

Gosnold Relapse Prevention Protocol for Women A Project of the Women's Interest Circle of NIATx

NIATx members are invited to join a rapid cycle trial of a relapse prevention protocol for women. The goal of this project is to reduce relapses during treatment episodes by 1) focusing on gender-specific cues for relapse and 2) providing group mentoring to rehearse alternatives to those cues. Member agencies will collect relapse data for one 4-week period and introduce the protocol in the second month.

Background: Angie Maldonado, NIATx Change Leader for the Center for Drug Experience described a pilot project focusing on women and their triggers for relapse. The outpatient group format adapted traditional relapse prevention by focusing on relationships and by finding concrete cues in apparel. After working with participants on the exact nature of the cues, the group visited their old neighborhood. Participants found that doing this as a group was powerful.

From this outline Tommie Bower, Change Leader at Gosnold developed a protocol to test these adaptations:

- 1) Part one adapts traditional relapse trigger check lists to reflect issues of concern to women such as weight gain. Detailed questions about apparel associated with relapse, and relationships associated with relapse are collected.
- 2) Secondly, a relapse history is generated by the woman, with an emphasis on identifying patterns.
- 3) Two methods are proposed for meeting the "triggers" in reality. One is adapted from work with victims of assault, using a role play where the participant "rehearses her relapse", and the second is a group protocol for inviting the primary trio of triggers into the group setting.

Data: Programs participating in this initiative are asked to collect one representative month of data on relapse rates during treatment episodes. This may be outpatient therapy groups, IOP or residential treatment. Relapse need not be confirmed by urinalysis, but should be considered as probable by staff. Drop outs which cannot be attributed to relapse should not be included.

The Protocol: 1. Participants complete research on the key elements of relapse:

- a. Situations as keys to relapse
- b. Emotions as keys to relapse
- c. People as triggers for relapse

Alternative Action (from each area participants choose one key trigger and think of an alternative action or solution they are willing to try out with the group)

- a. Participants look for clues in apparel changes.
- b. Research patterns in time lines, maps, or chronological charts to identify patterns.
- c. Formulate the "best circumstances in which to relapse".
- d. Rehearse saying no in a role play based on this data.

- e. Plan a group intervention with the situations/places, people, and feelings associated with the relapse.
- f. Refine strategies for relapse prevention by noticing cues.

Women's Relapse Protocol

INSTRUCTIONS FOR GROUP LEADERS

1. Introduce the project by asking about relapse. Define relapse as a return to use after a period of abstinence. Ask how many efforts and how long has the group been making efforts to reach continuing abstinence? You may be interested to get a group average number of efforts to stay abstinent.
2. Explain that this group will involve some homework that should be brought to the group for sharing. Of course please be sensitive to language and literacy issues.
3. Hand out the "6. Relapse by Relapse" sheet and explain it to the group members. There are several different ways suggested research each relapse and look for patterns. . 6.1 is the adaptation of the Gorski year by year grid.. Ask for the relapse by relapse analysis to be completed by the third session from today. They will be presenting that in group.
4. Hand out the first of the Research sheets "1. When and Where". Ask participants to look at and circle all the relevant items. The concept is to look for the specifics of each potential triggering place and to bring that information out into the open. For example, one group discovered that fast food chain bathrooms often serve as a place to use opiates. Each participating agency may want to suggest additions or deletions to this list depending on the regional differences in drug or alcohol habits.

Some groups have spent several sessions on each of the sheets. Women have generally responded very well to being "met where they are".

One of the purposes of these exercises is to narrow the field of craving to something more manageable. Often people in early recovery will "feel" that everything is a trigger. In fact there are usually situations and relationships that are more difficult than others.

5. Repeat with the other research sheets 2. Emotions and 3. People..
6. Have the participants pick the biggest trigger from each of the three sheets. For each trigger there must be another action or solution. Share these in group, and ask group members if they think the proposed solution will work. Watch for generalizations—"I'll just ask for help". Specific triggers need specific solutions. The goal is that the group collaborates on each other's problems. This sets the norm of providing each other with wisdom and feedback.

7. Hand out Exercise 5. This exercise was developed by Center for Drug Free Living in Orlando, Florida. Their staff discovered that women often have specific clothing, perfume, shoes that they wear when using.

An alcoholic woman always had a large handbag to hide her bottles. One woman wore dark clothes because she knew she would end up using for a couple of days and the dirt would not show.

To process this exercise: Make certain that you ask if there the participant has any of those things with her in treatment AND if she can make a choice to get rid of it? We have found very strong resistance to parting with things related to the drug or the drink. Therefore, we partnered women up to support disposing of things like body splash.

GROUP LEADER INSTRUCTIONS-PAGE 2

6. Relapse by Relapse History. Before the group shares the relapse history, explain that we are looking for patterns if there are any. Have each woman share the relapse history. Ask did you hear any red flags, triggers, or patterns that might be fueling the relapse? Often women in a group will have picked up these patterns with each, but have no way to share the insights. The final question to each woman is what could be done to improve the changes you will remain abstinent?

7. Use question 7. for people who are generalizing “everything triggers me”. Ask what would you need to do to get yourself to relapse? (Answers are—go to my old friend’s house, neighborhood, go to the package store, stop going to treatment etc.) The answers to those questions can become part of a relapse prevention plan and a contract.

8. This rehearsal depends upon a clear pros and cons of recovery. First turn on the “fight energy” by doing a group “no” several times. Instruct participants to think of the strongest reason she has to remain abstinent and the strongest reason she has to return to use. Make groups of three and have each woman share the pros with one and the cons with another. Instruct the woman who is listening to the pros and cons from the other person to say “no” loudly, when she feels ready. If the role players need support for recovery, add in other group members. Make sure that you underscore how easy it is for everyone to “play the voice of the drug/drink”, and how hard it is to play the voice of recovery. This supports the idea of practice and continuous effort to learn new behaviors!

9. This exercise can be of great value to members of a small community. The idea is to “ruin” the triggers for use by bringing new people “to the trigger”. The exercise provides relational mentoring at the site of the problems.

10. Mastering triggers for relapse is an important and continuing skill of self awareness and self responsibility. This form is a suggested way to track triggers.

11. Supplemental suggestions:

- Michael Levy, Ph.D. at CAB in Danvers, MA suggests paying attention to the myth of I can use once. This thought/wish/fantasy often persists through early recovery. Encourage discussion of the “just once” or “vacation concept of abstinence”.

-Tommie Bower, M.A. of Gosnold, Inc. in Falmouth, MA uses a relationship by relationship exercise to follow up on the Relapse Protocol. The group is instructed to make a complete time line of her relationships, including important friends, school mates, pets, family, work mates, sports peers. This time line is read aloud. Group members are asked what patterns of relationships does the presenting woman have. What would she have learned? Examples: Someone may learn that living at home is the only safety, another might have tried to recreate safety by living with older men. This group is extremely powerful. Each group ends with what changes can be made to improve her relationships.

RESEARCH YOUR TRIGGERS FOR USE

1. WHEN AND WHERE: Circle all the situations where you really want to use drugs/alcohol.

When you first wake up



With a

- at: **Parties** **Clubs** **Bars**
- at: Friend's house Certain Neighborhoods
- at: School Work After Work
- at: Sports Concerts Movies
- at: dates before during after sex
- at: meals, lunch break, dinner, or before
- at: pay day
- at: times of the month feeling blue, weight gain
- at: a time when I want to lose weight
- at: kids' bed time
- at: alone times—driving, shopping



- at: HOME ALONE: WITH TV.
- at: fast food places, anonymous places, bathrooms



YOUR OTHER PLACES/TIMES:

2. EMOTIONS as Keys to relapse: ⚡ ⚡ ⚡ ⚡ CIRCLE THE KINDS OF FEELINGS THAT make you want to use drugs/alcohol.

FEAR ⚡⚡ **ANGER** *LEFT OUT* **ABANDONED**

Excited 'Y' on top of the world

|| Bored || bored || bored really bored
frustrated tired defeated

Passionate happy confident sexy attractive

Unwanted »» neglected »»WRONGED

TRAPPED »»  guilty »» criticized

depressed neRVous anXious
deprived,
lonely

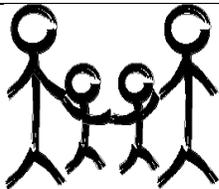
POWERLESS

unattractive overweight less than

A loser wronged by others unfairly treated

OTHER BIG FEELINGS THAT YOU MIGHT RELAPSE
ABOUT: _____

3. PEOPLE as triggers/cues for relapse. Thinking back over your use of drugs/alcohol, mark an x next to family members connected to your use. Put names or other descriptions for the other two columns.

 <p>Family:</p>	<p>Romantic or sexual partners:</p>	<p>Business, school, friends, anonymous people, dealer or others:</p>
Spouse/partner		
mother		
father		
sister		
brother		
children		
Other family		

GO BACK through the list & MARK WHO YOU USED “AT” OR “BECAUSE OF”.

4. KEY TRIGGERS X 3

LOOK BACK THROUGH THE THREE BOXES AND PICK ONE KEY TRIGGER FROM EACH AND PUT IT BELOW. Then work with your group to find an alternative to each trigger—one you will be willing to try out with your group.

1. PLACES/THINGS KEY TRIGGER	2. FEELINGS KEY TRIGGER	3. PEOPLE KEY TRIGGERS
Alternative action/solution:	Alternative action/solution:	Alternative action/solution:



5.RELAPSE:RESEARCH



First: Describe what you would be wearing when you were about to relapse. Be specific (perfume, make up, colors, different underwear?)

Second: How is that different from what you are wearing right now? Are you willing to get rid of those things connected to your using?

Third: Describe what you would look like when you were using and passed out?

Fourth: Describe what you would look like if you believed that you were a woman of dignity and grace?

Fifth: What changes could you make in what you wear to look more like a woman in recovery?

6. RELAPSE: RESEARCH



Relapse-to-Relapse Time Line.

- 1) Put the date of the first effort to stop using drugs/alcohol on the top of a page.
- 2) For each relapse: Write when, where, who and what was going on
- 3) How to do that?
Draw it like a map.

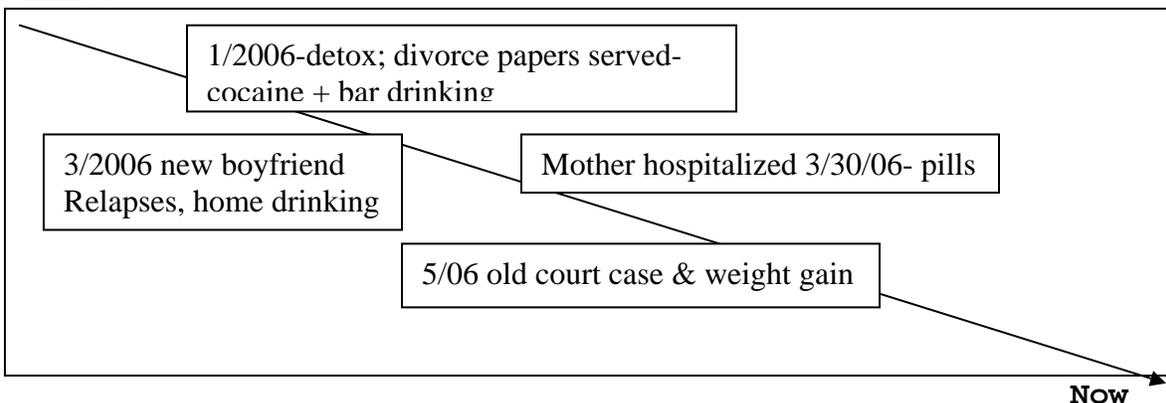
Or

Use a table like this one developed by Terence Gorski in 1988

Year	Jan	Feb	Mar	April	May	June	July	Aug.	Sept	Oct	Nov	Dec

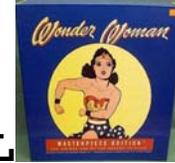
Or make it a time line with each relapse on a side of the line.

THEN:



What do the relapses have in common?

7. If you were to plan the relapse—what would you do to make that happen?



8. Relapse prevention REHEARSAL

General rehearsal through a group exercise

Group warm up exercise: Saying "no" can be very difficult for some women. First ask all the women to gather in a group circle, and say the word "no" as if they really meant it! Then ask them to do it together and to make a fist when they say it. Then ask them to stomp their foot, make a fist, and yell "No"!

NEXT: Divide into groups of three. First pick someone to try saying no. She should share the "best circumstances" for relapse with one --tell all the reasons why she "should" relapse. Next, take the other person aside and tell all the reasons why she should stay sober and clean. This exercise stops when the person who is trying to say no--says it with enough conviction. Then repeat for the other two people.

Process: For some people this exercise is exhilarating, for some it reveals the difficulty of saying no. Remind participants that "right action" has a unique power.

9.. REAL TIME REHEARSAL.

Explain that the foundation of recovery is to bring another person into the battle with addiction. Explain that addiction is like a mugger, an abusive relationship, a thief, a trickster. In all cases it is easier to fight back with help.

a. Have each woman pick a situation/place where her relapse prevention group can go. This means going to the kitchen, bar, work place, neighborhood where the addiction is located. If it is not possible for the treatment group to go with her, who could walk into that situation with her?

b. Have each woman pick a person who is connected to her addiction and have her relapse prevention group meet that person. If it is not possible at this time, who could meet the person with her?

c. Have each woman pick one feeling connected to her addiction and plan for the group to help her **WHEN THAT FEELING COMES UP**. Develop an action contract for this.
Relapse Prevention

10. FOLLOWUP: During the time in treatment have participants share new information on triggers and solutions.

Date: 1) New key triggers:
New solutions and alternatives:
Who is helping with this key trigger?

Date: 2) New key triggers:
New solutions and alternatives:
Who is helping with this key trigger?

Date: 3) New key triggers:
New solutions and alternatives:
Who is helping with this key trigger?

Date: 4) New key triggers:
New solutions and alternatives:
Who is helping with this key trigger?

Date: 5) New key triggers:
New solutions and alternatives:
Who is helping with this key trigger?

BRAIN'S REWARD CIRCUIT ACTIVITY EBBS AND FLOWS WITH A WOMAN'S HORMONAL CYCLE

Fluctuations in sex hormone levels during women's menstrual cycles affect the responsiveness of their brains' reward circuitry, an imaging study at the National Institute of Mental Health (NIMH), a component of the National Institutes of Health (NIH), has revealed. While women were winning rewards, their circuitry was more active if they were in a menstrual phase preceding ovulation and dominated by estrogen, compared to a phase when estrogen and progesterone are present.

"These first pictures of sex hormones influencing reward-evoked brain activity in humans may provide insights into menstrual-related mood disorders, women's higher rates of mood and anxiety disorders, and their later onset and less severe course in schizophrenia," said Karen Berman, M.D., chief of the NIMH Section on Integrative Neuroimaging. "The study may also shed light on why women are more vulnerable to addictive drugs during the pre-ovulation phase of the cycle."

Berman, Drs. Jean-Claude Dreher, Peter Schmidt and colleagues in the NIMH Intramural Research Program report on their functional magnetic resonance imaging (fMRI) study online during the week of January 29, 2007 in the "Proceedings of the National Academy of Sciences."

Reward system circuitry includes: the prefrontal cortex, seat of thinking and planning; the amygdala, a fear center; the hippocampus, a learning and memory hub; and the striatum, which relays signals from these areas to the cortex. Reward circuit neurons harbor receptors for estrogen and progesterone. However, how these hormones influence reward circuit activity in humans has remained unclear.

To pinpoint hormone effects on the reward circuit, Berman and colleagues scanned the brain activity of 13 women and 13 men while they performed a task involving simulated slot machines. The women were scanned before and after ovulation.

The fMRI pictures showed that when the women were anticipating a reward, they activated the amygdala and a cortex area behind the eyes that regulates emotion and reward-related planning behavior more during the pre-ovulation phase (four to eight days after their period began) than in the post-ovulatory phase.

When they hit the jackpot and actually won a reward, women in the pre-ovulatory phase activated the striatum and circuit areas linked to pleasure and reward more than when in the post-ovulatory phase.

The researchers also confirmed that the reward-related brain activity was directly linked to levels of sex hormones. Activity in the amygdala and hippocampus was in lockstep with estrogen levels regardless of cycle phase; activity in these areas was also triggered by progesterone levels while women were anticipating rewards during the post-ovulatory phase. Activity patterns that emerged when rewards were delivered during the post-ovulatory phase suggested that estrogen's effect on the reward circuit might be altered by the presence of progesterone during that period.

Men showed a different activation profile than women during both anticipation and delivery of rewards. For example, men had more activity in a striatum (signal relay station) area during anticipation compared to women and women had more activity in a frontal cortex (executive hub) area at the time of reward delivery compared to men.

Also participating in the study were: Philip Kohn, Daniella Furman, NIMH Section on Integrative Neuroimaging; and David Rubinow, NIMH Behavioral Neuroendocrinology Branch.

Mood Disorders Information:

<http://www.nimh.nih.gov/healthinformation/depressionmenu.cfm>

Anxiety Disorders Information:

<http://www.nimh.nih.gov/healthinformation/anxietyinfo.cfm>

Schizophrenia Information:

<http://www.nimh.nih.gov/healthinformation/schizophreniamenu.cfm>

The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website <http://www.nimh.nih.gov>.

The National Institutes of Health (NIH) -- The Nation's Medical Research Agency -- includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

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