# WHAT ARE SOME BEHAVIORAL STRATEGIES TO HELP MY PATIENT STAY SOBER?

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# ADD RELAPSE PREVENTION PLAN

# SPEAKER DISCLOSURES

✓ Any conflicts of interest-none

# OBJECTIVES

1. Review the importance of behavioral strategies for relapse prevention

2. Describe which behavioral strategies can be incorporated

3. Learn when to use these strategies in a clinical situation

# 24YO M WITH A SEVERE ALCOHOL USE DISORDER

- Course: post detox he was started on Naltrexone 50mg qday. His goal is abstinence.
- He has relapsed 3 times over the past month.
- He has missed some appointments.
- No PMH or other meds.
- 1st sobriety attempt after 5 years of drinking.

- What else would you like to know about his history to determine his risk of relapse?

# WHAT ARE RISK FACTORS FOR RELAPSE?

Principles of Addiction Medicine, 2014; Brief Addiction Monitor Overview, 2014

# WHAT ARE RISK FACTORS FOR RELAPSE?

- Cravings
- Sleep problems
- Poor Mood
- Risky situations
- Family/social problems
- Physical health
- Low motivation to change
- Poor coping skills
- Men

# WHAT ARE PROTECTIVE FACTORS FOR RECOVERY?

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- Confidence in ability to be abstinent
- Self-help meetings
- Religion or spirituality
- Work, school, volunteer work
- Income to cover expenses
- Social support

# 24YO M WITH A SEVERE ALCOHOL USE DISORDER

- He is not going to AA
- Drinking buddies are big triggers
- He feels bad about his relapses
- He is taking the Naltrexone daily
- He lives alone
- Not working
- He is not currently drinking

What is his risk for relapse?  Why?
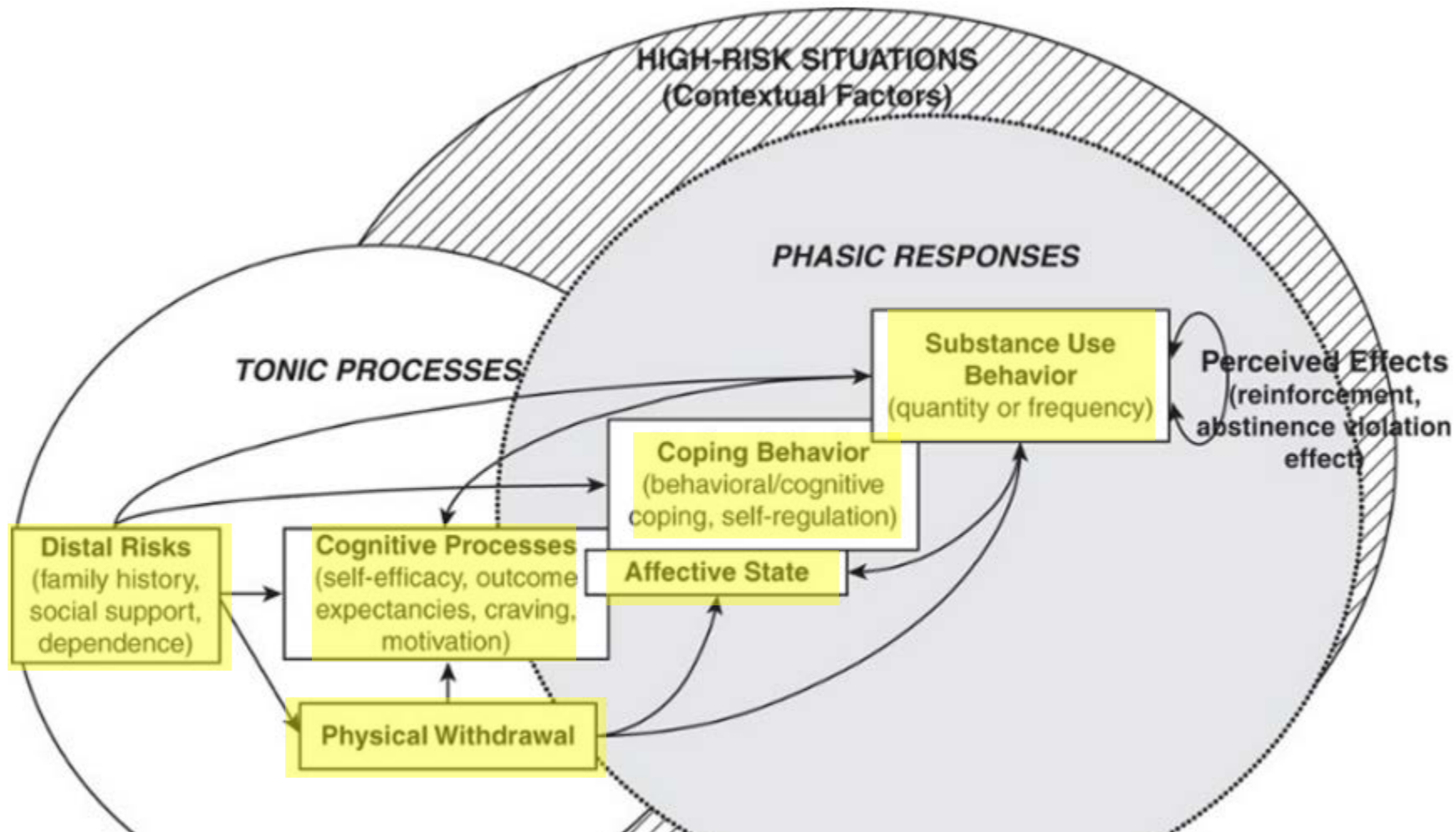
**Current dynamic model of relapse**
**Bottom-line:** relapse is a complex interplay between cognitive, behavioral, affective, and physical processes in a high-risk situation

# WHAT ARE SOME WAYS TO HELP SOMEONE PREVENT A RELAPSE?

# WHAT IS RELAPSE PREVENTION

- Cognitive behavioral evidence based intervention for drugs and alcohol

- It is helpful in preventing relapse

- Reduce severity of relapse

- Increase durability of treatment

- Has ongoing effects

Carroll et al, 1996; Marlatt, Guilford Press, 1985

# STRATEGIES TO REDUCE RELAPSE RISK

# #1: HELP PATIENTS UNDERSTAND RELAPSE AS A PROCESS AND EVENT, AND LEARN TO IDENTIFY WARNING SIGNS

- Relapses are learning opportunities
- Relapse occurs in a context with early warning signs
- Review their recent relapse experience in detail
  - Help patients identify risk factors that came along the way
    - Emotions, cognitions, behavioral changes

Douaihy et al, Principles of Addiction Medicine, 2014

# #2: HELP PATIENTS IDENTIFY THEIR HIGH-RISK SITUATIONS AND DEVELOP EFFECTIVE _COPING_

- Need to take into account patient nuances of risk factors
  - Need to address their low mood, cravings
  - Teach problem solving
  - Skill-training exercises→role playing
  - Review though process leading up to lapse
  - Relaxation techniques, exercise, meditation

Douaihy et al, Principles of Addiction Medicine, 2014

# #3: HELP PATIENTS ENHANCE COMMUNICATION SKILLS AND INTERPERSONAL RELATIONSHIPS

- Patients need to identify whom to include or exclude
  - Avoid friends who are using
  - Rehearse how to ask for help/support
  - Write out a plan
    - How to communicate regarding warning signs
    - How to intervene in a relapse

Douaihy et al, Principles of Addiction Medicine, 2014

# #4: HELP PATIENTS REDUCE, IDENTIFY, AND MANAGE NEGATIVE EMOTIONAL STATES

- HALT
  - H: not too hungry
  - A: not too angry
  - L: not too lonely
  - T: not too tired
- Treat co-occurring disorder
- Treat withdrawal state

Douaihy et al, Principles of Addiction Medicine, 2014

# #5: HELP PATIENTS IDENTIFY AND MANAGE CRAVINGS AND CUES

- Cues: sights, sounds, smells that can trigger cravings
- Educate on relationship between cues and cravings
- Monitor and record cravings, associated thoughts
- Interventions
  - Change thoughts
  - Talk through craving: identify negative consequences
  - Avoiding, leaving, doing more pleasant activities
  - Identifying someone to help
  - Use of medications
  - Urge surfing: label the craving, relaxation technique and let the wave pass

Douaihy et al, Principles of Addiction Medicine, 2014

# #6: HELP PATIENTS IDENTIFY AND CHALLENGE COGNITIVE DISTORTIONS

- Identify "stinking thinking": black-and-white thinking, overgeneralization, catastrophizing
- Identify counter thoughts
- Practice with the patient
  - "I need drugs to have fun"
  - "I have had fun without drugs"

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Douaihy et al, Principles of Addiction Medicine, 2014

# #7: INCREASE BALANCE IN LIFE

- Assess daily activities/pattern in life
- Help patients develop positive habits
  - Balance wants vs should
  - Health
  - Exercise
  - Hobbies
  - Spiritual care

Douaihy et al, Principles of Addiction Medicine, 2014

# 7 STRATEGIES TO HELP PREVENT RELAPSES

1. Educate patients about the process of relapse and ID early warning signs
2. ID high-risk situations and work on coping
3. Help enhance communication skills of patients
4. Identify and manage negative affect
5. Identify and manage cravings and cues
6. Identify and challenge cognitive distortions
7. Increase balance in life

# PRACTICE, PRACTICE, PRACTICE

- Pick a few strategies and try them out with all of your patients with addictions

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What are some strategies that we should try?

# 24YO M WITH A SEVERE ALCOHOL USE DISORDER

- Potential interventions
  - He feels bad about his relapses
    - Provide education around relapse as a process
    - Review early warning signs and develop plan to address them
    - Identify high-risk situations
    - Support his coping strengths and ilicit new ones
  - He lives alone
    - Ask about supportive social network
    - Educate him on importance of positive social network
  - "drinking buddies"
    - How can he avoid them

Set small goals, Validate small successes→increase self-efficacy

## More information

NIAAA Relapse Prevention: Marlatt's Cognitive Behavioral Model

https://pubs.niaaa.nih.gov/publications/arh23-2/151-160.pdf

Relapse Prevention for addictive behaviors

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3163190/

Relapse Prevention for Alcohol and Drug Problems

https://www.guilford.com/excerpts/marlatt.pdf

# QUESTIONS?