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Translating Research into Practice on Alcohol and Polysubstance Use Disorders by Educating the Interprofessional Primary Care Team

Preventing and Managing Relapse: A Comprehensive Approach

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Objectives

Define	Participants will be able to define Alcohol Use Disorder (AUD)
Understand	Participants will have a general understanding of what Relapse Prevention in AUD is.
Understand	Participants will understand the importance of Relapse Prevention
Define	Participants will be able to define Recovery

What is Alcohol Use Disorder (AUD)

- "A problematic pattern of alcohol use leading to clinically significant impairment or distress."
  - DSM – 5 Criteria Review
    - Mild – two or three symptoms
    - Moderate – four or five symptoms
    - Severe – six or more symptoms
    - Alcohol Symptoms Checklist

  - A chronic remitting/relapsing condition
    - Involves cycles of remission and relapse, non-linear progression to recovery
    - Influenced by complex biological, psychological, and social factors
    - Often complicated by co-occurring conditions (mental, physical, social)
    - Alterations in brain chemistry and structure r/i problems w/reward and decision making, increased cravings, and reduced ability to control impulses. Even greater impact with family history, TBI, I/DD, and youth.

Framing the Problem

Why is Relapse Prevention Important

- Relapse rates: ~40-60% relapse, even with treatment
  - Only 7.9% of persons in US, age 12+ w/AUD, received some form of treatment
  - Only 2% of 28.1 million with AUD in 2023 received MAT
    - 2.7% mild AUD
    - 6% with moderate AUD
    - 20.7% with severe AUD
    - Alcohol Treatment in the United States NSDUH (2023)

- Normalizing relapse can reduce the urgency to prevent them from occurring.
  - Consequences of relapse
    - Health
    - Legal
    - Psychosocial
- Relapse is common and, with structured approaches, preventable

Predictors of Relapse

- Individual Factors
- Social and Environmental Triggers
- Treatment Related Predictors

Relapse Process

- Dimensions of Relapse:
  - Emotional
  - Mental
  - Physical

Individual Factors

Co-occurring psychiatric disorders

- Depression
- Anxiety
- PTSD
- Thought disorders

Behavioral

- Impulsivity, poor coping skills, low self-efficacy

Genetic predisposition

- Believed to account for 40-70% of variance in risk for AUD (based on twin & adoption studies)
- 3-4x higher in close relatives
- Possibly over 100 genetic variants

Social and Environmental Triggers

1

Peer pressure or social drinking environmental

2

Lack of supportive relationships

3

High stress life events or trauma

Treatment Related Predictors

- Incomplete treatment engagement
- Poor adherence to aftercare plans
- Lack of pharmacologic support, when indicated

Understanding Relapse in AUD

What is a relapse vs. a lapse?

Psychological and Behavioral Dimensions

- Lapse
  - Common in early recovery, such that it is almost to be expected
  - Sometimes referred to as a slip
  - Alcohol is consumed but quickly recommit to recovery
  - Triggers are often People, Places, and Things (associated with alcohol use)
  - Can feel like a setback, even when recovery is rapidly regained
  - Better viewed as a learning opportunity
- Relapse
  - Persistent and prolonged use of alcohol and not reconnecting with recovery plan
  - Alcohol use typically escalates and psychological, health, social, occupational, and legal consequences may occur

- *"The nuances of lapse vs. relapse may be difficult to identify, but potentially important to build a path to recovery."*
  - – Heather Bell & Kurt DeVine

What is Relapse Prevention in AUD?

Understanding the process, factors, predictors, and strategies.

Intervention strategies

Identify high risk situations

- Self monitoring
- Behavior assessment
- Analyses of relapse fantasies
- Descriptions of past relapses

Patient specific intervention strategies

- Skills and relaxation training
- Relapse rehearsal
- Cognitive restructuring
- Stress management
- Efficacy-enhancing imagery
- Contracts to limit alcohol use
- Reminder cards

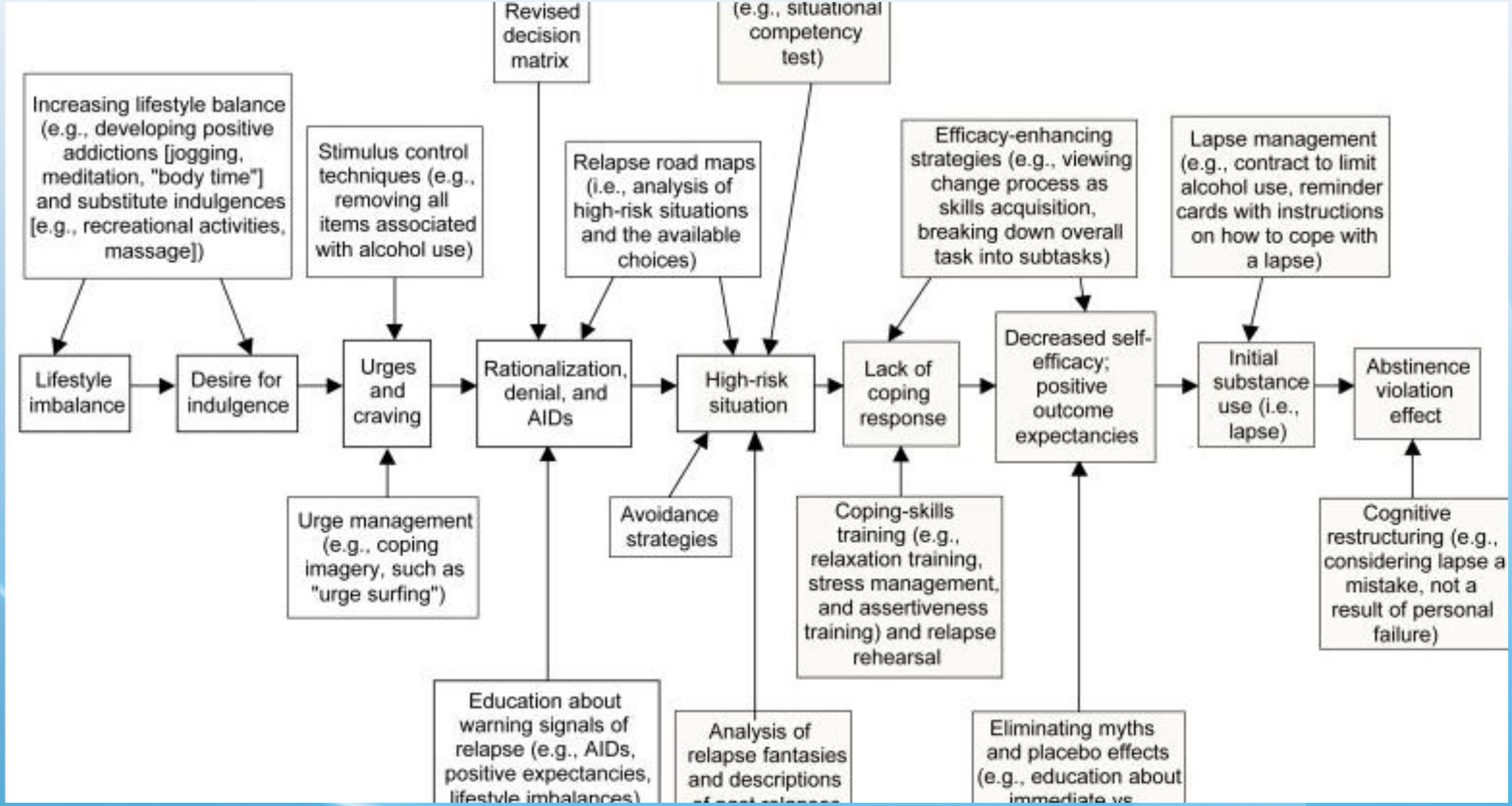
Relapse Prevention Models

- Marlatt and Gordon Relapse Prevention Model
- Gorski – CENAPS Model

Marlatt's Relapse Prevention Model

- Marlatt and Gordon (1985)
- Based on social-cognitive psychology (A Bandura)
- Cognitive-behavioral model of relapse process
  - High risk situations and the drinker's response to those situations

Increased self efficacy	Decreased self efficacy
• Effective coping responses • Increased confidence of coping with the situations • Reduces probability of relapse	• Ineffective coping responses • Expectation that alcohol will have a positive effect • Abstinence Violation Effect • Feelings of guilt and failure • Increases probability of a relapse


Revised decision matrix
(e.g., situational competency test)
Increasing lifestyle balance (e.g., developing positive addictions [jogging, meditation, "body time"] and substitute indulgences [e.g., recreational activities, massage])
Stimulus control techniques (e.g., removing all items associated with alcohol use)
Relapse road maps (i.e., analysis of high-risk situations and the available choices)
Efficacy-enhancing strategies (e.g., viewing change process as skills acquisition, breaking down overall task into subtasks)
Lapse management (e.g., contract to limit alcohol use, reminder cards with instructions on how to cope with a lapse)
Lifestyle imbalance
Desire for indulgence
Urges and craving
Rationalization, denial, and AIDs
High-risk situation
Lack of coping response
Decreased self-efficacy; positive outcome expectancies
Initial substance use (i.e., lapse)
Abstinence violation effect
Urge management (e.g., coping imagery, such as "urge surfing")
Avoidance strategies
Coping-skills training (e.g., relaxation training, stress management, and assertiveness training) and relapse rehearsal
Cognitive restructuring (e.g., considering lapse a mistake, not a result of personal failure)
Education about warning signals of relapse (e.g., AIDs, positive expectancies, lifestyle imbalances)
Analysis of relapse fantasies and descriptions
Eliminating myths and placebo effects (e.g., education about

Gorski – CENAPS Model

Six Developmental Stages

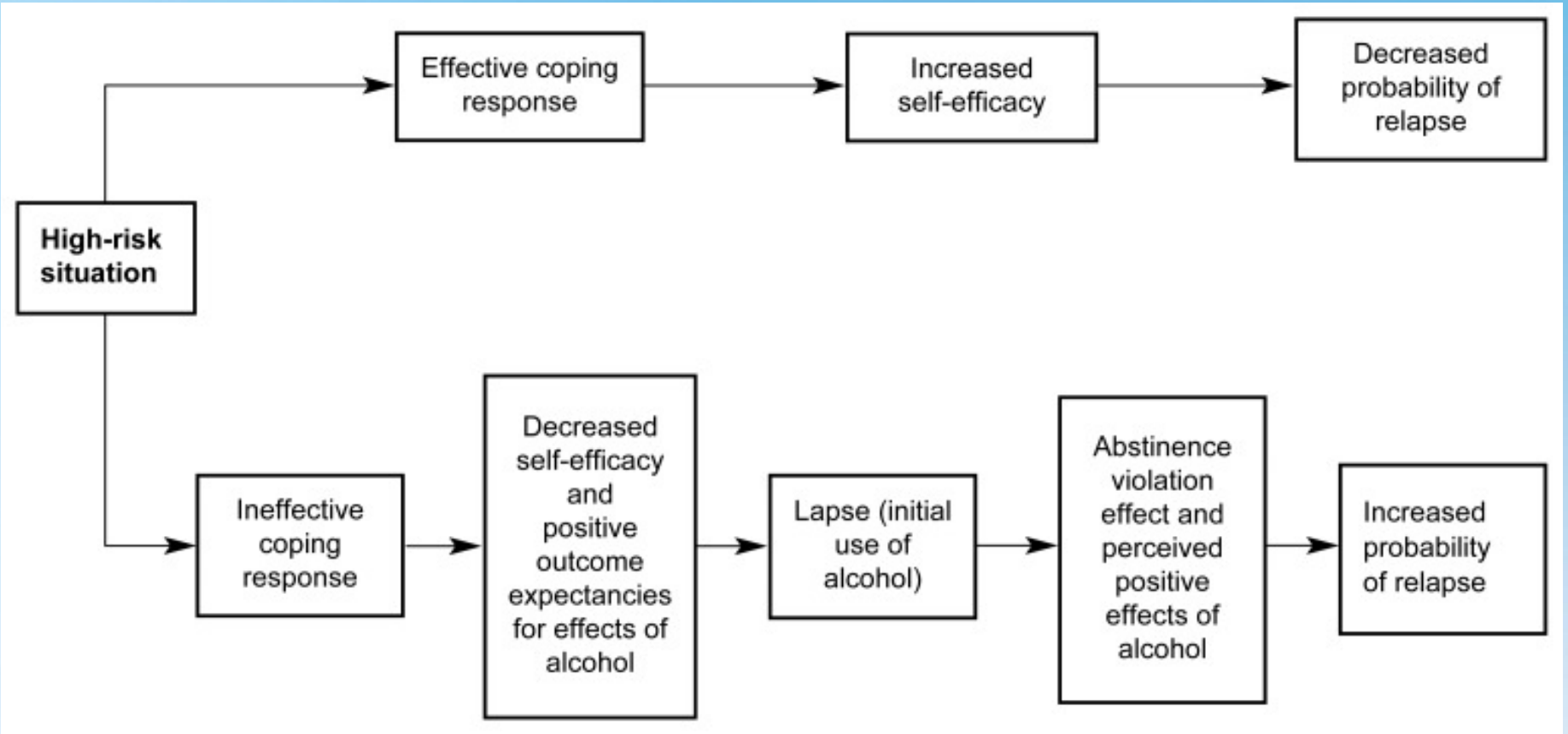
1. Transition
2. Stabilization
3. Early Recovery
4. Middle Recovery
5. Late Recovery
6. Maintenance

Nine Core Principles

1) Self-Regulation
2) Integration
3) Understanding
4) Self-Knowledge
5) Coping Skills
6) Change
7) Awareness
8) Responsibility
9) Maintenance

*CENAPS Model of Relapse Prevention

The Cognitive-Behavioral Model of The Relapse Process



Relapse prevention. An overview of Marlatt's cognitive-behavioral model

Covert antecedents & immediate determinants of relapse intervention strategies

Goal: To identify and prevent or avoid determinants

Lifestyle balance is an importance aspect of preventing relapse

- If stressors are not balanced by sufficient stress management strategies
  - Greater likelihood of alcohol use to gain relief/escape from stress
  - Results in a desire for indulgence – develops into cravings and urges

Cognitive mechanisms contribute to covert planning of relapse episode

- Rationalization & Denial
- Apparently Irrelevant Decisions (AIDs) –
  - Precipitate high-risk situations
  - High-risk situations are the central determinants of a relapse
- Outcome expectancies - positive expectations regarding alcohol effects lead to

Behavioral outcomes resulting in progression to a full relapse

- Initial alcohol use (lapse) induces an **abstinence violation effect**
  - **“I’ve already messed up, I might as well keep going.”**

Self Regulation

Goal: Develop healthy coping mechanisms and emotional regulation skills

Recognizing and managing:

- Emotions
- Thoughts
- Behaviors

Actions:

- Managing stress,
- avoiding impulsive thoughts and behaviors,
- promoting emotional stability and
- using intrinsic resources (internal locus of control, ie. Mindfulness)
- instead of extrinsic resources (alcohol, external locus of control)

Integration

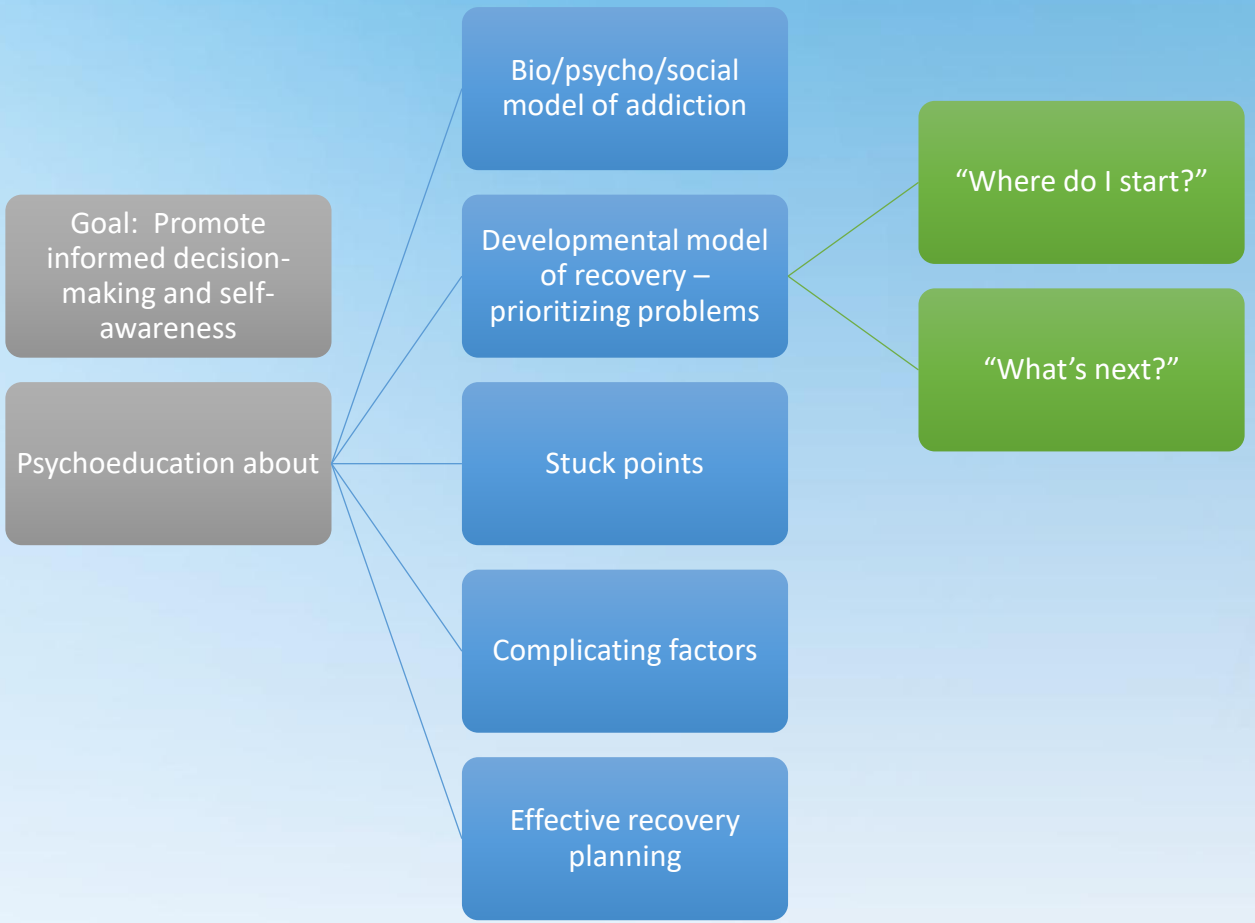
Goal: Achieve internal harmony and congruences in values, thoughts, and actions

Involves Self-assessment – a detailed reconstruction of the problems that led to seeking treatment and the history

Integrate the physical, psychological, social, and spiritual self into a healthy, functional whole.

Repair the splits or conflicts that drive addiction.

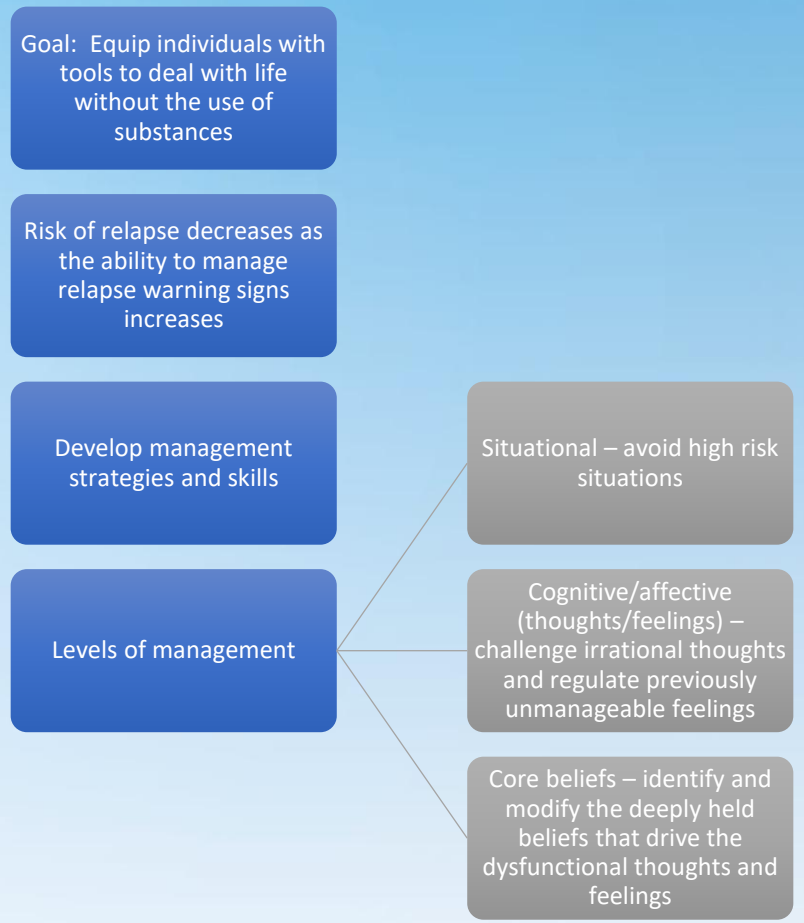
Understanding



Self Knowledge

Goal: Foster self-awareness to anticipate and manage relapse warning signs	
Learning how to identify sequences that lead to relapse	Personal warning sign list – identify, initial review, analyze, finalized list
Components –	irrational thoughts, unmanageable feelings, self defeating behaviors

Coping Skills



Change

Goal: Commit to ongoing personal growth and lifestyle adjustments

Develop a schedule of recovery activities

Each critical re/lapse warning sign needs to be linked to a specific recovery activity

Awareness


Goal: Maintain vigilance and self-monitoring to prevent automatic relapse behaviors
Inventory taking to monitor adherence to recovery program
Goal setting
To-do lists
Continuous reviewing

Significant Others

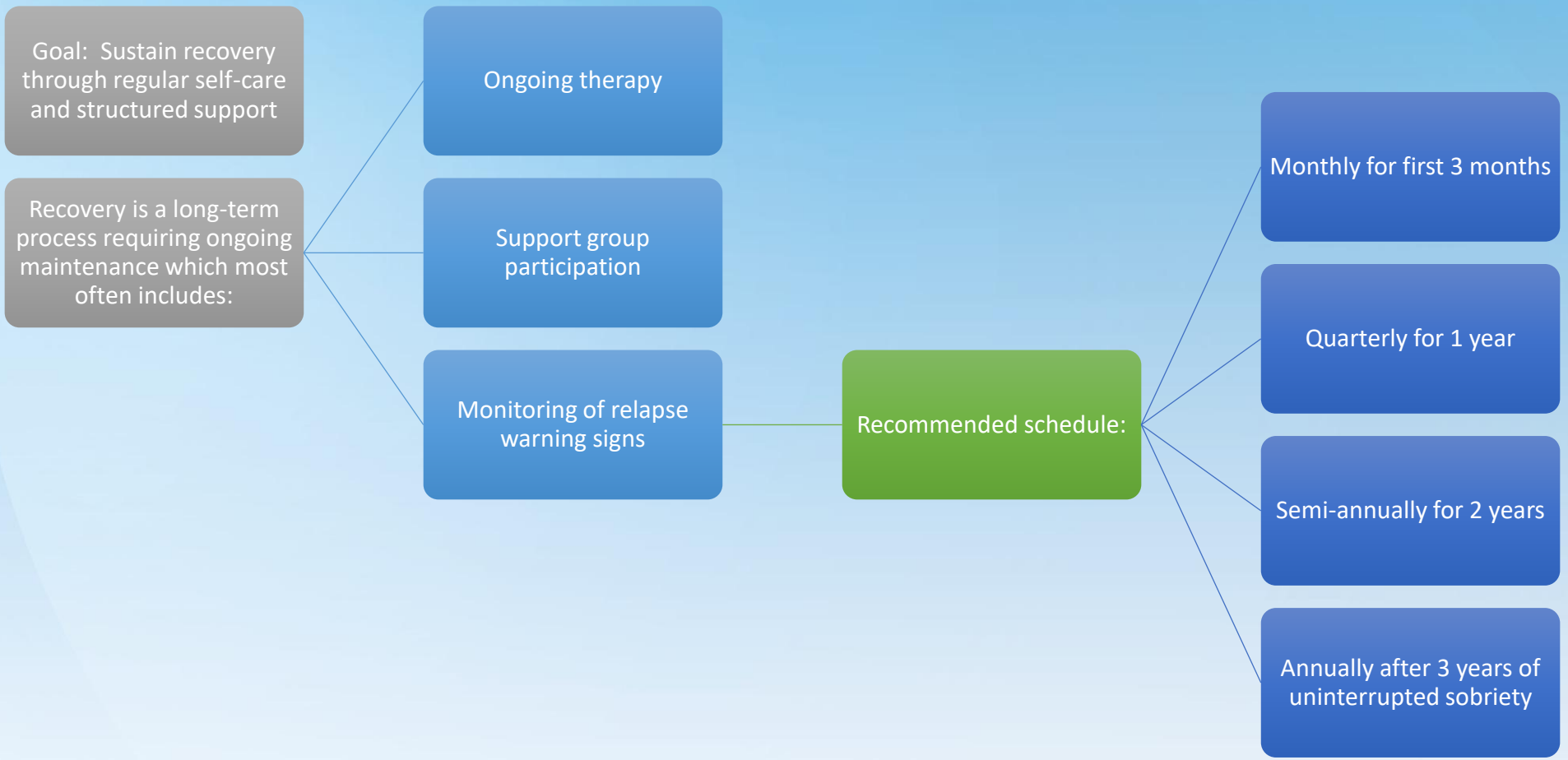
Goal: Development of a supportive network of relationships who do not undermine the individual's recovery process.

Recovery does not happen alone.

Taking full responsibility for their actions and recovery process.

Blaming of others or external circumstances undermines the recovery process.

Maintenance



Early Intervention Strategies

Identification of Warning Signs

Immediate Interventions

Behavioral Strategies

Pharmacologic Support

Long Term Relapse Prevention

STRUCTURED RECOVERY PLANS

PSYCHOSOCIAL SUPPORT

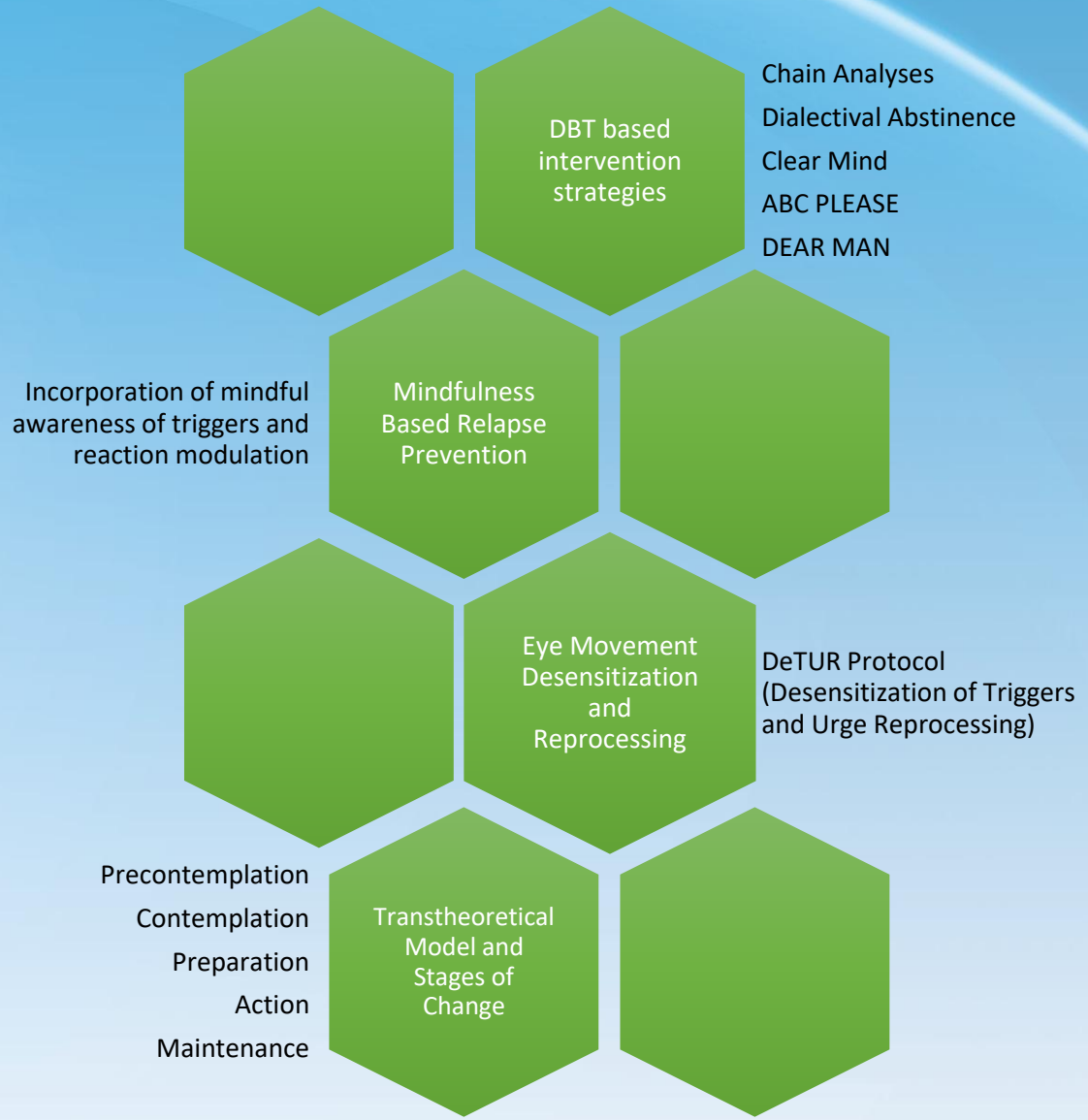
LIFESTYLE MODIFICATION

TECHNOLOGY ASSISTED TOOLS

Special Populations

- Dual Diagnosis Management
- Cultural and socio-economic factors in Relapse
- Gender specific relapse risks
- Age specific relapse risks

Other and Emerging Relapse Intervention Strategies



An Updated Definition of Recovery

- Limitations on historical definitions
  - Require abstinence from alcohol use
  - Don't include DSM5 diagnostic criteria in recovery process
  - No link to remission/cessation from heavy drinking and improvement in biopsychosocial/quality of life elements
  - No distinction between alcohol and other drug use

- NIAAA definition of Recovery
  - "Recovery is a process through which an individual pursues both remission from alcohol use disorder and cessation from heavy drinking."
    - A person may be considered recovered if both remission from AUD and cessation from heavy drinking are achieved and maintained over time.
    - *NIAAA Recovery Research Definitions

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