



STAGES of **RECOVERY**

ADDICTION SERVICES

Relapse Prevention Planning & Client Relapse Support

Super Summit 2026

PRESENTER: David Schroyer, LADC/MH

Learning Objectives

Develop Relapse Prevention Plans

Equip participants to develop relapse prevention plans using clients' existing insight, strengths, and known triggers.

Identify & Address Risk Factors

Enhance participants' ability to identify and plan for clients' unknown or unrecognized risk factors, blind spots, and early-warning signs.

Create Effective Safety Plans

Strengthen participants' skills in creating effective safety plans and immediate supports following a relapse event.

Narrative I

1

Early Recovery & Relationship

34-year-old male in early recovery with 6 months sobriety. Recently entered a new romantic relationship that feels supportive and meaningful.

2

Career Transition

Left a stable but less fulfilling job for a more lucrative and professionally satisfying position.

3

Mental Well-being

Experiences low-level depression and anxiety, historically manageable.

4

Strong Social Supports

Benefits from a robust network including his partner, friends, and involvement in a recovery community.

5

Educational Stressor

Manages some stress due to ongoing educational responsibilities.

Questions for the Audience

Let's consider some fundamental questions about relapse in the context of recovery. Your insights and experiences are valuable to this discussion.

1. Is Relapse a Process or an Event?

Is Relapse a "Guarantee" in Recovery?

Let's open the floor for a moment of reflection and discussion. How do we collectively perceive the role of relapse within the broader context of the recovery journey? Share your perspectives and experiences.





Cue-Triggered / Impulsive Pathway

Mechanism: Sudden exposure to triggers activates automatic responses.

Vulnerability: High impulsivity, poor inhibitory control, reward sensitivity.

Pattern: Rapid relapse after a trigger; severity is variable.

Focus: Strengthen inhibitory control; use coping strategies for immediate urges.



Negative Affect / Stress Pathway

Mechanism: Accumulation of stress, negative mood, or emotional dysregulation.

Vulnerability: Low coping skills, depression, anxiety, chronic stress.

Pattern: Gradual drift away from recovery; relapse may be longer and more entrenched.

Focus: Build stress management, emotional regulation, and support network.



Reward / Motivation Dysregulation Pathway

Mechanism: Seeking positive reinforcement or relief; reward circuitry drives cravings.

Vulnerability: Boredom, low engagement in meaningful activities, lack of healthy reinforcement.

Pattern: Relapse when pleasure- or relief-seeking dominates decision-making.

Focus: Increase healthy reinforcement, structured activities, and purpose-driven goals.

Three Relapse

Pathways

Relapse is not a single type of event – multiple mechanisms can interact.
Understanding which pathway is active helps tailor prevention strategies.



Key Takeaways

Multiple Mechanisms

Relapse is not a single type of event – pathways can interact and overlap.

A Slip ≠ Full Relapse

A lapse or slip does not automatically become a full relapse.

Tailored Prevention

Identifying the active pathway helps customize prevention strategies.

Dual Focus

Interventions must address both immediate triggers and gradual process vulnerabilities.

Signs of Relapse

"We do not intend to disturb those who are comfortable in healthy sobriety, but it is our intent to disturb the naively comfortable." — Terence Gorski

Prevention requires ongoing attention, not complacency. Recognizing early warning signs across various domains is crucial.

Emotional & Cognitive

Increased irritability, anxiety, mood swings, or hopelessness. Distorted thinking patterns, denial, or minimizing risks.

- Increased life stressors
- Poor decision-making

Behavioral

Changes in routine, social withdrawal, or engagement in high-risk situations.

- Disengagement from treatment
- AMA discharge
- Neglecting self-care

Physical

Fatigue, changes in sleep or appetite, or neglecting personal hygiene.

- Physical ailments
- Lack of energy

Social & Spiritual

Isolation, conflict in relationships, or loss of purpose.

- Reduced or disrupted supports
- Loss of faith/hope

Remember: Relapse risk is a clinical concern, not a moral failure. Focus on prevention, not shame, and address warning signs early, before crisis escalation.

Examine Your

Approach

Our methodology significantly impacts how clients engage with relapse prevention. Shifting our perspective from judgment to understanding is crucial for effective support, fostering a more collaborative and empathetic environment.

"What's Wrong With You?"

This question often leads to feelings of shame, blame, and resistance. It focuses on perceived inherent flaws, hindering open communication and effective client engagement in their recovery process.

"What Happened?"

By focusing on the sequence of events, contextual factors, and triggers, we foster a non-judgmental space. This approach encourages clients to self-reflect, identify modifiable risks, and actively participate in building robust relapse prevention strategies.

Narrative II

1

Early Recovery & Use

46 year old male with 2 weeks
sobriety after 25 year
methamphetamine use

2

Work Impact

Recently self-reported use at work
and was referred to Detox and then
IOP

3

Support

Full support of current, and ex wife
and 1 adult son

4

Family Stress

Second adult son is estranged

5

Mood

Experiences depression and anhedonia, low emotional
control

Fostering Empowerment and Normalization

Supporting clients in recovery involves empowering them and normalizing their experiences, reducing shame and building resilience. Our approach should validate their journey and highlight their innate capacity for growth.



Recognize Common Struggles

Help clients understand that struggles are a common and human part of the recovery process, reducing isolation and self-blame.



Reinforce Strengths & Autonomy

Highlight their inherent strengths and past accomplishments. Emphasize their ability to make choices and focus on what they can achieve now.



Encourage Self-Compassion

Guide clients in practicing kindness towards themselves, especially during challenging moments, fostering a healthier internal dialogue.



Normalize Help-Seeking

Make it clear that asking for help, setting healthy boundaries, and utilizing coping strategies are signs of strength, not weakness.

How did you try to

Cope?

Emphasize coping ahead by **noticing signs before we enter crisis mode**. Understanding our responses to potential relapse scenarios is key to developing effective prevention strategies.



You Try/Tried But Still Relapse(d)

- Treat it as a learning opportunity, not failure.
- Identify what triggered it and what worked vs. didn't.
- Reach out immediately to support (sponsor, counselor, peer).



You Do Not/Did Not Attempt to Cope

- Reflect on why coping strategies weren't used.
- Identify barriers: lack of planning, overwhelmed, or lack of support.
- Develop concrete "if-then" plans for next time.



Coping Works/ed in the Past

- Reinforce effective strategies (meetings, distraction, grounding, exercise).
- Analyze why it worked—what internal/external support helped.
- Create a personalized toolkit for future triggers.

What Did You Learn?

Reflecting on our journey, we consolidate key learnings essential for building robust relapse prevention plans. These insights empower you to proactively manage challenges and strengthen your commitment to recovery.

Proactive Problem-Solving

Developed strategies for navigating high-risk situations (people, places, things, moods, stressors).

Future Vision & Motivation

Identified and embraced personal motivators and future goals to reinforce commitment.

Early Warning Detection

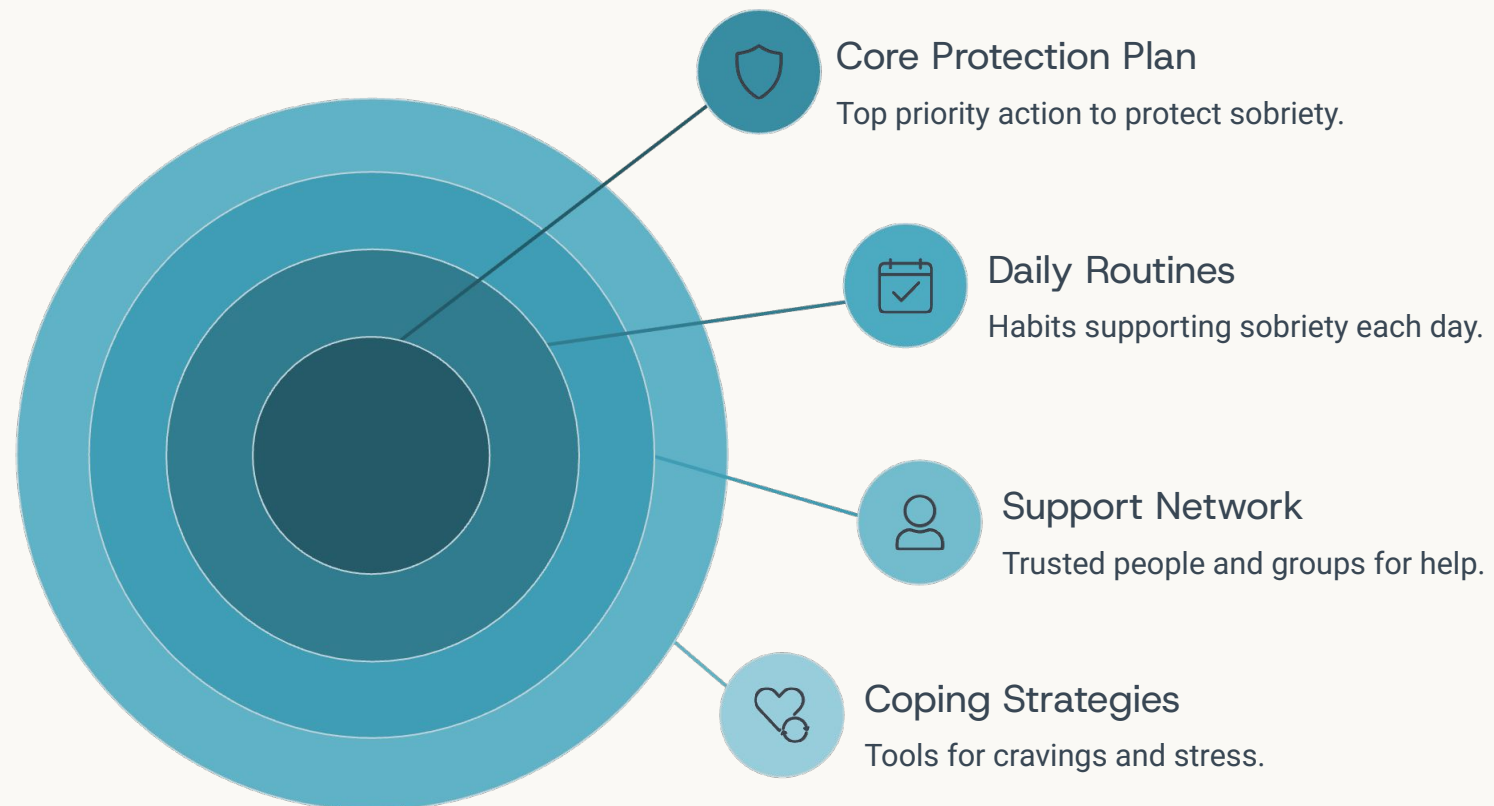
Learned to recognize and address personal early warning signs of relapse.

Effective Support Network

Understood the importance of actively utilizing and engaging with support systems.

Core Protection Plan

Determined the top priority action for protecting sobriety moving forward.



Narrative III

1

Recovery & Use

62 year old female with 3 months sobriety after 30 year polysubstance use (DOC: Methamphetamine)

2

Medical/Physical

Reduced mobility, using 2ww to ambulate
Potential Parkinson's diagnosis/or pre-Parkinson's

3

Legal

Charged with forgery and check fraud post-treatment

4

Family Support

Daughter is supportive but distant (in CA)
Mother is critical but close (in OK)

5

Humor

Relies heavily on affiliative or self-deprecating communication

Goal Planning: What Would They Be Doing if Relapse Wasn't a Possibility?

Recovery-supportive activities do NOT necessarily need to be flashing "Recovery" in bright neon lights. They can be integrated into a fulfilling life.



Cultivating Hobbies & Passions

Encourage exploration of personal interests and activities that bring joy and a sense of accomplishment, whether it's art, music, gardening, or sports.



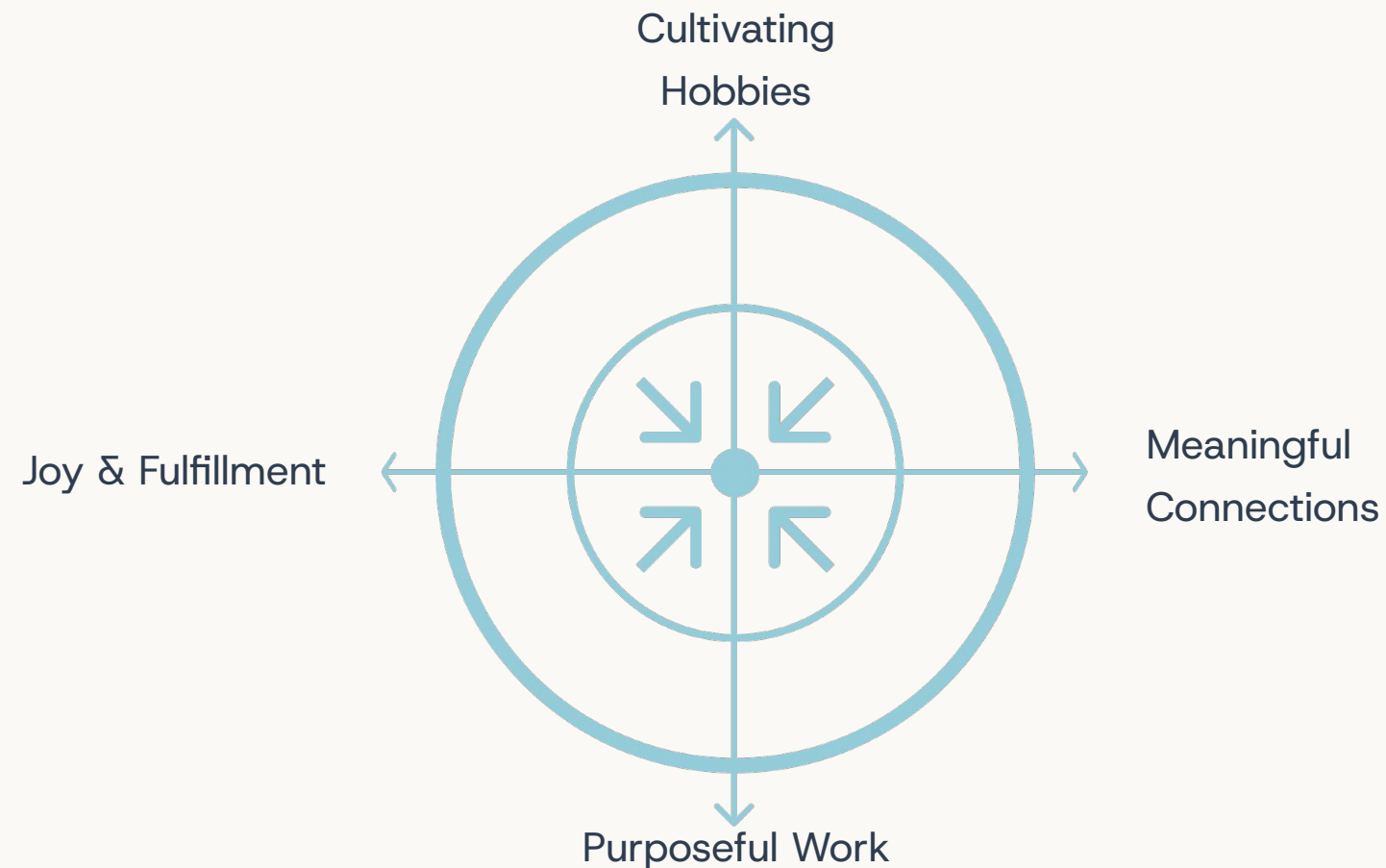
Building Meaningful Connections

Focus on fostering healthy relationships with family, friends, and community, moving beyond superficial interactions to genuine support systems.



Engaging in Purposeful Work

Help clients define a sense of **purpose** through work, volunteering, or personal projects that align with their values and contribute positively.



Building Motivation

Using a structured approach, we identify personal strengths and areas for growth, empowering clients to build robust relapse prevention strategies tailored to their unique journey.

1 Strengths

- What have you mastered?
- What are you good at?
- What no longer poses an issue?

2 Weaknesses

- Internal factors leading to past relapse
- External factors leading to past relapse

3 Opportunities

- Areas for growth or improvement
- NOTE: Do not be afraid to let the client borrow insight as needed

4 Threats

- What could jeopardize recovery?
- When have you overcome similar challenges?
- **Challenge the "I'll be fine" mindset**



Narrative IV

1

Brief Demos & Use

21 year old female with 2 months sobriety after 7 year polysubstance use

2

Mental

Diagnosed bipolar II, PTSD

3

Financial

Self-reports as "bad with money" wants to move out but little savings

4

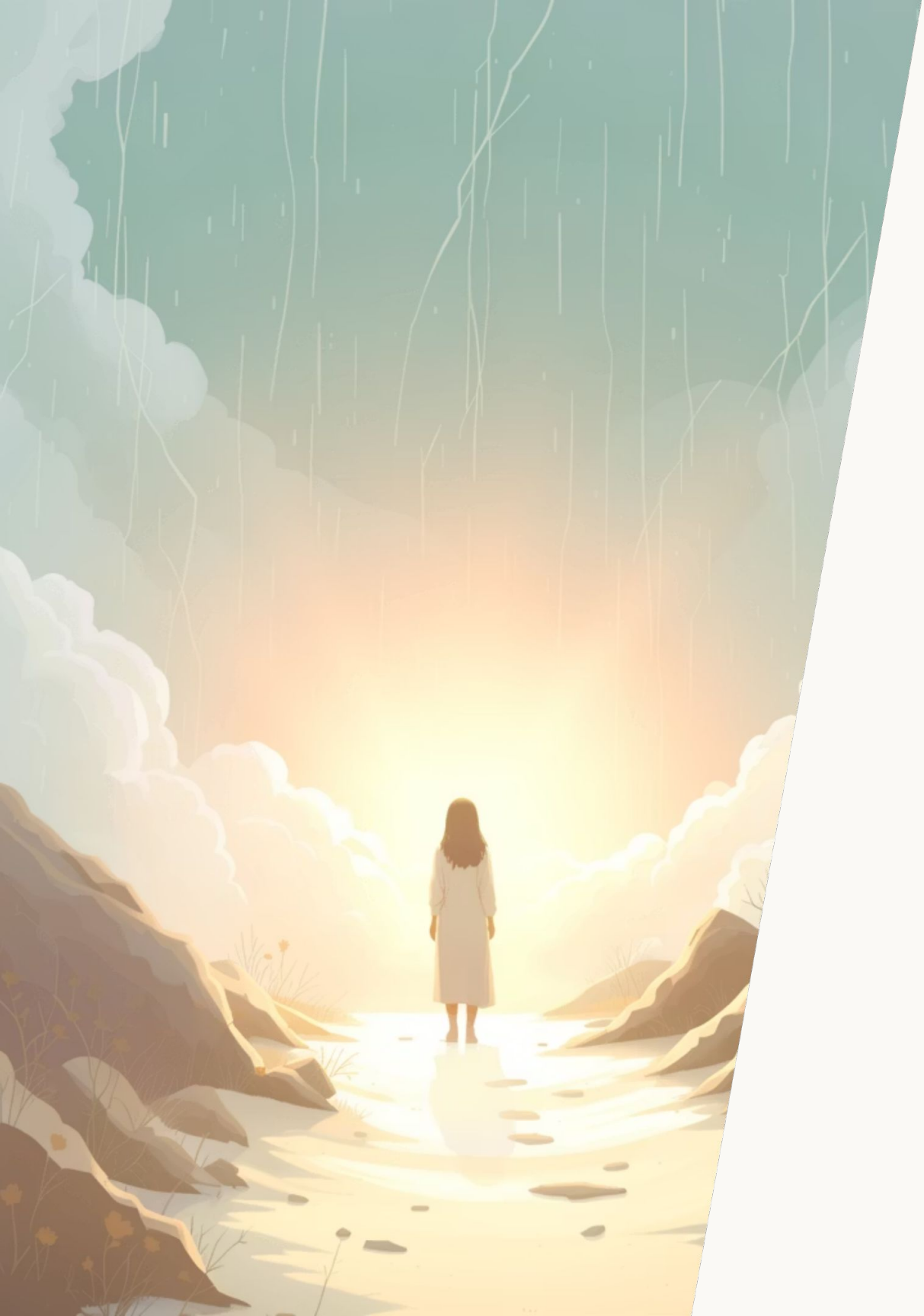
Family Support

"Questionable" support of mother, and boyfriend

5

Behavior

Experiences low emotional control with patterns of resentment towards mother and other authority figures



WHAT IF IT HAPPENS

Navigating a relapse requires a compassionate and strategic approach, focusing on learning, growth, and empowerment.

AGAIN?

Prioritize Safety

Assess the need for a higher level of care to ensure immediate well-being and stability.

Make Sense of Relapse

Guide them to understand the relapse without judgment, reframing it as a learning event.

Focus on Growth

Shift focus to insights gained and areas for development, rather than dwelling on past mistakes.

Expand Opportunities

Explore new strategies and resources, empowering clients rather than restricting them.

Revise the Plan

Collaborate to update the relapse prevention plan with new knowledge and experiences.

Therapeutic/Clinical Distance - you don't own your client's choices

References

Bickel, W. K., Koffarnus, M. N., Moody, L., & Wilson, A. G. (2014). The behavioral- and neuro-economic process of temporal discounting: A candidate behavioral marker of addiction. *Neuropharmacology*, *76*, 518–527.

<https://doi.org/10.1016/j.neuropharm.2013.06.013>

Loree, A. M., Lundahl, L. H., & Ledgerwood, D. M. (2015). Impulsivity as a predictor of treatment outcome in substance use disorders: Review and synthesis. *Drug and Alcohol Review*, *34*(2), 119–134. <https://doi.org/10.1111/dar.12132>

MacKillop, J., Amlung, M. T., Few, L. R., Ray, L. A., Sweet, L. H., & Munafò, M. R. (2011). Delayed reward discounting and addictive behavior: A meta-analysis. *Psychopharmacology*, *216*(3), 305–321. <https://doi.org/10.1007/s00213-011-2229-0>

Marlatt, G. A., & Donovan, D. M. (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed.). Guilford Press.

Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine*, *88*(3), 325–332.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553654/>

Sinha, R. (2011). New findings on biological factors predicting addiction relapse vulnerability. *Current Psychiatry Reports*, *13*(5), 398–405. <https://doi.org/10.1007/s11920-011-0224-0>

THANK YOU

We appreciate your attention and participation throughout this session on Relapse Prevention Planning & Client Relapse Support. Your engagement is vital to fostering a supportive recovery environment.

We welcome any questions or parting thoughts you may have as we conclude.

Please feel free to reach out to us at: daidschroyer@stagesofrecovery.net

