

## Clinical Tips: Lapse and Relapse

**Lapse and relapse are two separate concepts, which refer to incidences of substance use subsequent to a period of non-use.**

### Relapse

Relapse involves regression to an earlier stage and is evidenced by a return to previous problematic patterns of behaviour.

### Lapse

A lapse is a brief or limited incident of substance use. This brief return to substance use does not constitute a relapse and does not automatically lead to relapse but is a step in that direction.

“A young person needs to feel comfortable talking about the experience of a lapse with their worker. This conversation requires that the practitioner provide an empathic response while maintaining the young person’s responsibility in their choices. Recovering from a lapse involves a very quick review of the situation that has triggered the lapse and construction of some safety barriers should the same high-risk situation recur. At this time, it is important that the practitioner remain solution focused.”<sup>1</sup>

### Lapse and Relapse Intervention

The role of the practitioner is to help the young person understand their potential individual risk factors for relapse while simultaneously empowering them to believe they can manage these difficult situations effectively. The practitioner can work with the young person to develop insight and identify alternative skills and strategies that can be implemented during difficult situations that may lead to unwanted substance use.

The basic principles of relapse prevention are:

- 1. Acknowledging that a lapse is a normal experience** and should not be viewed negatively. In fact, a lapse can provide opportunities for learning how to avoid further lapses.
- 2. Identifying high-risk situations** (that include factors both internal and external to the young person).
- 3. Developing coping strategies and skills to avoid and or deal with high-risk situations.**

Internal strategies include distraction, relaxation and positive self-talk (see [Clinical Tip: Skill Building](#)).

External strategies include turning to prearranged supportive people such as friends and family members. Family and friends can help the young person discover and participate in non-drug related alternative behaviours and thus combat a possible lapse.
- 4. Recognising and implementing changes to the young person's environment** and lifestyle to minimise the frequency of high-risk situations and to strengthen their commitment to change.
- 5. Positive self-talk:** the young person can be helped to develop a phrase or two to repeat to themselves when tempted to use (or go beyond their limit). This phrase should be positive in tone so that it also helps to build their self-esteem (e.g. 'I've gone without before, so I can do it again').
- 6. Problem-solving** skills will greatly increase the range of solutions to choose from.
- 7. Relaxation skills.** Can reduce arousal and assist coping with cravings or trigger situations.
- 8. Anger and mood management.** Low mood, irritability and [anger](#) are associated with relapse, so mood needs to be monitored and dealt with before it builds up to a crisis.
- 9. Coping with craving.** Young people and their supporters should be made aware that craving is normal and can be outlasted. Distraction is often useful, but the young person may also want a quiet space to retreat to until the craving subsides.

**10. Identify the build-up to relapse.** Lapses usually occur at the end of a long chain of small decisions rather than happening 'out of the blue'. Identifying the early stages of the slide is very important.

If a young person has experienced a lapse:

1. Seek permission to re-establish the young person's motivation to change.
2. Emphasize that a lapse is not a failure.
3. Ask the young person to recall the incidents that led up to their 'lapse'. Where were they? Who were they with? What were they doing? How were they feeling? Do they know what provoked those feelings?
4. Encourage and support the young person to devise strategies to deal with each of the factors that lead to the lapse. What can they do to avoid the situation developing? They should be specific: '*I will call this person*'; '*I will go to that place*'.

### References

<sup>1</sup>Youth AOD Toolbox Responding to Lapse and Relapse <http://www.youthaodtoolbox.org.au/7-responding-lapse-relapse>

Youth AOD Toolbox What is Relapse Prevention? <http://www.youthaodtoolbox.org.au/what-relapse-prevention>

The Department of Health. [MODULE 9: WORKING WITH YOUNG PEOPLE ON AOD ISSUES: LEARNER'S WORKBOOK](#) 8.1 Relapse

prevention/management

<http://www.health.gov.au/internet/publications/publications.nsf/Content/drugtreat-pubs-front9-wk-toc~drugtreat-pubs-front9-wk-secb~drugtreat-pubs-front9-wk-secb-8~drugtreat-pubs-front9-wk-secb-8-1#rel>

The Department of Health. [MODULE 9: WORKING WITH YOUNG PEOPLE ON AOD ISSUES: LEARNER'S WORKBOOK](#) 8.1 Relapse

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