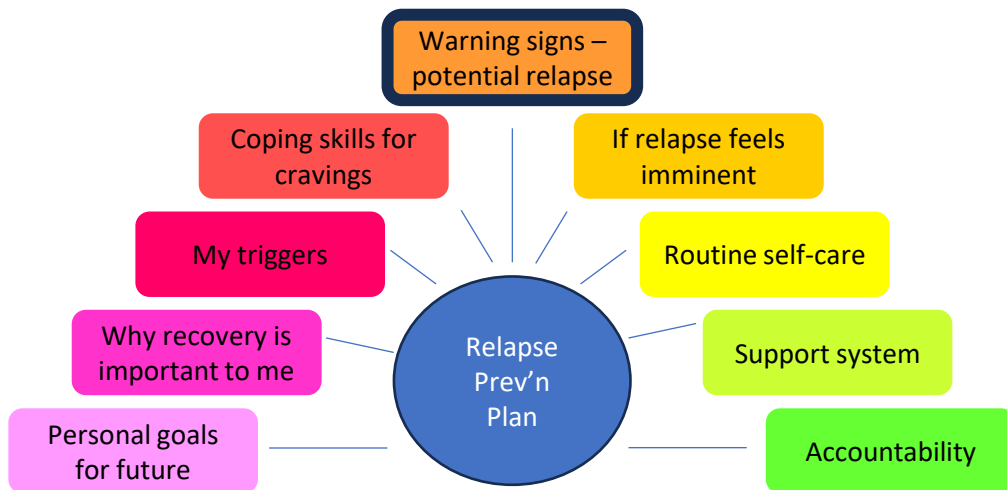
- Distract myself by five minutes of deep breathing or a very fast walk or dance with the music on at top volume
- Write in my journal
- Remember Ride the Wave skill from DBT group



Relapse prevention plan: core elements

Warning signs of potential relapse

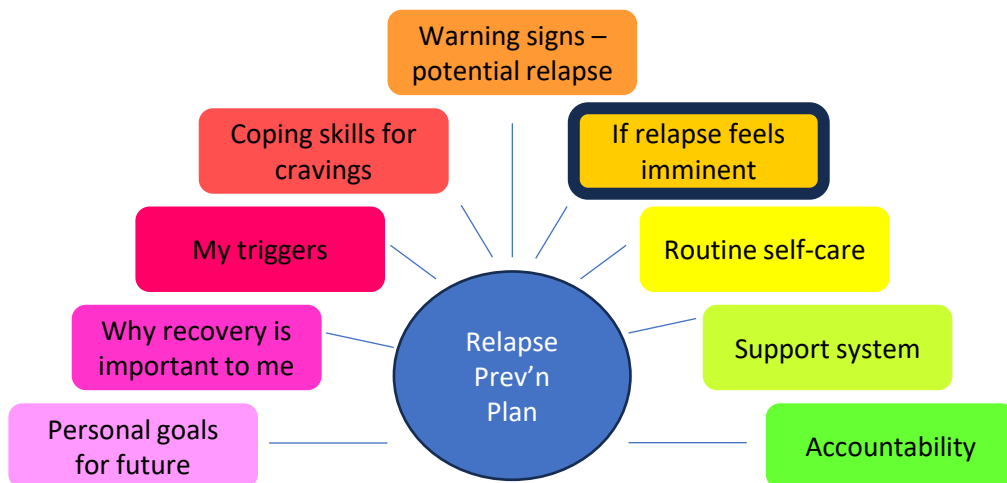
- Increased thinking about drinking.
- Stop making the beds in the morning
- More arguments with my mother
- Prioritize phone scrolling over self-care



Relapse prevention plan: core elements

If relapse feels imminent (emergency steps)

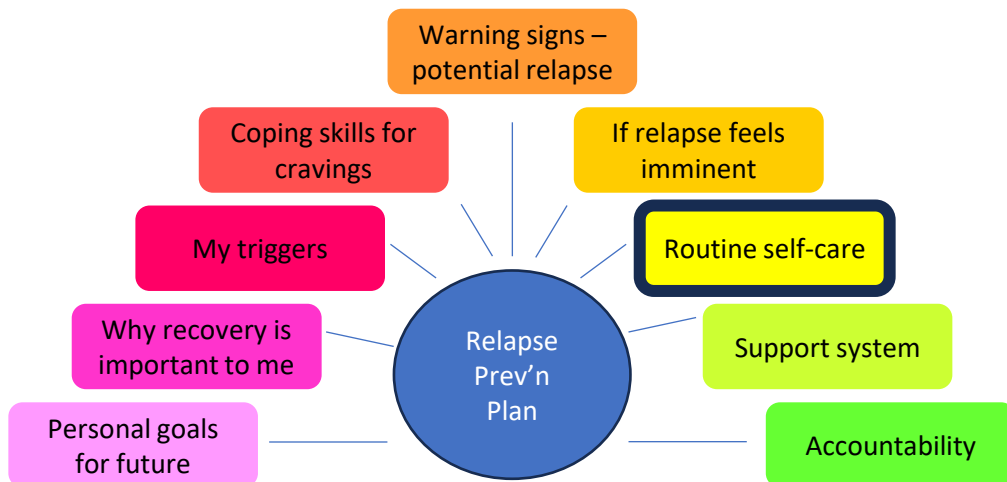
- Pay attention if Jackie or Stephanie express concern; ask for their help
- Make sure to spend time with my kids
- Review parenting-specific Relapse Prevention Plan
- Avoid spending any time with people who drink or drug



Relapse prevention plan: core elements

Routine self-care

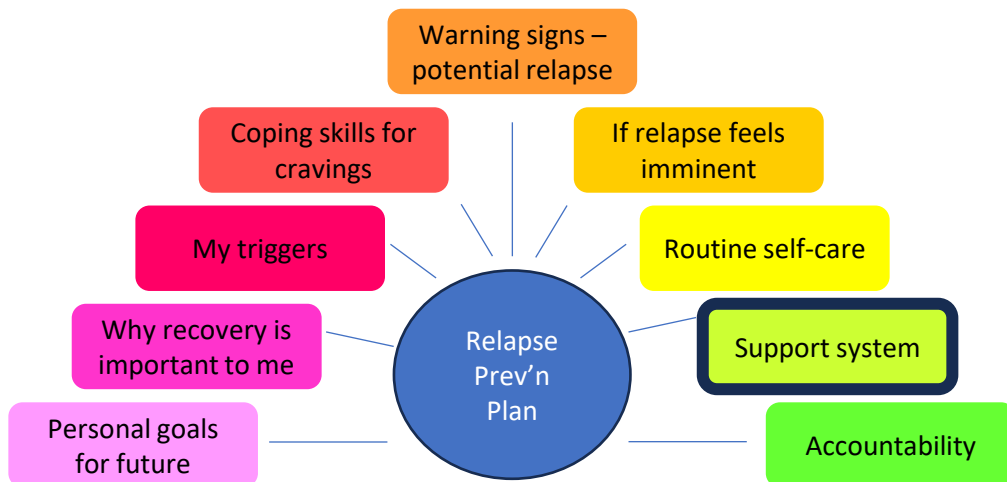
- Write in my journal at least three times a week.
- At least seven hours of sleep a night, going to bed before 11 pm.
- Meet with therapist at least twice a month.
- Take a hike in the woods at least twice a month.



Relapse prevention plan: core elements

Support system

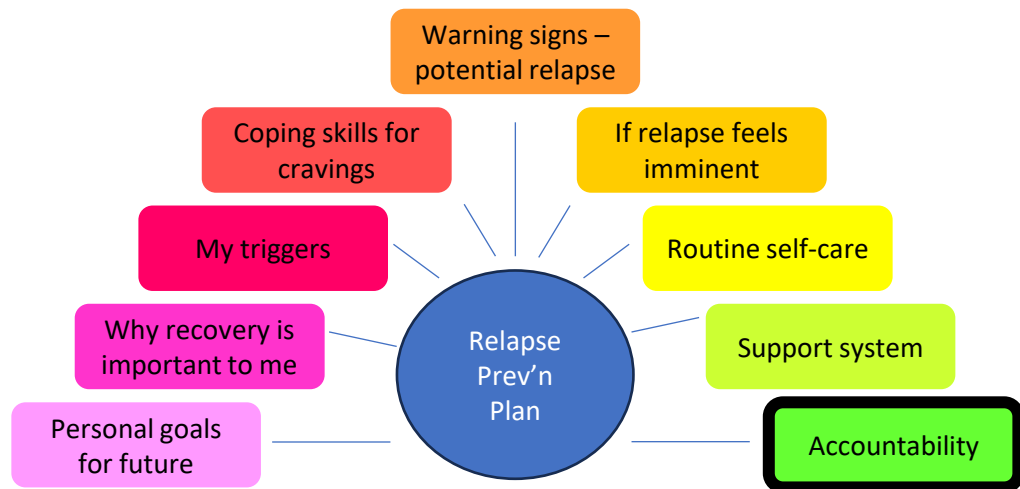
- Jackie (friend) – 10 years in recovery
- Stephanie (cousin) – never a drug user
- Dr. Amitan – therapist
- Maleeka – 12-step sponsor
- Janell – treatment counselor
- Peter – Peer counselor



Relapse prevention plan: core elements

Accountability

- If I slip, I will reach out to the following people by the next day to let them know what happened:
 - Jackie and Stephanie
 - Peter (peer counselor)
 - Court case manager
- I understand that my recovery plan is a promise to myself and my loved ones to remain sober and to be the healthiest version of myself.





Safety House model (for children) as a complement

Add-on to Relapse Prevention Plan:

Parenting-specific addendum

- Parenting specific relapse triggers
- Warning signs, who will notice, and action steps
- Child safety plan
 - Where child can stay *if parents cannot provide safe environment*
 - Where parent can send child if they *expect* to start using

Parenting-specific relapse plan addendum

Parenting-specific triggers



- **Child behaviors**
 - Younger child cries at the end of parenting time
 - Older child curses me out (often) because of my substance use
- **Assessment of parenting skills**
 - Others in treatment make comments about my parenting but aren't parents themselves – makes me feel incompetent and angry
- **Systems involvement**
 - Having to come to Court for hearings
 - Not having money to buy kids a snack to eat during parenting time
- **Other triggers**
 - Remembering my own abuse when I have to discipline my kids

Warning signs, who notices, what to do



- **Warning sign:** Make excuses to avoid going to parenting time
 - **Who notices:** My sister, who usually drives me there
 - **What should they do:** Encourage me to go, ask me about it, suggest I go to more meetings
- **Warning sign:** Start avoiding conversations about my kids in therapy
 - **Who notices:** My therapist
 - **What should they do:** Express concern that a relapse process is starting, ask me about what's happening, and help me connect this to the larger recovery process



Parenting-specific relapse plan addendum

Child safety plan

In case of a relapse/parenting emergency

- Where will the child be: My sister's house
- Who will be responsible: My sister Ideally, with signature to confirm
- Is this person capable of providing safety and supervision to child for as long as necessary?
Yes Signature to confirm
- **Plan for resuming care of child:** After stabilizing, I will contact my sister and let her know I am ready to take the kids home. I will stay in touch with her during the relapse so she does not worry about me and so she can let my kids know what is going on.
- **Plan for notifying treatment provider or other support about relapse:** I will contact my Court case manager and my treatment provider to let them know what has happened, and to take steps to work further on my recovery skills and on my Relapse Prevention Plan.

Talking with parents about their plans

- Does the plan include details or just “people, places, things”? What are some elements of your plan that are unique to you?
- Is the plan written?
- Who worked on developing this plan with you?
- If there was a past relapse or slip, were any adjustments made to the plan?
- Who has a copy of the plan? Do the support people in the plan know of their potential role? Have they signed off on the plan?
- Where do you keep your own copy of the plan?
- How are you doing with the self-care strategies in the plan? Are you trying to incorporate these routines into your life?
- The last time you experienced a craving, how did you use your plan?
- Who are some of your support people?
- If something happens and your children are kept in someone else’s care, what is your plan to disclose what has happened and restabilize?



Not everyone wants to share

- If a parent prefers not to share their personal plan, you can still ask questions without being too intrusive:
 - Coping strategies
 - Child safety plan and plan to resume care
 - Names of supporters
 - Self-care practices
- *Just remember: always ask from a strengths-based perspective.*



Talking about the plan after a positive toxicology or reported relapse

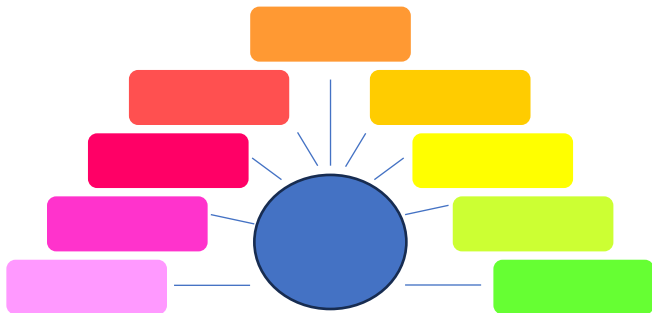
- How did your Plan help you manage the situation?
- What did you learn from this experience? How will you adjust your Relapse Prevention Plan in response?
- Were your designated support people able to give you the attention and support you needed? Do you need to identify additional resources for the future?
- Are there other skills you want to include for either avoiding or managing triggers in the future?
- How have you been working with your treatment counselor to get back to where you were?



Plans should be dynamic tools

After a short relapse, our parent revisits her plan to make some edits

- Motivation for recovery:
 - Recovery and abstinence are how I can regain my family's trust.
- Additional triggers:
 - Holidays with family who drink too much
 - Comments from relatives about my parenting
- Coping strategies:
 - Use assertive refusal skills to handle alcohol offers at holiday events
 - Use my 12-step sponsor as a resource
- Self-care
 - For at least one year, avoid going to parties and events where there may be a lot of alcohol
- Accountability
 - Keep a portable version of my plan on my phone
 - If I relapse, I will be honest about what happened and use the experience to learn more about myself and to tighten up my relapse prevention plan



Questions?



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