
Teaching Relapse Prevention Techniques in Alcohol Use Disorder

Introduction

Relapse rates to alcohol use are approximately 40%–80%, depending on the duration of sobriety. Since relapse is the rule rather than the exception, it is important to make relapse prevention an integral part of treating alcohol use disorder patients. This fact sheet offers some powerful tips and techniques that you can integrate into your treatment visits.

- Start the conversation: “Do you see any barriers that would be a problem to your recovery?” “Is there something that could derail your abstinence?”
- Encourage planning ahead: “What are some situations where you will be tempted to use?”
- Teach refusal skills—strategies for successfully turning down opportunities to drink:
 - Help patients come up with excuses for not drinking other than stating that they have a drinking problem, eg: “My doctor said I shouldn’t drink because of heartburn pain.” “I find I don’t sleep well when I have a drink at night.” “I have to stay clear-headed because I have some work I need to do later tonight to prepare for a presentation.”
 - Come up with a list of alternative activities to drinking.
 - Suggest use of a non-alcoholic beverage during social functions.
- Teach the HALT mnemonic (Hungry, Angry, Lonely, Tired) as a memory aid for emotional and physical states that can lead to relapse.
- Go over the most common causes of relapse, along with suggestions to deal with each one:
 - Self-medication (drinking to deal with stress): Find other activities to deal with stress.
 - Temptation (responding to triggers): Avoid situations that trigger cravings (such as liquor stores, bars, or parties).
 - Overconfidence that they can drink moderately: Remember that controlled drinking often leads to relapse.
 - Boredom: Take up a new hobby, especially one unrelated to their drinking friends. Get involved in Alcoholics Anonymous (AA) in sponsor or other leadership roles.
- Recommend journaling, which can help to identify situations that might lead to relapse: “Write half a page a day in your journal, and bring your notebook to sessions.”
- Help the patient write a recovery plan: a schedule of activities that will help with sobriety, such as AA meetings, regular check-ins with sponsors, and regular involvement in non-drinking activities.
- Encourage the patient to start and end each day by committing to sobriety:
 - “Start the day by reading something focused on recovery and then mindfully planning the day.”
 - “End the day by confirming you are following your recovery plan.”