

Reducing Relapse Risk

Introduction

Recovery is a lifelong process, one that often involves changes across multiple domains of a person's daily life, such as physical, behavioral, inter- and intra-personal, psychological, financial, and sociocultural spheres.¹ Specific areas of change often include increasing self-awareness, self-care, and life balance; developing a sense of purpose; adequate nutrition, exercise, and sleep; developing healthy relationships with others and self; creating a recovery support network; improving coping and communication skills; addressing existing physical or mental health issues; learning how to manage cravings; and learning relapse prevention skills. All of these changes are crucial for successful maintenance of recovery.

Each person's progression into and maintenance of recovery is unique. Therefore, it is important for individuals to develop and cultivate self-awareness of their individual relapse risk factors, so they can make changes to promote successful recovery maintenance of recovery. If a patient is ambivalent about change, brief interventions, such as Motivational Interviewing (MI) or others, can be used to help increase motivation to change.^{2,3}

The process of recovery (and relapse) is often influenced by relapse risk factors, such as: ¹

- Severity and consequences of addiction
- Co-occurring mental or medical conditions
- Motivation and coping skills
- Presence and quality of the individual's support system

It is important for clinicians to be aware of the complexities of substance use disorders (SUDs) and recovery, so that they can provide optimal support for the patient's progress and maintenance of recovery.

What Is Relapse?

Relapse is both an event and a process.¹ A lapse is the initial use of a substance or re-engagement in an unhealthy behavior (e.g., gambling) after a period of recovery; a **relapse** is continued use/behavior after the initial lapse.¹ The relapse process often begins long before the lapse. It can start with letting go of some of the changes the individual has made in the process of recovery and reverting back to old patterns of thinking and behaviors that pave the way for a lapse or relapse to occur. Common early warning signs of relapse can include the following⁴:

- Thinking about future use/behaviors, minimizing consequences of use, or fantasizing about past use/behaviors
- Starting to re-associate with people and places linked to past substance use;
- Focusing on the negative

- Not reaching out for support in times of emotional need or denying the need for support altogether
- An increase in behaviors that were common when the individual was using
- Returned craving
- Stopping the medication prescribed for an addictive disorder

Individuals typically have their own unique set of the risk factors and early warning signs that may signal the onset of their drifting away from recovery. It is important to help each person learn to identify their own warning signs of the relapse process, especially in early recovery, to improve their self-awareness and reduce relapse risk. Within the relapse process, there are many opportunities for the clinician and patient alike to intervene, reengage with recovery-oriented thinking and behaviors, and get back on track with recovery.

Research indicates that approximately 60% of individuals with substance dependence eventually enter sustained recovery; however, for many of them, it takes more than one “cycle” of lapse–relapse–treatment reentry before achieving sustained recovery.¹ Multiple treatment episodes may have a cumulative positive effect, leading to a sustained recovery.¹ Clinicians should encourage and support the patient’s attempts at recovery regardless of how many times they tried in the past (and relapsed). Multiple treatment episodes may have a cumulative positive effect, leading to a sustained recovery journey.

Early recovery is often the most vulnerable time for patients, as there is a high risk of relapse; approximately half of alcohol-dependent individuals relapse during the initial 3 months, indicating that relapse prevention–oriented treatment should be introduced as early as possible.^{5,6} Because addiction is “a chronic relapsing disease,” relapse can occur at any time in the recovery process—some people relapse after having been in recovery for years. Therefore, it is important for individuals to understand that recovery is not a “single” event or a time-limited goal; rather, it is a series of changes across multiple domains of life that need to be maintained lifelong—a change in thinking, behavior, and lifestyle.

If a lapse or relapse occurs, the individual should be encouraged and guided by the clinician to explore the relapse itself and the circumstances surrounding it, including any preceding, early warning signs of relapse. This knowledge can then be used as a learning experience and stepping-stone toward increasing self-awareness and improving understanding and skills for relapse prevention in the future. With relapse, patients may benefit from intensifying or stepping up the level of SUD treatment; for example, a patient in an outpatient aftercare program, with weekly individual meetings with a counselor, can be transitioned to an intensive outpatient program, with group and individual therapy meetings several times a week or a residential program, depending on the individual’s circumstances and needs. Increasing attendance at mutual self-help group meetings (e.g., Alcoholics or Narcotics Anonymous) and “boosting” other personal support can exert additional positive effects.

Opioid Overdose Warning

Those who use opioids—prescribed or illicitly obtained—are at increased risk of respiratory depression and overdose. This risk is particularly high in those who are opioid-naïve or abstained from opioids, even for a relatively short period of time. It is especially critical to educate patients about the danger of unintentional overdose after a period of staying off or reducing the use of opioids. With abstinence (or even reduced use), the individual's tolerance level decreases; resuming opioid use with the prior (pre-cessation, prereduction), dose carries a high risk of overdose and death due to diminished tolerance. Naloxone, an opioid antagonist delivered by injection or intranasally, used to reverse the effects of an opioid overdose, is recommended to be prescribed or dispensed to all at-risk individuals for the prevention of fatal overdose.⁷

It is also important to educate patients that illicitly obtained drugs, including opioids and non-opioid drugs (including marijuana), can be adulterated with all sorts of substances, including cocaine, and fentanyl and its analogs. The increase in illicit fentanyl and its analogs, often added without the knowledge of the user (or seller/dealer), has recently led to surges in overdose deaths. Potent opioids (e.g., fentanyl), are particularly dangerous, especially in those who do not have tolerance to opioids, such as opioid-naïve individuals or those who stopped opioid use.

[Opioid Overdose Prevention Toolkit](#)

Relapse Risk Factors

One of the common reasons for relapse is not being prepared for what the process of recovery entails. Many people assume that upon stopping the use of a substance or the behavior (e.g., gambling), the worst will be over in a few weeks or months, and that they can ease up on their recovery efforts at that time. This is an incorrect assumption. It is important for clinicians to educate patients that sustained recovery requires long-term, lifelong, ongoing effort.

Many individuals experience post-acute withdrawal syndrome, which can be a risk factor for relapse.⁸ The symptoms of post-acute withdrawal syndrome extend beyond the immediate, acute withdrawal stage and can include anxiety, irritability, insomnia, depressed mood, fatigue, memory and concentration problems, cravings, and even impairment in executive control. It is important to provide the necessary level of education about this syndrome and offer support and encouragement to individuals who experience it, to help them reduce their relapse risk.

Triggers or cues associated with past substance use or problematic behaviors (e.g., gambling) are common risk factors for relapse.⁹ These triggers can activate an urge or craving to use a substance or re-engage in problematic behaviors, which, in turn, can lead to relapse if not appropriately addressed. Triggers are often unique to the individual and can be internal (e.g., anxiety, which used to be self-medicated with drug use) or external (e.g., walking past a favorite bar or a casino, or coming across one's former drug dealer). Although some triggers may be easier to identify (e.g., external trigger: a friend coming over with a bottle of alcohol), others can be subtle (e.g., internal trigger: a memory of pleasure associated with past-use of a substance). With the multitude of possible risk factors for relapse, many of which are unique to the

individual, it is important for clinicians and patients to explore these personalized risk factors during treatment to raise self-awareness. Understanding and awareness of individualized risk factors are key, along with the development of skills to address and mitigate these risk factors.

To promote progress and recovery, patients should receive sustained support and counseling to address individual relapse risk factors, which occur across various spheres (e.g., behavioral, cognitive, emotional, social, physical, environmental, etc.).⁹ These risk factors, for any given person, may include:

- Poor treatment adherence
- Maintaining contact with people (e.g., by keeping their phone numbers) who use or sell substances or engage in continued problematic behaviors, such as gambling
- Spending time in places where one used substances or with high substance use activity (e.g., being near the drug supply source, such as passing by the former drug dealer, a bar, or a marijuana dispensary)
- Isolating/withdrawing from others
- Not creating a recovery-oriented support network or not reaching out to it in times of distress
- Taking on too much, too fast and not having time or energy for treatment and/or maintaining adequate balance of daily responsibilities and self-care
- Attempts to test personal control (e.g., desire to test one's willpower in risky situations)
- Low self-efficacy (e.g., low confidence in the ability to control substance use)
- Lack of motivation for, or ambivalence to, change
- Insufficient adaptive coping skills, especially in high-risk situations
- Positive outcome expectancy (e.g., the patient's belief that substance use brings positive effects, such as sociability, decreased anxiety, improved stress coping, better sleep)
- Being bored
- Negative affect (e.g., as a result of untreated depression or post-acute withdrawal)
- Positive affect (e.g., excitement about a party, wanting to celebrate something)
- Having untreated mental health issues (e.g., commonly co-occurring depression, anxiety, PTSD, or sleep problems)
- Inadequate social and emotional support
- Being hungry, angry, lonely, or tired (HALT, an acronym for well-known relapse risk factors that is often referenced in 12-step programs; it stands for hungry, angry, lonely, tired)
- Interpersonal conflict
- Social pressure/persuasion to use substances—both verbal and nonverbal (e.g., body language, or being provided with the substance or money)
- Presence of craving
- Having untreated physical health issues (e.g., chronic pain)
- Residing in a neighborhood with high substance use activity
- Living near a bar or marijuana dispensary
- Being exposed to substance use in one's professional or personal environment

Reducing Relapse Risk

Relapse prevention is an essential part of treatment for SUDs and recovery. It involves a complex interplay of environment, history, thoughts, affect, expectations, self-efficacy, self-regulation and coping, motivation, perception of the situation, presence of co-occurring medical or mental health problems, craving, or withdrawal, and presence and quality of the support network.¹

Relapse prevention can be conceptualized as involving two layers: building the foundation of recovery across multiple life domains (refer to the Introduction and Resource Box 1), and learning specific relapse prevention self-help tools (refer to Resource Box 2).

Clinicians should explore with patients the presence and extent of relapse risk factors, map out the care plan to address each individual's risk factors, and closely monitor treatment response and progress, especially early in recovery when the risk of relapse is highest. It is also important to evaluate the patient's commitment and motivation to change, and help enhance it, if needed, as part of relapse prevention.¹ Motivational interviewing or motivational enhancement approaches can be useful for increasing motivation to change.

A collaborative approach and shared decision-making should serve as a foundation for developing a treatment plan and goals for recovery, as well as identifying any potential barriers to recovery.¹⁰ Treatment plans should be tailored to each patient's individual needs and preferences, and the availability and accessibility of recovery-oriented resources and different treatment modalities (e.g., residential versus outpatient treatment). Smooth and gradual transition from a higher to lower level of care can additionally facilitate recovery.

It can also be helpful to connect the individual with trained peer support providers (e.g., peer support specialists, recovery coaches). These support workers are people in recovery from addiction who have formal training in how to engage an individual in a wide range of activities and resources, which are mutually agreed upon as potentially helpful with promoting the individual's recovery. Peer support providers are trained to share personal recovery-related experience in a therapeutic way to build trust but not to become like a "sponsor" as in the 12-step programs. They are seen as mentors to help develop recovery skill building and goal setting for the individual. Considered as para-professionals, they can plan and develop self-help groups, supervise other peer workers, provide training, administer programs, and educate the public to raise awareness.¹¹ Within this context, national groups have formed leveraging peers' experience and voice to advocate on a wide range of policy reform and on new models of peer support services for people in recovery from addiction. Faces and Voices of Recovery, formed in 2000, has become the national organization for people in recovery, family members, and others to find resources in their area or get involved in advocacy efforts to reduce stigma and create more progressive policies around treatment, housing, and recovery issues.¹²

During treatment, relapse prevention strategies can be taught in individual or group therapy formats. An experiential approach to learning can make this process more active, and encourage patient engagement and behavior change.¹ Some examples of experiential learning techniques include behavioral rehearsal, role playing, mono- or psycho-drama, use of metaphors, bibliotherapy, journaling, and interactive home practice assignments.¹ Meditation-

based interventions can be well-suited for experiential learning of self-awareness and positive coping skills. Research evidence indicates that mindfulness meditation training and practice can enhance outcomes in SUDs.¹³⁻¹⁶ Mindfulness-based relapse prevention is an 8-week program specifically tailored for relapse prevention in SUDs.¹⁷

The American Society of Addiction Medicine describes ten relapse prevention strategies essential to address and implement when treating patients with SUDs throughout the continuum of care (refer to “Helping Patients: Ten Clinical Relapse Prevention Strategies,” below).¹

Helping Patients: Ten Clinical Relapse Prevention Strategies

1. Help patients understand relapse as both an event and a process, and learn to identify warning signs of the breakdown of the recovery process
 - Review individual relapse history; identify relapse warning signs and triggers (both internal and external—refer to Resource Box 1)
 - Help patients understand that attitudinal, emotional, cognitive, and behavioral changes may precede lapse/relapse by days to months
 - Help patients learn the connection between thoughts, feelings, events, or situations and relapse
2. Help patients identify high-risk situations and develop effective cognitive and behavioral coping skills
 - Address any inter- or intra-personal high-risk situations
3. Help patients enhance communication skills and interpersonal relationships, and develop a recovery-oriented support network
 - Support networks can include supportive friends, family, trained peer support providers (e.g., peer specialists or recovery coaches), community groups, church groups, and self-help recovery programs (e.g., [Alcoholics Anonymous](#), [Narcotics Anonymous](#), [Pills Anonymous](#), [Crystal Meth Anonymous](#), [SMART \(self-management and recovery training\) Recovery](#)).
 - Support networks should include people with positive feelings about the patient and recovery who are not actively using substances or engaging in problematic behaviors.
4. Help patients become aware of, identify and manage negative emotional states to reduce relapse risk
 - Untreated or undertreated mental health and sleep problems
 - Being hungry, angry, lonely, or tired (HALT)
5. Help patients identify and manage craving and urges that can trigger relapse.
 - Cravings and urges can be triggered by internal (thoughts, emotions, physical discomfort) or environmental (sights, smells, interactions, situations) experiences
6. Help patients become aware of, identify, and challenge cognitive distortions
 - Examples of cognitive distortions are “black and white” thinking, overgeneralization, catastrophizing, jumping to conclusions, etc.
7. Help patients work toward a more balanced, healthier lifestyle
 - It is important to work on stress reduction, as increased stress increases relapse risk
 - Help patients identify and develop positive habits and nourishing activities to replace the unhealthy addiction-related habits and activities

- Being bored, and not having enough of positive activities in daily life can increase relapse risk; working toward the balance between “nourishing,” positive activities and “depleting” activities (e.g., external demands) in everyday life is important
- To assess lifestyle, help the patient evaluate their patterns of daily activities, stressors, nutrition, amount of exercise and relaxation, social engagement, spirituality, etc.
- 8. Help patients assess and consider the appropriateness of medications, in combination with psychosocial treatments
 - Pharmacotherapy can include acamprosate, naltrexone, or disulfiram (of note, disulfiram is less commonly used nowadays) for alcohol use disorder; buprenorphine, methadone, or naltrexone for opioid use disorder; or bupropion, nicotine, or varenicline for nicotine use disorder
- 9. Facilitate a smooth transition between levels of care for patients completing residential or hospital-based inpatient treatment programs, or structured partial hospital or intensive outpatient programs
 - Gains in treatment can be lost if the patient does not continue with ongoing outpatient or aftercare treatment
 - It can be helpful to use motivational interviewing to facilitate continuation of treatment, as well as using close monitoring for therapy progress
- 10. Incorporate strategies to improve adherence to behavioral treatment and medications
 - Motivational interviewing, and/or promoting participation in treatment (e.g., through contingency management) may improve treatment adherence

**Adapted from American Society of Addiction Medicine¹*

Helping Patients Through Post-Acute Withdrawal: Ten Recommendations

1. Help patients understand post-acute withdrawal and develop realistic expectations about the recovery process
2. Celebrate patient accomplishments
3. Screen for and treat co-occurring disorders
4. Inquire about and address sleep difficulties
5. Encourage healthy, “nourishing” physical and mental activities
6. Encourage patience with the recovery process
7. Consider the need for medications to address some of the post-acute withdrawal symptoms
8. Encourage patients to engage in mutual self-help groups
9. Engage patients in interventions to help strengthen executive function (e.g., cognitive-behavioral therapy)
10. Continue to monitor patient symptoms during aftercare

**Adapted from Protracted Withdrawal, Substance Abuse Treatment Advisory, Substance Abuse and Mental Health Services Administration, July 2010⁸*

Resource Box 1. Building an Integrative Health Recovery Foundation

Physical and Emotional Surroundings

- Avoid people, places, and things (e.g., paraphernalia) associated with substance use or problematic behaviors.
- Bring awareness to your physical surroundings to identify and reduce (or eliminate) anything that may increase the risk of relapse (e.g., living with someone who is using substances).
- Emotional distress is a well-established relapse risk factor; seeking treatment, engaging with a support network; exercise, meditation, yoga, prayer, and other activities can be helpful to reduce emotional distress.¹

Diet

- A healthy diet improves health in general; it may also ease the detoxification process and facilitate recovery.¹⁸
- It is important to avoid any addictive substances, as their use can compromise recovery.

Rest

- Poor sleep, tension (stress), and negative emotional states increase the risk of relapse¹⁹; adequate sleep, rest, and relaxation are essential components of self-care, optimal functioning, healing, and committing to a healthy lifestyle in recovery.

Support

- Healthy social support is vital for a solid recovery foundation; connection to supportive others can help decrease the sense of isolation, which is a risk factor for relapse.
- It can also be helpful to connect the patient with trained peer support providers (e.g., peer support specialists, recovery coaches). These support workers are people in recovery from addiction who have formal training in how to engage a client in a wide range of activities and resources that are mutually agreed upon as potentially helpful with promoting the client's recovery.
- Find or create a personal recovery-oriented support network; for example, supportive friends and/or family members, community groups, or recovery-oriented self-help groups (e.g., [Alcoholics Anonymous](#), [Narcotics Anonymous](#), [Pills Anonymous](#), [Crystal Meth Anonymous](#), [SMART Recovery](#)).
- Educating family and other key individuals about addiction and recovery can facilitate recovery.
- Spiritual or religious involvement can be a protective factor against relapse.²⁰⁻²²

Self-Care

- Self-care includes taking care of yourself when feeling a deficit in any of the areas described in this section. It also includes being aware of any emotional distress or exhaustion, and taking steps to support yourself during these times.
- To establish a solid recovery foundation, it is important to engage in positive, fulfilling activities, while minimizing the impact of draining or negative activities in daily life.
- Daily self-care can be seen as a healing process from the demands of the day, whatever they may be. Self-care activities include talking to supportive others, journaling, going for

a walk, spending time with a friend or pet, reading, prayer, massage, deep breathing, exercise, yoga, tai chi, meditation, or engaging in other enjoyable healthy activities.

- Mindfulness meditation can be useful for promoting recovery. It has shown to be helpful for substance use disorders^{13-16,23,24} as well as for physical and mental health conditions, including depression, anxiety, pain, and stress coping.^{13,25,26} Mindfulness-Based Relapse Prevention (MBRP) is a group therapy developed specifically for relapse prevention in substance use disorders.¹⁷

Physical Health and Exercise

- Consult with a clinician about your medical and mental health conditions, which may impact your relapse risk.
- Engage in exercise as determined appropriate by your clinician; exercise can improve physical and psychological health and energy, reduce tension/stress, anxiety, depression, and sleep problems—all known relapse risk factors,²⁷ and have positive effects on the brain's reward systems, which are often affected by substance use.^{27,28}

Mental Health

- Addiction and mental health problems frequently co-occur. Diagnosis and treatment of co-occurring mental health conditions (e.g., PTSD, depression, anxiety, insomnia) along with treatment for addiction are critical for promoting recovery.²⁹

Addiction Treatment

- Evidence-based behavioral treatments are a part of the first-line approach to the treatment of addiction.
- Behavioral treatments can be delivered in a variety of formats (individual, group, or couples therapy) and settings (outpatient, day treatment, residential), and vary in duration, frequency, and intensity. Individual therapy is structured around individual needs and pace. Group therapy allows support from other group members working toward similar goals.¹
- It is important to address any co-occurring issues (e.g., mental health conditions, trauma, etc.) and work on increasing coping skills in these areas to help prevent relapse.
- Ongoing outpatient therapy (continued care or aftercare) after the initial, usually more intensive, treatment is recommended for relapse prevention and the maintenance of recovery.¹
- Recovery-oriented mutual self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, Pills Anonymous, Crystal Meth Anonymous, SMART Recovery) can complement professional treatment and enhance outcomes in addiction. The duration and frequency of self-help group attendance (*especially during the earlier stages of recovery*) have been linked to improved recovery outcomes. Meeting attendance and engagement, and having a sponsor are the strongest predictors of abstinence over time among those participating in mutual self-help groups.³⁰⁻³³

Personalized Relapse Prevention Plan

Creating a written, personalized relapse prevention plan can be a very useful tool for reducing relapse risk. Preparing and referring to this plan can help increase awareness of pro-relapse behaviors and factors, and augment relapse prevention efforts.

Relapse prevention plans often include the following: names and contact information of key people in one's recovery support system (e.g., supportive family, friends, sponsor, peer support provider); description of one's internal (e.g., specific thoughts, emotions, behaviors, attitudes related to substance use) and external (e.g., specific people, places, things, situations) triggers; identified healthy coping skills; personalized plan on how to intervene when relapse triggers are activated (e.g., call your sponsor or recovery support/friend; go for a walk or a run; meditate). Clinicians can assist with the development of a relapse prevention plan.

Early Recovery Checklist

1. Eliminate the external cues from your environment (e.g., drugs/alcohol, related paraphernalia).
2. Avoid triggering situations and places (e.g., places where you used to use alcohol or drugs).
3. Get rid of contact information of people who were associated with your addiction (e.g., delete and block phone numbers of your former drug supplier, or friends and acquaintances who were involved in your drug or alcohol use; change your phone number).
4. Avoid people who use alcohol or drugs.
5. Do not isolate or withdraw from supportive others.
6. If an urge or craving occurs, implement your relapse prevention plan and reach out for help.
7. Engage in self-care.

Engage in treatment and recovery-based mutual self-help groups (refer to handout on [Recovery-Based Mutual Self-Help Groups](#)).

Resource Box 2. Relapse Prevention SELF-HELP Tools

HALT. Ask yourself: Am I Hungry? Angry? Lonely? Tired?

Oftentimes being hungry, angry, lonely, or tired can trigger a desire to use, especially in early recovery. It is important to help patients develop increased self-awareness and ability to identify and address their relapse risk factors in an adaptive way, without resorting to the prior unhealthy, addiction-based coping (e.g., by using a substance).

Recovery is not a race: Do not try to do too many things at once in early recovery—your body, mind, and heart need time to heal. It can take weeks, months, or longer; it is different for everyone and depends on numerous internal and external factors, including the duration, severity, and consequences of addiction. Learn to develop healthy balance piece by piece, day by day, and build from there.

Relapse prevention plan: Use your relapse prevention plan in times of need—that's why it is there.

Recovery wallet card: Create a wallet-size card and outline your personalized relapse prevention plan. Such a card can contain the following: (1) your top three reasons for not using substances, (2) a list of at least three people or places you could contact when you need

support and their phone numbers, and (3) a list of the specific strategies you will use for relapse prevention.^{17,34}

Recovery self-help groups: Attend a 12-step (e.g., Alcoholics Anonymous, Narcotics Anonymous, Pills Anonymous, Crystal Meth Anonymous or SMART Recovery) meeting. (Refer to the web sites [Alcoholic Anonymous](#), [Narcotics Anonymous](#), [Pills Anonymous](#), [Crystal Meth Anonymous](#), and [SMART Recovery](#))

Reach out to your support network: Reach out to someone in your *recovery* support system when feeling distressed, lonely, or bored, or having an urge to use, etc. Call a person who is positive and supportive of your recovery—do not call an old friend you used to use drugs with or who sold you drugs.

Focus on “one day at a time:” If cravings or urges to use are happening, make a decision to not use for “today” or “the next hour” or “the next 5 minutes.” When the time period is up, repeat the process and use the relapse prevention tools that you have learned about. Remember: Cravings and urges do not last forever; after a while they pass on their own.

Urge surfing: This method encourages simply observing a craving or an urge, and noticing the experience of the urge itself, accepting it, and allowing it to pass, rather than attempting to fight it or act on it. With time, a craving or an urge will run its course and spontaneously fade away.¹⁷

“Play the tape through:” When having an urge or craving to use, play the scenario in your thoughts all the way through, thinking not only about the negative experience of using and how it will impact your recovery gains, but also about the negative consequences that might happen due to using (consequences such as legal, personal, emotional, physical—including overdose and death, financial, job loss, social, etc.) and how you will feel after it is all done.

SOBER: Practice the SOBER brief meditation when feeling a desire to use: Stop. Observe. Breathe. Expand. Respond.¹⁷ (Refer to Resource Box 3.)

Resource Box 3. Relapse Prevention Tool: SOBER Brief Meditation

SOBER Brief Meditation

Stop: right here and right now; this mental pause can allow you to step out of autopilot, instead of automatically reacting to an urge, or distressing situation.

Observe: what is happening right now, in this moment—what’s going on in your mind and body; bring gentle awareness to your thoughts, sensations, and emotions.

Breathe: bring your attention to the sensations of each breath.

Expand: your awareness to include a sense of the body and mind as a whole.

Respond: now, try to make a mindful choice what to do next (if anything).

Adapted from Mindfulness-Based Relapse Prevention¹⁷



Resource Links

- [Alcoholics Anonymous](https://www.aa.org/): <https://www.aa.org/>
- [Crystal Meth Anonymous](https://www.crystalmeth.org/): <https://www.crystalmeth.org/>
- [Narcotics Anonymous](https://www.na.org/): <https://www.na.org/>
- [Pills Anonymous](https://www.pillsanonymous.org/): <https://www.pillsanonymous.org/>
- [SMART Recovery](https://www.smartrecovery.org/): <https://www.smartrecovery.org/>

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