

Relapse prevention

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WHAT IS RELAPSE?

A relapse occurs when a person in recovery re-experiences problems or symptoms associated with his or her disorders. With substance use disorders, a relapse means a return to problem substance use after a period of abstinence or controlled use. With mental health disorders, a relapse is a flare-up of symptoms that are associated with the disorder. A relapse of one disorder can sometimes trigger relapse of the other.

There are many contributing factors and warning signs that indicate that a person may be in danger of returning to substance use or redeveloping symptoms related to mental health problems.

RELAPSE PREVENTION FOR SUBSTANCE USE PROBLEMS

A relapse is an expected part of the recovery process in substance use treatment. Usually there are warning signs that start long before the relapse. It is possible to identify these warning signs and take action to prevent a relapse.

If a relapse does occur, it is not a sign that treatment has failed, or that a person has a weak character, or that the caregiver is at fault in any way. A person with a substance use problem needs to learn and practise a variety of skills to prevent relapses. A relapse should be seen as an opportunity for the person to think about how to manage similar situations in the future. However, if someone relapses over and over again, it may be a sign of a more serious, undiagnosed disorder, such as posttraumatic stress disorder.

It's common for people to have ongoing urges and cravings that they must deal with to prevent a relapse.

Risk factors

People may experience situations or feelings that put them at greater risk of relapsing. A person who has a stressful, demanding life may see substance use as the only way to get pleasure or escape stress. The following factors can increase the chances that a person will relapse:

- negative emotional states, such as anger, anxiety, depression, frustration or boredom
- conflict with others that leads to negative emotions
- social pressure from peers who use substances.

Positive occasions, such as birthdays, anniversaries or reunions may also increase the chances of a relapse if alcohol is part of the celebration. Any intense feelings, even

happy ones, can be uncomfortable for some people. As a result, they may use substances to try and reduce the emotional intensity. Other people may use substances to try and intensify positive emotions.

Preventing substance use relapse

A person who copes effectively with high-risk situations is less likely to relapse. Also, a person who recognizes that substance use can lead to negative consequences, despite the fact that it may bring temporary pleasure, is less likely to relapse than a person who only acknowledges the pleasure.

When people have one relapse, their reaction to this “slip” can affect whether they go back to a pattern of heavy use. People who feel that they have no control over their use are more likely to use substances again. Those who see the relapse as a single event in which they didn’t cope effectively, and as an opportunity to develop more effective ways to deal with similar triggers, are more likely to avoid using substances again.

Relapse prevention strategies for substance use problems

The following strategies can help your family member prevent a relapse:

- Become familiar with a return, or worsening, of symptoms of the person’s mental health problems (such as manic behaviour, worsening of depression, self-harm behaviour) that have, in the past, frequently been associated with a substance use relapse.
- Identify situations in which the person may have problems coping (e.g., for many people, it is risky to be in places where they used substances before—such as in a bar—and to be around people they used to drink or use with).
- Develop strategies to deal with these high-risk situations. For example, a person could be prepared to refuse drinks in social situations by going to an establishment that offers interesting non-alcoholic drinks or going with friends who will support their decision not to drink and who do not drink to excess themselves.
- Remove items that might trigger use (e.g., someone who has a problem with alcohol could remove all alcohol, favourite drinking glasses, corkscrews and bottle openers, at least temporarily, from the house).
- Practise techniques to deal with stressful situations (e.g., meditation, anger management, positive thinking and withdrawal from the situation)
- Pursue activities that increase a sense of balance in life, such as relaxation training, stress management, time management, pet ownership, exercise and yoga.
- Make a “relapse road map” that outlines and emphasizes choices available to cope with or avoid high-risk situations.

Be prepared for relapse. Try to understand what triggered it. Think of a relapse as an opportunity to plan for similar situations in the future, not as a mistake.

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As people learn new skills and use them to avoid relapse and deal with stress, they develop a sense of mastery, which, in turn, decreases the risk of relapse.

RELAPSE PREVENTION FOR MENTAL HEALTH PROBLEMS

Some people only have one episode of mental illness, but many people have more than one episode. In some cases, the mental health problem is expected to recur.

Studies have shown that people can learn to recognize and manage their symptoms and reduce the chances that they will relapse. If they do relapse, the symptoms may be less severe.

There are some common factors that may contribute to relapse for many mental health disorders. However, sometimes there is no obvious reason.

Risk factors

People may experience situations or feelings that put them at greater risk of relapsing. A person who has a stressful, demanding life can be more vulnerable to relapse. Lack of regular routines and a poor diet and sleeping habits can also have a negative impact. A lack of social, family and community support may be a factor. Some common triggers are:

- substance use or abuse
- medication use problems—medication is stopped, taken irregularly or the dose is too low
- high levels of criticism, hostility or too much emotional involvement from family members (high emotional expression)
- conflicts with others
- severe mental stress, such as the death of a loved one
- condition-specific triggers—for example, the anniversary of a traumatic event could be a trigger for someone with posttraumatic stress disorder (PTSD)
- feelings, thoughts or situations that have come before a previous episode of illness
- other medical or physical problems.

Relapse prevention strategies for mental health problems

The following strategies can help your family member prevent a relapse:

- Identify signs of relapse and work with a professional to develop a relapse prevention plan.
- Take medication as prescribed, and speak to the doctor if it is not working or if side-effects are too unpleasant.
- Recognize situations that may trigger symptoms, and try to avoid them or reduce exposure to them.
- Learn about the disorders. Psychoeducation—formal learning about mental illness by the individual and family members—reduces the rate of relapse.
- Apply skills learned in treatment to deal with symptoms.
- Practise techniques to deal with stressful situations. Examples include meditation, anger management and positive thinking.
- Develop a structured routine. Pursue lifestyle choices and activities that increase a sense of balance in life, such as relaxation training, stress management, assertiveness training and conflict resolution.

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Activity 9-1: Identifying risk factors

List specific factors that might lead your relative to relapse of his or her substance use and/or mental health problem.

Activity 9-2: Relapse prevention strategies

Not only is it crucial for families to become aware of potential warning signs of relapse, it is also important for families to develop an action plan to deal with relapses of their relative's substance use and/or mental health problem. What action would you take if you saw warning signs of relapse in your relative (e.g., sit down with your loved one in a quiet place and gently discuss your concerns, and suggest that he or she make an appointment to see the doctor, therapist and/or case manager)?

Activity 9-3: Caregiver relapse prevention plan

Think about your own needs as the relative of a person with concurrent substance use and mental health problems. As we discussed in Chapter 5, it is essential for you to take good care of yourself and to develop a self-care regime. Should you begin to notice signs of increased stress, anxiety, depression, fatigue or other symptoms in yourself that might indicate that you are becoming overwhelmed (*caregiver relapse*), what steps might you take to care for yourself? Write down a personal “caregiver relapse prevention action plan” for yourself.

If my family member suffers a relapse, I will take the following steps to care for my:

Physical health:

Emotional health:

Social health:

Spiritual health:

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Sample caregiver relapse prevention plan

Physical health:

If my husband Frank starts drinking again, I will take care of myself physically by taking a “time out” to go for a long walk. This helps me to clear my head and calm down so I don’t blow up at him and call him a failure. I will also try to stick with my plan to eat good food, but if I slip and go back to junk food a couple of times, I will be kind to myself—relapses are stressful for all of us in the family and if I eat a bag of chips when I’m upset, it doesn’t mean I’m an awful person. I will just go back to eating a good diet afterward.

Emotional health:

I will take care of myself emotionally by reading the material that I got from my family support group and from Frank’s therapist about why people who stop drinking suddenly start again. This always helps me to remember that addiction is an illness that gets better gradually. It will also remind me that recovery is often a long, slow process and that relapses are often part of the person’s journey. Maybe this will help both me and my husband learn something positive from this experience.

I will also read the material I have about bipolar disorder to remind myself that sometimes, when people start getting too high or too depressed, they might turn to alcohol for comfort. All of these things help me cope when Frank picks up a drink again after being sober for a while. When I understand what’s going on better, I don’t blame him or myself. This helps me to stay calm and I don’t end up freaking out.

Social health:

If Frank relapses, I will call my best friends: Lucy from my family mood disorders support group, and Beth from my Al-Anon group. I will ask them to go to a family group meeting with me and then out for a coffee after.

Spiritual health:

I will increase the length of my yoga exercises to more than 15 minutes, and I will go back to my daily meditation readings.