

Relapse/Recurrence Prevention and Response in Treatment Courts



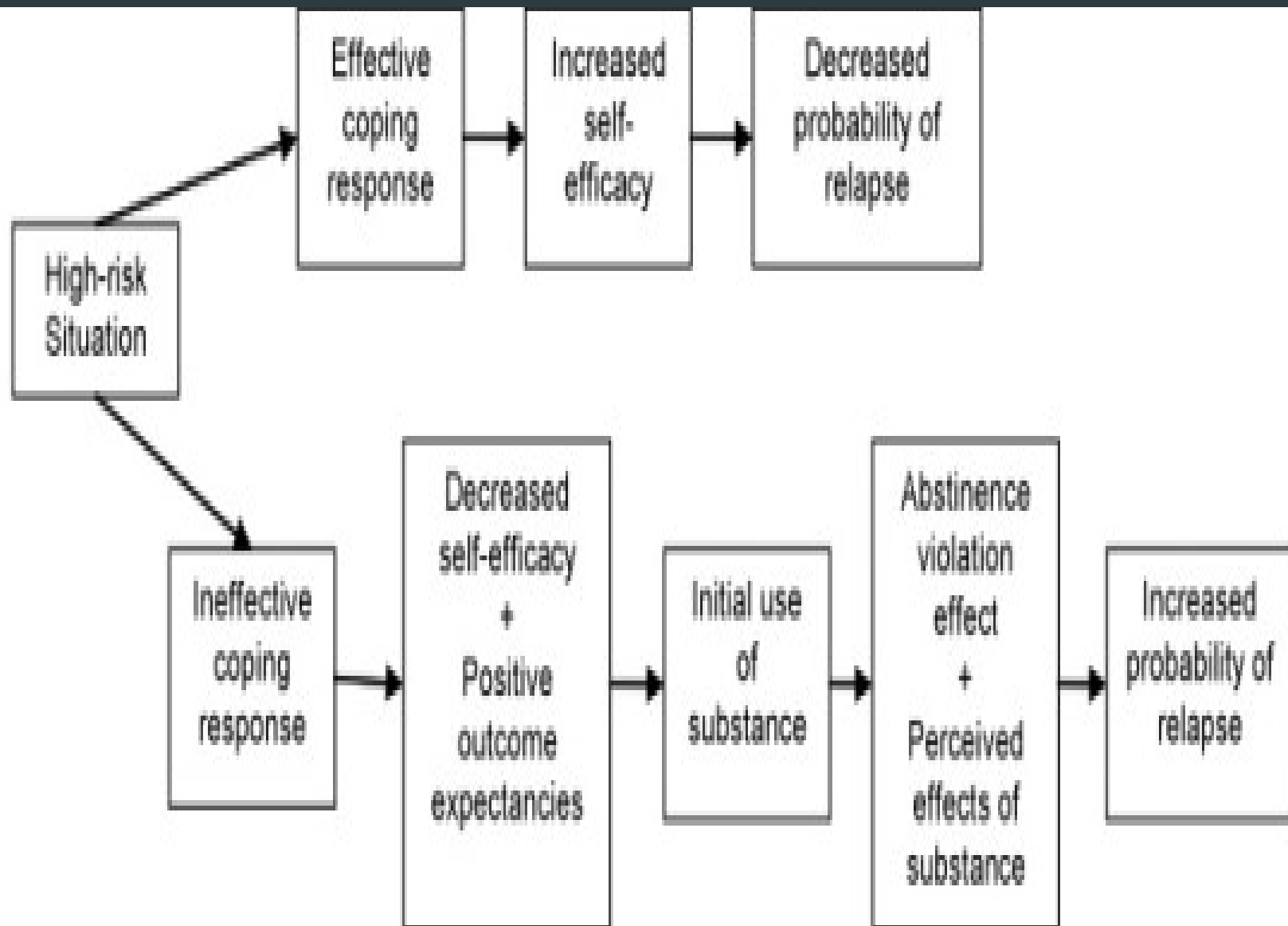
Addiction

A treatable, chronic medical disease involving complex interactions between brain circuits, genetics, the environment, and an individual's life experiences.

People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Defining Relapse (recurrence)

A process resulting in a recovering person's return to the self-prescribed, non-medical use of any mood altering chemical (MAC) and the risk of the problems associated with that use



HIGH-RISK SITUATIONS (Contextual Factors)

PHASIC RESPONSES

TONIC PROCESSES

Distal Risks
(family history,
social support,
dependence)

Cognitive Processes
(self-efficacy, outcome
expectancies, craving,
motivation)

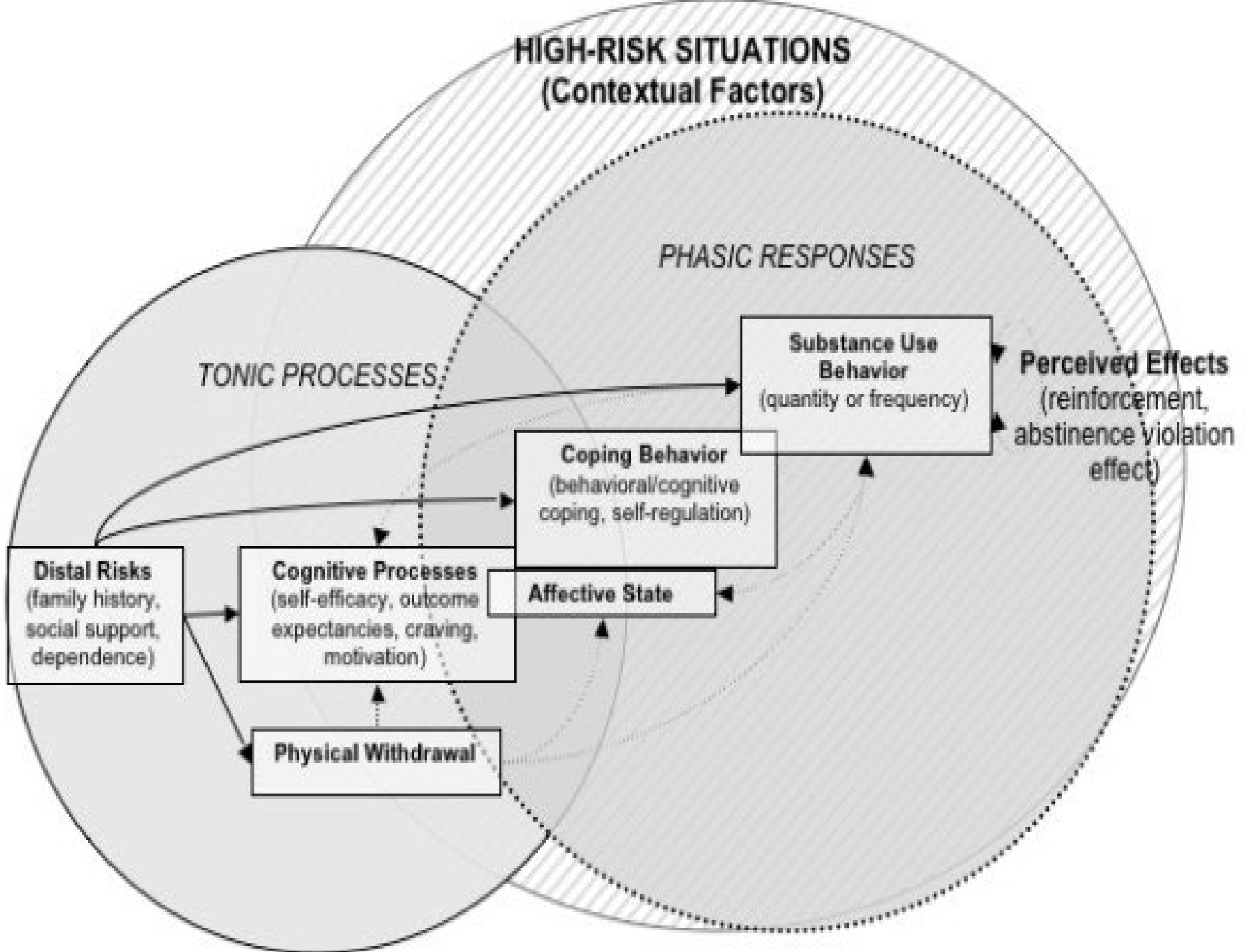
Physical Withdrawal

Coping Behavior
(behavioral/cognitive
coping, self-regulation)

Affective State

**Substance Use
Behavior**
(quantity or frequency)

Perceived Effects
(reinforcement,
abstinence violation
effect)



1st Big Question

Is it “relapse” or
“continued use”?

2nd Big Question

Is it “lapse”, ‘relapse’ or
“collapse”?

Readiness to Change

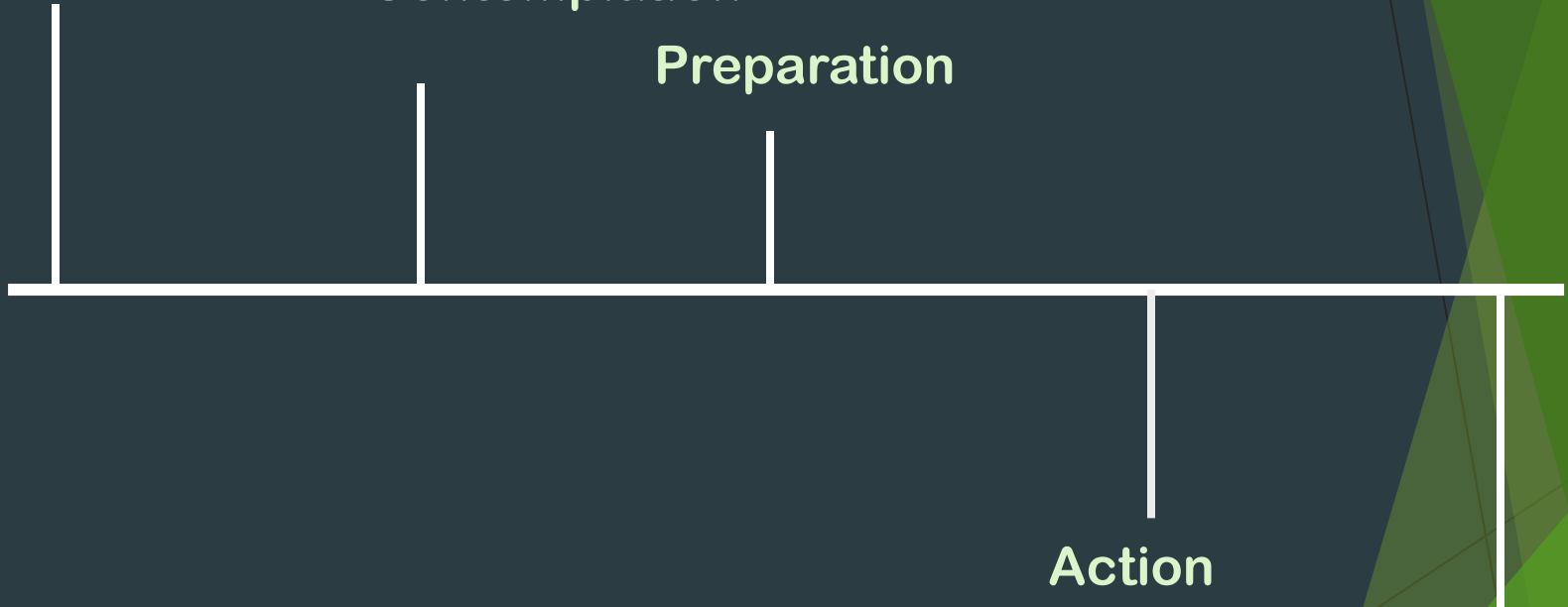
Pre-Contemplation

Contemplation

Preparation

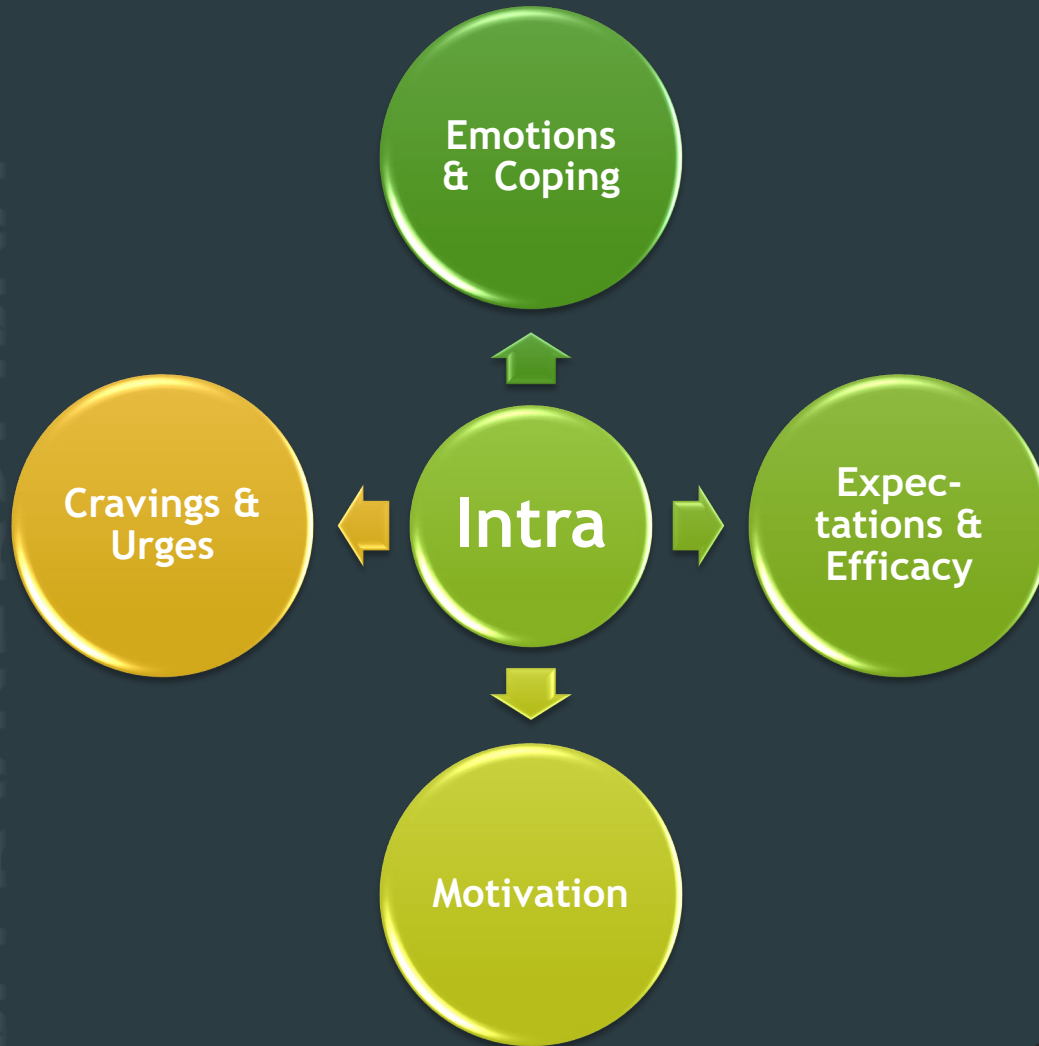
Action

Maintenance



Factors Impacting Relapse/Recurrence

INTRAPERSONAL



INTRAPERSONAL

INTERPERSONAL



INTERPERSONAL

Variables Impacting Relapse (Recurrence)

Biological (genetics, hormones, brain abnormalities)

Psychological (COD, self-efficacy, AVE,
meaninglessness)

Behavioral (impulsivity, self-regulation)

Environmental (toxic environments)

Historical (family history)

Pharmacological (**brain response and expectation**)

Clinical (inadequate treatment)

Relapse/Recurrence Prevention and Response

WHAT IS RELAPSE PREVENTION?

- Therapy designed to identify and mitigate relapse risk factors.
- Recovering individuals are trained to routinely engage in recovery-supportive activities
- Aim is to prevent or respond to relapse early warning signs, as well as those suggesting that relapse is imminent
- Usually centered around CBT approaches

Relapse Prevention Planning

1. Written, specific, and rehearsed plans
2. Reiterates commitment to and rationale for recovery
3. Outlines and schedules recovery supportive activities
4. Identifies warning signs, cues, and high-risk situations (triggers)
5. Details preventive and progressive responses to all triggers
6. Outline post-lapse actions

Assessment

**Cognitive
Behavior
Therapy**

RPT

**Medications
(including for
COD)**

**Contingency
Management**

Stress

Trauma
Depression
Other COD

**Chronic
RPT
Focus**

**Abstinence
Violation
Effect**

**Environmental
Support**

How Drug Courts Prevent and Respond to Relapse/Recurrence

- ▶ Incentivize honesty and prompt self-report of use to keep a short-term lapse from becoming a full-blown relapse or collapse
- ▶ Facilitate continual robust relapse prevention planning for all participants reach early remission
- ▶ Query post-program recovery management plans
- ▶ Have multiple responses prepared for continued use and recurrence
- ▶ Work to minimize abstinence violation effect after recurrence
- ▶ Consider medications to increase success

Traffic Signal Approach (TSA) ® for Preventing Relapse/Recurrence



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Green Light Problems- Failing to engage fully in recovery-supportive activities

- 1. Skipping or coming late to meetings**
- 2. Neglecting spiritual activities and readings**
- 3. Skipping work or cutting class**
- 4. Failing to plan and participate in leisure activities**
- 5. Neglecting physical exercise, adequate sleep, or healthy diet**

Yellow Light Problems- Situations requiring caution, extra support, and/or prompt resolution

1. Negative moods & attitudes (angry, afraid, sad, lonely, hurt, guilty, bored, anxious, embarrassed, frustrated, rebellion, resentful, stubborn)
2. Fleeting cravings, urges, or euphoric recall
3. Holidays, celebrations; vacations, and other “down-time”; Sleeping (using dreams)
4. Dishonesty, greed, or having extra money
5. Feeling depleted, deprived, entitled or exhausted
6. Sobriety milestones
7. Re-entering from institutions

Red Light Problems- Situations to avoid, persistently resist, and/or requiring urgent external support

1. Offers to use or drink
2. Persistent cravings, urges, or euphoric recall
3. Feeling hopeless, like giving up, or not caring
4. Euphoric recall
5. Sudden, unexpected external triggers (sound, sight, smell, taste, sensation)
6. Trauma reactions
7. A slip

Collision Responses- Actions required ASAP after any recurrence of use

1. Immediately notify someone previously identified who has agreed to be contacted 24-7—a family member, sponsor, recovery coach, etc. Find and notify more than one.
2. If after business hours, call and leave a message for drug court treatment provider, supervision officer, or case manager explaining briefly what occurred.
3. Call the program at the beginning of the next business day and talk with a live person.
4. Be prepared to report immediately for reassessment and support to get back on track.

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