

Relapse Prevention Training

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Background

Relapses are often a part of the recovery process over the course of a person's illness. Individuals with co-occurring mental illness and substance use disorders (COD) are at higher risk for relapse. Integrating relapse prevention training for individuals with COD requires consideration of their substance use, psychiatric symptoms, and the interplay between them. Planning for relapses and working to identify steps to address early warning signs and triggers for both substance use and mental health disorders can help reduce the risk of a relapse or need for inpatient care.

What is Relapse Prevention Training?

Relapse prevention training is an approach that practitioners can use to help individuals identify triggers and early warning signs of a relapse and then develop strategies and skills to prevent or lessen the severity of a relapse. Relapse means different things to different people. It can refer to an increase in symptoms related to mental illness, substance use or both.

A thorough and comprehensive relapse training approach includes developing an individualized prevention plan. It also provides a person with education about relapse, helps him/her develop an individualized approach to issues of relapse, and incorporates skill building exercises to ensure they are prepared to cope with relapse, should it occur.^{1,2} A crucial step in relapse prevention training is to help the individual practice strategies and coping skills so that they are confident they can use them effectively the next time they experience a trigger or early warning sign.

It is important for any relapse prevention plan to be tailored to each individual according to that person's own definition of recovery.³ Relapse prevention training is a crucial recovery-oriented strategy that is meant to empower individuals and promote overall wellness.

Relapse Prevention Training is Recover Oriented when it...

- Specifically links strategies and coping skills to the person's identified triggers and warning signs.
- Is about promoting recovery as defined by the individual and preventing relapse.
- Focuses on strengths rather than deficits.
- Builds hope and motivation for living a fulfilling life.²

Steps of Relapse Prevention Training¹

1. Review Common Triggers. A trigger is an event or situation that leads the person to relapse. The most common triggers include interruptions in taking regular medications, experiencing an increase in stress and substance use. For individuals with COD, resuming or increasing the use of substances as a response to stress often leads to an increase in their mental health symptoms and vice versa. Exploring these issues allows the practitioner to have a robust conversation with the individual and discuss specific coping strategies. *Practitioner: "Many people have mentioned that increases in stress or changes in medication also triggers increases in their substance use and mental health symptoms. Have you noticed this, too?"*

2. Identify Personal Triggers. Although there are some triggers that many people experience, individuals might experience very specific triggers that are unique to them. It is critical to help identify personal triggers. *Practitioner: "There may be some triggers that are specific to you and your situation. Let's think about your last relapse. What specific triggers did you experience? I remember you mentioned that you had a fight with your sister."*

3. Identify Early Warning Signs. Often, early warning signs precede triggers. Early warning signs are subtle changes in a person's feelings, internal experiences, and behavior that might signal a relapse is starting. Identifying early warning signs allows for early intervention and can help an individual prevent or minimize a relapse. *Practitioner: "Now let's think about what you noticed or other people noticed about you right before a relapse. We call these 'early warning signs.' A few examples of early warning signs include things such as sleeping more or less than usual, spending more time by yourself, or feeling increasing pressure at work."*

4. Develop and Practice Coping Skills to Respond to the Common and Personal Triggers and Early Warning Signs. Once triggers and warning signs have been identified, the next step is to identify coping skills and strategies that they can use. *Practitioner: "You identified that arguing with your sister can be a trigger for you. Another warning sign you identified is when you start staying up late and sleeping less. Let's come up some helpful things that you could do or some coping skills you could use when these things happen. Have you mentioned that taking a walk clears your mind and helps you calm down. Perhaps you could try that if you and your sister argue?"*

5. Collaborate to Create an Individualized Relapse Prevention Plan.

In collaboration with the individual, document their potential triggers, early warning signs and coping skills on a relapse prevention plan. This plan should reflect what you have discussed together and worded in a manner that is easy for the individual to understand. Writing it down so that they can take it home and easily access it will increase the likelihood that they will use the plan should they need it. *Practitioner: "Let's work together to write down the triggers, signs and coping skills that you have identified. You can keep a copy with you or someplace at home, say next to your bedside."*

6. Share Relapse Prevention Plan with Supportive Person(s).

With the individual's consent, make sure all of the important people in their support network have access to a copy of the plan so that they understand their role and how they can support the individual in following the plan if needed. The individual should always have their own copy readily available and a copy of the plan should be kept in their case file. *Practitioner: "I made a laminated copy of your plan for you to keep just as we discussed. Let's think of a place where you can keep it so that is readily accessible to you when you need it. Who else would you like to share the plan with? I will keep a copy in your file, we could give a copy to your primary care doctor and psychiatrist, and maybe you could give one to your sister when she comes over this weekend."*

7. Practice Using the Skills and the Plan. Role-playing the plan increases an individual's confidence in using it effectively and increases the likelihood they will access the plan when they need to. It also allows you and the individual to troubleshoot unforeseen difficulties and adapt the plan as needed.

Practitioner: "Let's practice using a strategy on your plan just like you would if you noticed an early warning sign or a trigger. Let's say that you are visiting your sister and that the conversation starts to get tense and you are concerned that it might turn into an argument. I'll be you and you can play your sister. I will practice one strategy that we wrote down which is to tell your sister that you are going to take a short walk alone to reduce your stress."

8. Follow up on the Plan for the Duration of the Case.

A relapse prevention plan should be a living document that changes and grows over time. Revisit the plan on a regular basis to change ineffective strategies or to add in new coping skills and strategies. *Practitioner: "You mentioned you used your relaxation techniques this weekend because you noticed you weren't sleeping very well. How did that go for you? Can you think of any other strategies you want to add to your relapse prevention plan that could be helpful?"*

Tips for Troubleshooting

- Identifying early warning signs and triggers unique to that person can be difficult. Two helpful strategies include:
 - Involving and asking supportive people about key things they noticed prior to a relapse.
 - Looking through a list of other common early warning signs might help that person recognize his or her own early warning signs.
- Role-playing parts of the plan in session is an effective way to increase the likelihood the individual will utilize it in a time of crisis, as well as to identify and work out potential roadblocks.
- Maintaining hope in an individual's ability to achieve incremental change is the foundation of recovery-oriented relapse prevention training. If you notice that you are struggling with this, seek consultation from supervisors and colleagues.²



REFERENCES

- 1 Meyer, P., Gingerich, S., Fox Smith, L., and Mueser, K. (2016). Minnesota Clinical Competency Scale for Enhanced Illness Management and Recovery for Co-Occurring Disorders. Saint Paul, MN: Center for Practice Transformation, University of Minnesota.
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SUGGESTED CITATION

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