



Early Relapse Prevention

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(Day 2 Afternoon Session)

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Early Relapse Prevention

Aims:

- (1) Identify activating stimuli and beliefs that trigger desire to use and keep the client in a vicious circle of problematic use
- (2) Help the client generate a relapse-prevention plan of alternative coping strategies and beliefs, and strengthen commitment to change

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Formulating problems: Cognitive model of substance use

- Client's awareness ✓ → re-evaluate distorted positive substance related beliefs → goal of change →?
- Client may feel drug use is out of his/her control, may slip back to using and may feel unable to identify the chain of events that lead to using

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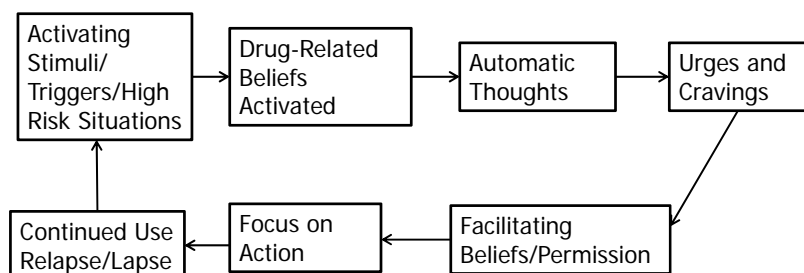
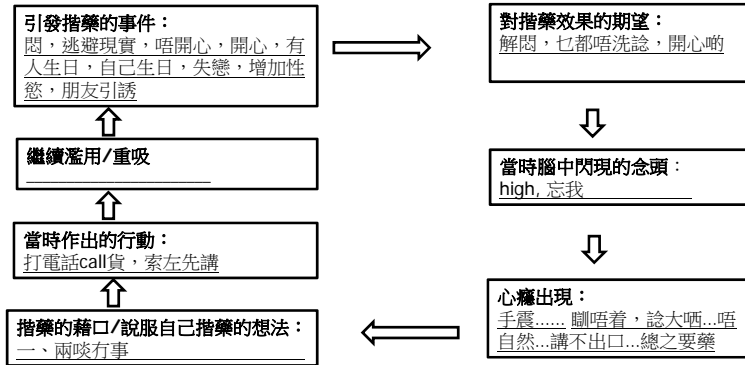


Figure 1. Cognitive model of problem substance use (modified from Beck et al., 1993; Liese & Franz, 1996)

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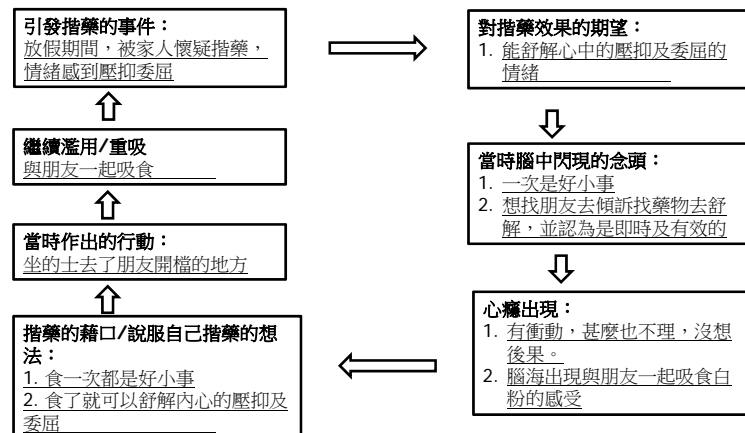
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- Explain the link between thoughts, feelings and behavior by the cognitive model
- Enable the client to begin to see the links between his/her thoughts, feelings and subsequent behavior (drug use)
- The chain of events, as illustrated in Figure 1, contribute to lapse or relapse

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Activating Stimuli/Triggers/High-Risk Stimulus

- These are idiosyncratic cues that trigger drug/alcohol beliefs. They may be:
 - Internal cues (e.g., feelings, images and physical sensations), or
 - External cues (e.g., people, places and things)

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Drug-Related Beliefs Activated

- These beliefs are the positive beliefs that clients hold about the drugs they use
- They are often cognitive distortions, which paint a favourable and unrealistic picture of drug use
- They trigger cravings and urges to use and thus maintain problematic patterns of drug use
- *For example, "I feel great and energetic when I use cocaine"; "Drinking makes the voices stop"*

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Automatic Thoughts

- Once clients' drug-related beliefs have been activated, automatic thoughts, which are involuntary and brief versions of their drug-related beliefs, are triggered
- These automatic thoughts can occur not only as thoughts and ideas but also as images. *For example, "Go ahead"; "Why not?"*

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Urges and Cravings

- These are the sense of desiring/wishing to have a substance or an impulse to seek out and use drugs
- Urges and cravings increase during withdrawal/or in the absence of using drugs
- Therefore, if clients are trying to abstain from using, they will experience more intense cravings and urges
- The extent of their cravings and urges will also be determined by how much they ruminate on thoughts about using

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Facilitating Beliefs / Permission

- These facilitating or permission-giving beliefs are said to centre on themes of entitlement, justification and minimization of the negative aspects of drug use
- The cognitive distortions in these beliefs allow clients to convince themselves that using again is OK

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Focus on Action

- When clients reach this part of the cycle, they will have already talked themselves into using and will now be thinking about how they can get hold of drugs


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Continued use or lapse/relapse

- Once the client has got hold of their substance, h/she are likely to use it
- If, after this slip, they completely return to their previous drug-using behavior, this is called a lapse
- If clients have a lapse, it is more likely to turn into a relapse if they engage in a particular distorted style of thinking called the abstinence/rule violation effect

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Exercise: How to elicit your client's chain of events that lead to problematic substance use

Use the Relapse Cycle of Problem Substance Use worksheet to map out the chain of events.

- (1) Ask the client to describe a recent time when he/she used drugs, particularly after a period of abstinence, or made some positive changes.
- (2) To identify activating stimuli, ask about where he/she was, whom he/she was with, how he/she was feeling, what he/she was doing before he/she used. Also ask, "What situations/things (internal and external) usually make you feel like using?"
- (3) To identify alcohol/drug beliefs, ask, "What was going through your mind at that time (just before you got the urges/cravings to use)?"

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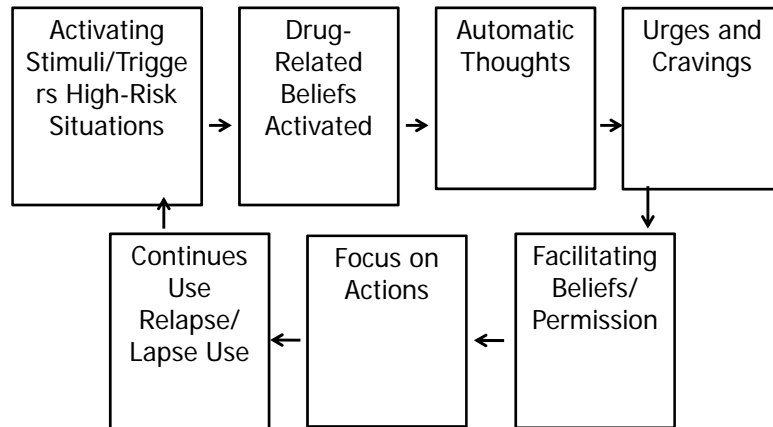


Exercise: How to elicit your client's chain of events that lead to problematic substance use

- (4) To identify automatic thoughts, ask, "What thoughts popped into your head?"
- (5) To identify facilitative/permission beliefs, ask, "what did you say to yourself that convinced you that it was OK to use or gave you permission to use?"
- (6) To identify instrumental strategies, ask, "How did you think/decide you would be able to get drugs?"

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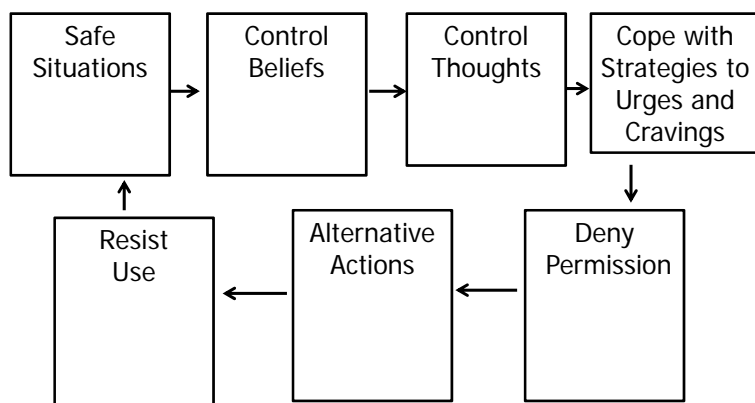
RELAPSE CYCLE OF PROBLEM SUBSTANCE USE



From Liese & Franz (1996)

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RELAPSE-PREVENTION PLAN



From Liese & Franz (1996)

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