

## Preventing and Responding to Relapse

The term “relapse” is often associated with substance abuse, but “relapse” is a broader term that refers to a return to behaviors that are potentially detrimental, such as harmful thinking patterns, impulsivity, difficulty managing anger, or associating with peers who violate the law. Relapse should be anticipated, a plan should be developed to prevent it, and a response should be prepared in case it does occur. If properly handled, a relapse can strengthen a person’s knowledge of their limitations, the dangers of stressors, and what could be lost, and it can lead to increased motivation to change behavior.

### Prevention Strategies

The following strategies are helpful in preventing a relapse:

- **Identify situations** that could lead to a person’s relapse and make a plan to address them. Review high-risk situations that people have navigated successfully and the strategies they used to avoid relapse; incorporate these ideas into the relapse prevention plan.
- **Teach and practice** skills and strategies to address situations that could lead to a relapse, gradually increasing the difficulty of the practice.
- **Identify resources** (e.g., skill-building tools, supportive people) to help people manage situations that could lead to relapse.
- **Collaborate with treatment providers** to ensure that you are meeting a person’s needs in the best way possible. Share assessment results, involve the treatment provider in the development of the case plan, share information about a person’s progress, and work together to address concerns.
- **Ensure appropriate duration.** Provide interventions of sufficient duration so that people have the time to absorb, practice, and master the new thoughts and skills they need to be successful, thus avoiding relapse. Avoid providing interventions for longer than needed; there is a risk that people may begin to experience “programming fatigue.”
- **Engage and train others.** Work with prosocial family, friends, and community members to help them understand situations that may lead to a person’s relapse and to support the person as they practice newly learned relapse prevention skills.
- **Reinforce people’s positive behaviors** and encourage them to identify how their efforts have benefited them (e.g., less involvement with the justice system, better education and employment opportunities, improved trust in relationships, more self-respect).
- **Assess.** Give people the opportunity to assess, on an ongoing basis, whether they have the skills and resources to help them avoid a relapse.

**A RELAPSE** refers to a return to a harmful behavior that a person has identified as problematic and for which they have made a commitment and plan for change; it does not refer to a return to a behavior that a person does not view as harmful and/or has not targeted for change.

## Responding to a Relapse

If a relapse occurs, it is important to both hold the person accountable for their behavior and to help them avoid a future relapse. When determining an accountability response, consider the severity of the relapse:

- Was it **minor** or **significant**?
- Was this the **first time** the person relapsed or have they relapsed more than once?
- What **level of risk** did the relapse present to the person? To the community?

Respond in a way that is proportional to the behavior, being cognizant of its potential impact on the person's treatment and supervision, as well as on their motivation, mental health, employment, schooling, housing, and financial security.

To help determine the reasons for the relapse and to make plans to prevent future occurrences, consider these strategies:

- **Identify** the criminogenic need behind the relapse. What current interventions address that need? What other interventions might be helpful? Does this seem to be a new need? Might it be helpful to readminister the risk/needs assessment?
- **Determine** if a stabilization need, such as finances, housing, transportation, or mental health, must be addressed.
- **Discuss** with the person why they may have struggled during their attempt to change. Ask questions such as the following:
  - What challenges arose when you tried to make the change?
  - How did you address the challenges?
  - Why, in your opinion, did these strategies not work?
  - What other support might have been helpful?

Work with the person (and possibly treatment providers) to revise the person's case plan in light of the challenges they encountered. Teach and practice new skills that might be helpful to them.

- **Encourage** people to look at relapse not as failure but as an opportunity for learning. Help them understand that it sometimes takes more than one try to make a change and that a relapse can be a part of the recovery process and a mechanism to build and strengthen skills.
- **Reinforce** the person's original reasons for change and elicit new ones.

### STAGES OF CHANGE

Researchers Carlo DiClemente and James Prochaska identified five stages of change:

1

#### Precontemplation

People do not view their behavior as problematic.

2

#### Contemplation

People have some awareness that their behavior is problematic and begin thinking about making changes.

3

#### Preparation

People create a plan for change.

4

#### Action

People take steps toward change.

5

#### Maintenance

People continue the new behavior.

While a person may move through the stages of change in a linear path, many experience a pattern of progression and regression (i.e., relapse). It may take several attempts at moving through the stages before they are able to maintain a new behavior.