Breakout 4 — Relapse Prevention — Know the Ground Before the Battle

One sentence for the board: Return to use is a process, not a bolt from the blue — and a process can be interrupted at every step.

Purpose	Teach clients to recognize the relapse process early — warning signs, triggers, people, places, and high-risk situations — and to leave every session with a written, personal prevention and escape plan.
Who chooses this group	Curriculum groups meet separately for men and for women. Breakout groups are coed unless otherwise specified. Placement for participants who do not fit a men/women split follows the participant's stated preference, confirmed with staff for safety and privacy. Nothing about a participant's placement is disclosed to the group. Any participant, at any stage. Especially valuable before weekends, passes, transitions, and discharge — whenever it runs in the rotation, give its weekend-plan focus extra weight for participants facing a weekend, pass, transition, or discharge. The stated preference stands unless a stated safety reason requires a private conversation. Safety and privacy are the only criteria.
Length	60 minutes
Materials	Paper and pens for every client, whiteboard or flip chart and markers, and the topic resources named in this outline

Time	Segment	What happens
0–5 min	Welcome	Ground rules. State plainly: a craving is information, not failure.
5–30 min	Teaching	The five-stage relapse process (Drift; Setup / denial; High-risk situation; Craving / decision point; Use), warning signs, triggers, and high-risk situations.

30–45 min	Discussion	Prompts below.
45–55 min	Practice — my prevention plan	Every client writes or updates a personal plan (template below).
55–60 min	Close	Plans stated in one line by volunteers, follow-ups noted.

Teaching points

- Relapse is a process before it is an event, in five stages: Drift; Setup / denial; High-risk situation; Craving / decision point; Use — the same five stages as the Warning-Sign Chain worksheet (Handout 4). It often begins with emotional drift — resentment, isolation, exhaustion, dishonesty, skipping support — long before any substance appears. Learn your own earliest signs; intervention is easiest at the first step, not the last.
- Know your triggers in four families: people, places, things, and states of body and mind — including hunger, anger, loneliness, and tiredness. A trigger is not a command. It is a cue to run your plan.
- Cravings rise, peak, and fall. The work in a craving is to delay, distract, reach out, and remember — in that order if needed — until it passes. Tell someone before you act, every time. Secrecy is the relapse process's best protection; honesty breaks it.
- Build your high-risk list honestly: the street, the person, the payday pattern, the family argument, the celebration. For each one, write the alternative in advance — a different route, a different plan, a person to call, a place to go.
- Protect the basics that protect everything else: sleep, food, meetings and groups, honest contact with support people, and any medication taken exactly as prescribed. When the basics slip, risk rises — treat slipping basics as a warning sign, not a small thing.
- If a lapse happens, the plan is immediate honesty and immediate return: tell your support people and staff, get safe, and re-engage the very next step. A lapse reported quickly is a detour. A lapse hidden becomes a road back.

Discussion prompts

- “What are your earliest warning signs — the ones that show up days before any real danger?”
- “Which high-risk situation is most likely for you in the next seven days, specifically?”
- “Who is on your call list, honestly — and would you actually call them at the hard moment? What would make the call easier to make?”

Practice — my prevention plan (10 minutes, clients keep their plan)

1. My earliest warning signs are: (write three).
2. My top three high-risk situations are: (write them, with the alternative planned for each).
3. When craving hits, I will: delay by ___ minutes, do ___, and call ___ or ___.

4. My way of escape in the hardest moment I can foresee is: (write the route, the place, and the person).
5. If I lapse, within the same day I will: (write who you will tell and where you will go).

Facilitator boundaries — Relapse Prevention

- This group teaches planning; it does not review or revise any client's individual treatment or medication plan. Refer clinical questions to clinical and medical staff.
- If a client discloses current use, danger, or a plan to leave and use, follow program procedure the same day. Respond with the plan, not with shock or shame.
- **Warrior close:** Close like a briefing: “No warrior walks into known ground without a plan. You have one now, in writing. Keep it close, tell your people, and use it early — that is how battles are won before they start.”

Sources & Evidence

Clinical evidence: Marlatt, G. A., and Gordon, J. R. (Eds.). Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors (1985) — the foundational relapse-prevention model: high-risk situations, warning signs, and coping planning. Substance Abuse and Mental Health Services Administration, Treatment Improvement Protocol series on substance use disorder treatment and family therapy — relapse-prevention and family-support principles consistent with that model.

Recovery-support evidence: Peer and mutual-support participation, sponsor and support-person contact, and written personal prevention plans — standard recovery-support practices reflected in SAMHSA recovery-support guidance. No success rate is stated or implied for this group.

Note: No outcome is promised for any group in this packet.