



This lesson is designed to maximize patient engagement and talk time. The focus tasks, small-group sizes, collaborative objectives, and individual work assignments are included strategically to meet this purpose. The timing, number of sessions, and room makeup may be adjusted according to need.

Breaking Free With a Relapse Prevention Plan

Relapse prevention is a CBT approach designed to help patients cope with high-risk situations that may trigger the urge to use. It is a skills-based approach that involves objectively reconceptualizing situations so patients can respond with positive thought patterns and actions rather than addictive or maladaptive tendencies. Relapse prevention is designed to target both internal and external triggers. Building a relapse prevention plan helps individuals recognize high-risk situations and respond to triggers with positive thought patterns and actions. Because the road to success has already been mapped out, the individual gains confidence to use their prepared coping skills to overcome their urge to use.

Session Objective:

By the end of the session, participants will be able to describe the steps they will take to address urges to use through the creation of a relapse prevention plan.

Delivery Time: 60 Minutes

Materials: Notebook paper, writing materials, clipboards (if no desks/tables are available), media playing device, Relapse Prevention Plan Template PDF (1 copy per participant)

Set-up:

1. If possible, set chairs and desks in a semicircle. If no desks are available, distribute clipboards so participants have a sturdy, portable means of taking notes and completing tasks.
2. If a whiteboard or projector is available, write the session objective.
3. Print all associated materials (Relapse Prevention Plan Template PDF).

Procedure:

1. **Session Objective** – Read the session objective aloud.
2. **Introduction Focus Task and Discussion** (10 Minutes) - *Though a larger screen is preferred, the focus task activity can be viewed through a tablet or phone.*

<https://www.ofsubstance.org/mini-movies/v/trapped>

Inform participants they will be watching a short video. As they observe, participants should consider the following:

1. **How does the woman feel in the short film's opening when she has company (0:08 - 1:00)?**
2. **What thoughts might be going through her head when she begins to leave and then returns (1:50)? Rather than wait until the short film concludes, pause here and discuss.**

3. What happens as she tries to leave from that point, and how is she feeling now (1:50 - 3:55)?

Give the group a moment to consider their responses and request that volunteers share, build upon, and give feedback on others' ideas.

Mark Twain once quipped, "*Quitting smoking is easy. I've done it a hundred times.*"

Addiction is a painful cycle that makes many people feel hopeless, trapped, and unable to escape. It's one reason there are so many inspirational quotes about "breaking the chains of addiction;" people feel bound by it.

It is essential to understand that people generally do not just act; they follow a series of processes that lead to the action. It may start with a feeling or emotion that triggers the urge to use. Suppose this feeling isn't addressed with proper coping skills. In that case, it can easily lead to maladaptive thought patterns, which, again, will progress to a high-risk situation if not dealt with using recovery capital skills. The high-risk situation may be the last chance to intervene and prevent relapse. Before you drink water, you first need to realize you're thirsty, then decide you want to get water, and finally walk over to the sink or refrigerator to fill up your cup.

Break participants into pairs, though a group of three would be fine for odd numbers. Have each group brainstorm for a few minutes about the myriad of ways addiction makes one feel trapped, having one member of each set write down the ideas they generate.

Have groups share and board responses. Possible responses could include:

- biological urges and cravings
- no other known outlets or coping skills
- family and friends that use regularly
- hopelessness
- "lost" so much time that you feel you can never recover it
- feelings of shame and guilt
- past trauma that there is no way of forgetting

3. Problem-Solving Scenarios (20 Minutes) - Begin by having participants reflect on scenarios in their life that make them feel trapped, select one that is particularly challenging, and write it down (these scenarios can be specifically regarding use or can be stressful or difficult situations in general since those situations often trigger use)..

Request a volunteer to share their scenario with the group. Elicit suggestions and advice for strategies to work through it from other group members, again encouraging them to expand upon others' ideas. Board the coping strategies the group presents.

Repeat this exercise with the remaining group members.

Once the activity is finished, write any remaining coping skills or strategies the group may have missed on the board for reference. These could include:

- calling a sponsor or attend a support meeting
- journaling or creating a gratitude list
- leave the location
- courageous conversations
- meditation and relaxation techniques
- playing the tape through
- going out to take a brisk walk or exercise
- restructuring negative thoughts
- planning ahead so that you don't end up putting yourself in the high-risk situation to begin with

4. Design the Plan (8 Minutes) - Distribute the Relapse Prevention Plan Template PDF. Instruct participants to complete the document.

5. Peer Feedback Mingle (12 Minutes) - Once complete, explain that each group member should discuss their plan with three other people to receive feedback and suggestions before offering their own advice on their partner's plan.

When the activity begins, track the timing and announce when it is time to switch and find a new partner; this should happen in four-minute intervals.

6. Revise and Share (10 Minutes) Using the feedback received in the previous activity, participants will now revise and update their plan, making it more explicit and effective.

Finally, do a group share of the completed plans.

"The chains of addiction that once had me bound, they have lost their power, and I have broken free. I hold the power now; I can be ME." Deborah Teal

7. Home Practice – 1. Consider if your plan is situation-specific or universally applicable by applying it to other scenarios covered in this session or new ones you may be facing or have the potential to face; make adjustments as necessary.

2. In the event that you use your relapse prevention plan, reflect and journal about the experience.

