Relapse Prevention in Recovery
by Rev. Fr. John Cox, C.A.P.

Dr. Daniel Amen, Amen Clinics Inc.
www.brainplace.com

D. Dwayne Simpson, Institute for Behavioral Research  Texas Christian University

The CENAPS® Model of Relapse Prevention Therapy
by Terence T. Gorski

The Genesis Process, by Michael Dye, Patricia Fancher
Relapse Prevention Recovery Issues

• Intro to the Stages of Recovery and Relapse
• **An Evidence-Based Treatment Model for Improving Practice**
• Relapse – Spirit, Soul, Body
• Access To Recovery as Relapse Prevention Energy
• **CENAPS® Model of Relapse Prevention Therapy**
• Stages of Relapse and Recovery
• The Genesis Process: The FASTER Scale
Issues con’t.

• Structure of Recovery
• Triggers
• Recovery Information Issues
• Relapse Prevention Factors
• A Client’s Relapse Prevention Plan
• Your Relapse Prevention Plan
Addiction

A chronic but treatable condition

(“relapses” are common -- like other diseases)
Relapse Rates & Tx Compliance for Medical Conditions

% Relapsed (Mdn) in 1 Yr
% Complied w Trt Plan

Diabetes | Hypertension | Asthma
---|---|---
40 | 50 | 55
50 | 70 | 30
55 | 30 | 70
30 | 30 |

STAGES OF RECOVERY

- What Is Relapse Prevention Treatment?

- Relapse prevention is a systematic method of teaching and coaching recovering patients to recognize and manage relapse warning signs.

- Relapse prevention becomes the primary focus for patients who are unable to maintain abstinence from alcohol or drugs despite primary treatment.
STAGES OF RECOVERY

- Recovery is defined as abstinence plus a full return to bio/psycho/social/spiritual functioning.

- Relapse is defined as the process of becoming dysfunctional in recovery, which leads to a return to chemical use, physical or emotional collapse, or suicide.

- Relapse episodes are usually preceded by a series of observable warning signs.
STAGES con’t.

- Typically, relapse progresses from bio, psycho, social and spiritual stability through a period of progressively increasing distress that leads to physical, emotional, and spiritual collapse.

- The symptoms intensify unless the individual turns to the use of alcohol or drugs for relief.
WHERE’S YOUR HEAD AT?
BRAIN SPECT SCANS
And Brain Damage from Addictions

Single Photon Emission Computerized Tomography.
NUCLEAR MEDICINE
Stimulant Craving Response Sequence

Addictive, Limbic Dissociation

- Trigger
- Thought
- Craving
- Use
An Evidence-Based Treatment Model for Improving Practice

D. Dwayne Simpson and Colleagues
Texas Christian University
The IBR specializes in the study of drug abuse treatment – including new interventions, therapeutic process, and outcomes.

Spotlight...

- New studies on “transferring research to practice” were recently published in a special issue of Journal of Substance Abuse Treatment

- The latest Research Roundup Newsletter is out, focusing on IBR technology transfer research

- Handouts from presentations available

- Core Forms & Research Summaries available

- Publication Abstracts available
Elements of a Treatment Process Model

Patient Factors
- Psychological Functioning, Motivation, & Problem Severity

Detox
- OP
- TC/Res
- OP-MM

Sufficient Retention

Cognitive and behavioral components with therapeutic impact

Posttreatment
- Drug Use
- Crime
- Social Relations
Interventions Should Maintain This Process

Simpson, 2001 (Addiction)
Threats from Growing Economic Pressures

- Limit “wrap-around” services
- Minimize treatment duration
- Shift “aftercare” to community
- Reduce outcome accountability
The shift towards

Access To Recovery
as Relapse Prevention Energy

The CENAPS® Model of Relapse Prevention Therapy (CMRPT®)
by Terence T. Gorski

The Genesis Process: The FASTER Scale by Michael Dye
Recovery Support Services

- Services aimed at removing barriers and opening natural pathways to addiction recovery.

- They include transitional housing, recovery homes, day care to increase access to support meetings, sobriety-conducive employment, educational access, debt management, budget counseling, sober fellowship, as well as traditionally defined treatment services.
Recovery Support con’t.

- The overall goals are to remove barriers to recovery; to create positive space (sober sanctuary) where recovery can grow.

- See William White’s work.
Recovery Support Services

- Professionally-directed treatment services are not the same as the broader umbrella of recovery support services.

- Those who lack professional training should not be involved in the former, while the latter may be best designed and delivered by the recovery community.

- Those providing treatment services and those providing recovery support services play different but complimentary roles in the long term recovery process.
The CENAPS® Model of Relapse Prevention Therapy (CMRPT®)

5 Goals and Objectives of Approach:

- Assess the global lifestyle patterns contributing to relapse by completing a comprehensive self-assessment of life, addiction, and relapse history.

- Construct a personalized list of relapse warning signs that lead the relapser from stable recovery back to chemical use.
5 Goals and Objectives of Approach (cont.):

- Develop warning sign management strategies for the critical warning signs.

- Develop a structured recovery program that will allow clients to identify and manage the critical warning signs as they occur.

- Develop a relapse early intervention plan that will provide the client and significant others with step-by-step instructions to interrupt alcohol and other drug use should it recur.
To understand the progression of warning signs, it is important to look at the dynamic interaction between the recovery and relapse processes.

Recovery and relapse can be described as related processes that unfold in six stages.
Recovery and Relapse Processes: 6 Stages

1. Abstaining from alcohol and other drugs.

2. Separating from people, places, and things that promote the use of alcohol or drugs, and establishing a social network that supports recovery.
Recovery and Relapse Processes: 6 Stages

3. Stopping self-defeating behaviors that prevent awareness of painful feelings and irrational thoughts

4. Learning how to manage feelings and emotions responsibly without resorting to compulsive behavior or the use of alcohol or drugs
Recovery and Relapse Processes: 6 Stages

5. Learning to change addictive thinking patterns that create painful feelings and self-defeating behaviors.

6. Identifying and changing the mistaken core beliefs about oneself, others, and the world that promote irrational thinking.
Recovery and Relapse Processes: 6 Stages

1. Have a mistaken belief that causes irrational thoughts.

2. Begin to return to addictive thinking patterns that cause painful feelings.
Recovery and Relapse Processes: 6 Stages

3. Engage in compulsive, self-defeating behaviors as a way to avoid the feelings.

4. Seek out situations involving people who use alcohol and drugs.
Recovery and Relapse Processes: 6 Stages

5. Find themselves in more pain, thinking less rationally, and behaving less responsibly.

6. Find themselves in a situation in which drug or alcohol use seems like a logical escape from their pain, and they use alcohol or drugs.
STAGES OF Relapse and Recovery

-1: Identify & change mistaken core beliefs.
-2: Learning to change addictive thinking.
-3: Learning to manage feelings responsibly.
-4: Stopping behaviors that stuff painful feelings and irrational thoughts.
-5: Separating from Drug Culture and attaching to a “clean culture.”
-6: Abstaining from AODA.

-1: Embrace a mistaken belief
-2: Return of addictive thinking and feelings
-3: Compulsive, self-defeating behaviors to avoid the feelings and relieve urges
-4: Seek out situations involving people who use alcohol and drugs
-5: more pain, less rational, behaving less responsibly
-6: Locate themselves near drug or alcohol use… and they use alcohol or drugs.
The FASTER Scale: Genesis Process

- Before relapse happens, many biological, psychological and social changes affect our neurochemistry.

- Addicts speed up their avoidance behaviors, increasing anxiety and anger to mask pain. This depletes endorphins, causing hopelessness and exhaustion.

- In this state of exhaustion, addicts isolate and feel they cannot cope without chemicals.
The FASTER Scale: Genesis Process

- Relapse is a predictable process.
- It has identifiable stages, each of which has a distinctive neurochemical basis.
- The FASTER Scale is a neurochemical model of relapse that identifies specific high risk behaviors for each stage of the relapse process.
The FASTER Scale: Genesis Process

- Recovery… then procrastination…..

- Forgetting priorities
- Anxiety
- Speeding up
- Ticked off!
- Exhausted
- Relapse

To interrupt the descent into relapse, addicts must take responsibility for where they are on the scale by becoming aware of their behavior and make good choices to stop the downward spiral.
The FASTER Scale: Genesis Process

• Recovery....then
  Procrastination!
Structure of Recovery

• **Spirit**: Relationship with God and Fellowship with disciplines

• **Soul**: Accountable awareness of stages in thinking and feeling health

• **Body**: Skills in craving reduction thru health in sleep, diet, exercise, and triggers management
Structure of Recovery – Importance

- Counterpoint to addict lifestyle
- Requires proactive behavior planning
- Reduces “accidental” relapses
- Cortical control of behavior vs. limbic control of behavior
- Reduces anxiety/encourages self-reliance
- Operationalizes one day at a time
Structure of Recovery – Creating a New Culture

- Time scheduling
- Attending 12-step meetings
- Going to treatment
- Exercising
- Attending school
- Going to work
- Performing athletic activities
- Relationships in church
Structure of Recovery – Pitfalls

• Scheduling unrealistically
• Neglecting recreation
• Being perfectionistic
• Therapist imposing schedule
• Spouse/parent imposing schedule
• Single domain dominance of either bio, psych, social, or spiritual
TRIGGERS
**Triggers - Definition**

A trigger is a stimulus which has been repeatedly associated with the preparation for, anticipation of, or the use of alcohol or other drugs.

These stimuli include people, places, things, times of day, emotional states, and secondary drug use.
Triggers - People

- Drug-using friends/dealer
- Voices of drug friends/dealer
- Absence of significant other
- Sexual partners in illicit sex
- Groups discussing drug use
Triggers - Places

- Drug dealer’s home
- Bars and clubs
- Drug use neighborhoods
- Freeway offramps
- Worksite
- Street corners
- Your ritual places
Triggers - Things

- Paraphernalia
- Sexually explicit magazines/movies
  - Money/bank machines
  - Music
- Movies/TV shows about alcohol and
  - other drugs
- Secondary alcohol or other drug use
Triggers - Times

- Periods of idle time
- Periods of extended stress
  - After work
  - Payday
  - Holidays
- Friday/Saturday night
- Birthdays/Anniversaries
Triggers - Emotional States

- Anxiety
- Fatigue
- Anger
- Boredom
- Frustration
- Adrenalized states
- Sexual arousal or deprivation
- Gradually building emotional states with no expected relief
Non-Trigger Events

- Exercise
- Church activities
- AA meetings
- Any new recreation/hobby
- Structured/monitored periods
- Eating/sleeping
- Non-drug movies
Recovery Information Issues

- Stimulant Craving Reduction Methods
- Avoid trigger situations
- Use thought-stopping
- Use visual imagery
- Pray
- Snap rubber band
- Change environment/behavior
- Avoid moving toward secondary alcohol or other drug use
- Call sponsor/therapist/accountability partner
Recovery Information Issues - What

- Substance abuse and the brain
- Sex and recovery
- Relapse prevention issues
- Triggers and cravings
- Emotional readjustment
- Stages of recovery
- Medical effects
- Relationships and recovery
- Cross/Switch Addictions
Recovery Information Issues - Why

- Reduces confusion and guilt
- Explains addict behavior
- Gives a roadmap for recovery
- Clarifies alcohol/marijuana issue
- Aids acceptance of addiction
- Gives hope/realistic perspective for family
Relapse Prevention Factors – Sexual Behavior

- Concern about sexual dysfunction
- Concern over sexual abstinence
- Concern over sexual disinterest
- Loss of intensity of sexual enjoyment
- Shame/guilt about sexual behavior
- Sexual arousal producing craving
- Sexual behavior and intimacy
- Sobriety and monogamy
Relapse Prevention Factors - Time Periods

- Unstructured time
- Transition periods
- Protracted abstinence symptoms
- Holidays
- Chronic stress, fatigue, or boredom
- Anniversary dates
- Periods of emotional turmoil
Relapse Prevention Factors – Addict Behavior

• Lying/stealing
• Having extramarital/illicit sex
• Using secondary substances
• Returning to bars/drug friends
• Being unreliable/irresponsible
• Behaving compulsively/impulsively
• Isolating
Relapse Prevention Factors – Addict Thinking

• Paranoia

• Relapse justifications:
  – “I’m not an addict anymore”
  – “I’m testing myself”
  – “I need to work”
  – “Other drugs/alcohol are OK”
  – “Catastrophic events”
  – “Negative emotional states”
Relapse Prevention Factors - Relationships

- Addict must deal with family’s:
- Extreme anger and blaming
- Unwillingness to change/trust
- Hypervigilance - excessive monitoring
- Sexual anxieties
- Adjustment to non-victim status
- Conflict with recovery activities
Relapse Prevention Factors – Withdrawal Stage

• Unstructured time
• Proximity of triggers
• Secondary alcohol or other drug use
• Powerful cravings
• Paranoia
• Depression
• Disordered sleep patterns
Relapse Prevention Factors – Honeymoon Stage

- Overconfidence
- Secondary alcohol or other drug use
- Discontinuation of structure
- Resistance to behavior change
- Return to addict lifestyle
- Inability to prioritize
- Periodic paranoia
Relapse Prevention Factors – The Wall Stage

- Increased emotionality - Recovery plan structure dissolves
- Interpersonal conflict - Drifting Behavior
- Relapse justification - Secondary alcohol or drug use
- Anhedonia/loss of motivation - other drug use
- Resistance to exercise - Paranoia
- Insomnia/low energy/fatigue
Relapse Prevention Factors - Adjustment Stage

• Secondary alcohol or other drug use
• Relaxation of structure
• Struggle over acceptance of addiction
• Maintenance of recovery momentum/commitment
• Six-month syndrome
• Re-emergence of underlying pathology
How far am I in abstinence………..
plus a full return to bio/psycho/social/spiritual functioning?

-1: Identify & change mistaken core beliefs.
-2: Learning to change addictive thinking.
-3: Learning to manage feelings responsibly.
-4: Stopping behaviors that stuff painful feelings and irrational thoughts.
-5: Separated from Drug Culture And attaching to a “clean culture.”
-6: Have I abstained from _____?

-1: Embrace a mistaken belief
-2: Return of addictive thinking and feelings
-3: Compulsive, self-defeating behaviors to avoid the feelings
-4: Seek out situations involving people who use alcohol and drugs
-5: more pain, less rational, behaving less responsibly
-6: Locate themselves near drug or alcohol use… and they use alcohol or drugs.