

## Purpose and Core Clinical Message

This guide provides clinicians, recovery coaches, peers and other healthcare staff and providers with a structured framework for having collaborative conversations and developing an individualized recovery maintenance plan for patients who have achieved a period of abstinence from alcohol. The goal is to identify personalized relapse/return to use risks, warning signs, triggers, medication considerations, supports, coping strategies, withdrawal safety needs, and rapid re-engagement steps if alcohol use occurs. Adapt the conversation to the patient's goals, recovery stage, clinical needs, preferences, setting, and safety risk.

### 1. Frame the Conversation

Frame the conversation around recovery maintenance rather than relapse. Emphasize that return-to-use planning is a proactive, patient-centered safety strategy—not an expectation of failure. Reinforce accountability, hope, and preparation.

| Clinical Focus           | Discuss with the Patient                                                                                                                                                         |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Definition</b>        | Clarify how the patient defines return to use. For abstinence-based goals, this may mean any alcohol consumption after a period of abstinence, regardless of amount or duration. |
| <b>Conversation Tone</b> | Use direct, non-shaming language. Avoid minimizing risk and avoid catastrophizing.                                                                                               |
| <b>Living Plan</b>       | Explain that the plan should be updated as risks, supports, treatment needs, medications, or life circumstances change.                                                          |
| <b>Safety Frame</b>      | Explain that planning includes withdrawal safety, medication continuity, activating support, and rapid re-engagement of treatment if drinking or relapse occurs.                 |



#### Suggested Clinician Language

- *“Recovery is active work, and it’s normal for risk to change over time. We can plan now so you don’t have to make decisions in the hardest moment.”*
- *“If alcohol use happens, we will treat it as information about what needs to change in the plan, not as proof that you failed.”*
- *“The goal isn’t to scare you or plan for the worst. It’s to make sure you have a clear, realistic plan in place, just in case cravings intensify.”*



## 2. Recognize Risk: Early Warning Signs and Acute Triggers

Help the patient identify 3–5 personalized warning signs and clarify which signs appear over days to weeks versus which triggers or cravings appear over minutes to hours. Include patterns that family, friends, sponsors, peers, or clinicians may notice before the patient does. These warning signs can be behavioral, emotional, cognitive, social and/or physical. Consider sharing this [worksheet from PCSS-MAUD](#) with the patient—a relapse prevention plan/tool that they can use.

| Risk Pattern                       | Time Horizon     | Examples to Explore                                                                                                                                            | Action Threshold                                                                                                                 | Who Notices First                                                                                                                                                                                                                                                                          |
|------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early Warning Signs</b>         | Days to weeks    | Missing appointments, groups, work, bills, or deadlines, sleep disruption, isolation, irritability, discontent, overwhelm, or thoughts of controlled drinking. | Revise plan, increase contact, reconnect supports, consider clinical follow-up or higher level of care if risk is escalating.    | Family, loved ones, friends, sponsor, recovery coach, peer, mutual-help group, counselor/therapist, prescriber, care manager, or workplace/school support when appropriate. Specify who has permission to speak up, what they should say or do, and when the patient wants them activated. |
| <b>Acute Triggers and Cravings</b> | Minutes to hours | Alcohol-present settings, conflict, boredom, loneliness, hunger, fatigue, physical discomfort, sudden stress, or “I can stop at one or two” thinking.          | Use in-the-moment coping tools, delay action, contact a support, leave the setting, or call care team if safety risk is present. |                                                                                                                                                                                                                                                                                            |

### Utilize a Brief Check-in Framework: HALT-BS

| Area                        | Action to Discuss                                                       |
|-----------------------------|-------------------------------------------------------------------------|
| <b>Hungry</b>               | Eat, hydrate, and check basic needs.                                    |
| <b>Angry/irritable</b>      | Pause, breathe, delay action, and talk with someone safe.               |
| <b>Lonely/disconnected</b>  | Contact a support, attend a group, or schedule a connection point.      |
| <b>Tired</b>                | Rest, improve sleep routines, and reduce avoidable demands if possible. |
| <b>Bored/restless</b>       | Schedule a non-drinking activity or structured time.                    |
| <b>Stressed/overwhelmed</b> | Simplify, ground, identify one next step, and ask for help.             |



### Conversation Prompts

- “Looking back, what tends to happen in the days or weeks before alcohol feels more tempting?”
- “What happens in the minutes or hours before a craving, urge, near-miss, or return to use?”
- “What does alcohol seem to offer in the moment? What are the short- and long-term consequences of drinking versus not drinking?”
- “What might family, friends, a sponsor, peer, or clinician notice before you notice it yourself?”
- “Which warning signs should trigger a change in the plan? What is your next step (e.g., reaching out to a sober support, adjusting coping strategies, seeking a higher level of care, etc.)?”
- “What can you do for the first 1-3 minutes to interrupt an urge or craving?”



### 3. Coping and Support Planning

Create a concrete coping and support plan that identifies what the patient will do before risk escalates, during cravings or alcohol-present situations, and after a near-miss. Build the recovery support team into the plan. Brainstorm people and services that can be activated before, during, and after a higher-risk period. Clarify who the patient contacts and when, what each person or service can do to be supportive and non-judgmental. The goal is to make support specific, permission-based, and actionable.

#### Support Options to Consider

- **Clinical care:** counselor or therapist; medical or psychiatric provider(s); medication management; care manager; other allied health professionals.
- **Recovery support:** [mutual-help](#) groups such as [AA](#), [SMART Recovery](#), [Recovery Dharma](#), or other peer supports, such as a recovery coach.
- **Personal support:** family, loved ones, friends, sponsors, peers, sober social connections, and non-drinking leisure activities.
- **Practical support:** transportation, accountability check-ins, help removing alcohol from the home, help scheduling follow-up care or finding a safe place to stay.

| Planning Area                                                                                                                   | Strategies to Discuss                                                                                                                                                                                    | Support Activation                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <div>In-the-Moment Tools</div> <div></div>   | <a href="#">SMART Recovery Toolbox</a> ; play the tape through; cost-benefit analysis; grounding or breathing exercises; delay and contact; brief physical reset such as walking or leaving the setting. | Name the person or service to contact immediately rather than waiting to see if the urge passes.                             |
| <div>High-Risk Settings</div> <div></div>    | Avoid or limit high-intensity drinking settings when clinically appropriate. Plan transportation, exit strategy, check-ins, and safer alternatives when exposure is unavoidable.                         | Identify who can support the plan in alcohol-present settings and what they should say or do.                                |
| <div>Refusal Scripts</div> <div></div>       | Rehearse brief responses such as “No thanks, I’m not drinking,” “No thanks, I don’t drink,” or “No thanks, I’m taking a medication.”                                                                     | Practice with a trusted support person or clinician.                                                                         |
| <div>Practical Adaptations</div> <div></div> | Bring a preferred non-alcoholic beverage, drive separately, park where leaving is easy, bring a trusted support person, or connect with a recovery coach or peer for lived-experience strategies.        | Clarify who can help remove alcohol from the home, provide transportation, offer accountability, or help schedule follow-up. |
| <div>Near-Miss Review</div> <div></div>      | After a near-miss, review what helped, what did not, and what should change in the plan.                                                                                                                 | Tell a trusted support person and care team as agreed, without shame or delay.                                               |



## 4. Discuss Medication Routines, Adherence, and Safety

Review medication usage, including [medications for alcohol use disorder \(MAUD\)](#) as part of proactive relapse prevention. If the patient is not taking MAUD, revisit interest, fit, and follow-up using shared decision-making. Encourage patients to choose the delivery method (i.e., daily pill or extended-formulation injection) that best aligns with their goals. Explore patient's beliefs and experiences related to MAUD, including stigma and misconceptions they may have encountered. Provide evidence-based information to support an informed treatment decision. Consider sharing a brief decision aid or handout that outlines the benefits and considerations of MAUD to support shared decision-making, such as PCSS-MAUD's [Should I Start Medication to Help With My Drinking?](#)

If a patient is taking MAUD, review the current status of their medications, adherence, benefits, side effects, preferences, contraindications, and safety considerations if alcohol use occurs.



### Conversation Prompts

- “What medication are you taking now?”
- “Do you ever miss any doses? If so, how often? Would you be interested in a different form of the medication (i.e., extended-release injections)?”
- “What helps with adherence, and what gets in the way?”
- “Is medication helping with craving, return-to-use risk, or recovery goals?”
- “Are you experiencing any side effects or medication interactions?”
- “If drinking occurs, what should you continue, what should you avoid, and who should you call before making medication changes?”
- “Are you interested in MAUD?”



## 5. If Alcohol Use Occurs: Immediate Safety and Rapid Re-engagement

### Withdrawal and Medication Safety During a Return to Use\*

If drinking restarts and then stops abruptly, withdrawal can escalate to seizures or delirium tremens.

- ✓ Assess withdrawal risk before a relapse and re-assess in person if one occurs.
- ✓ Patients with risk factors should not stop drinking unsupervised; they should call their provider or clinic the same day if heavy drinking resumes.
- ✓ Outline the various urgent and emergent risks of restarting and abruptly stopping alcohol use, what symptoms and concerns to be aware of, and what level of care to seek.

Tailor your messaging about continuing or stopping MAUD when a return occurs dependent on the medication the patient is currently taking. Do not stop taking naltrexone because of a relapse. Acamprosate and naltrexone can be continued or started while a patient is still drinking, when otherwise clinically appropriate, and produce no adverse reaction with alcohol use. Make sure to emphasize the potential adverse reaction to taking disulfiram with alcohol use, which can include flushing, nausea, vomiting, tachycardia, hypotension, and rarely shock. Continue or adjust medication based on the patient's regimen, contraindications, safety profile, and clinical guidance.

\* For more detailed information about withdrawal and withdrawal safety, review [this resource](#) from PCSS-MAUD.

Immediate and 24–72-Hour Re-Engagement Actions

Identify and create a safety plan to put in place immediately after alcohol use and a rapid re-engagement plan for the first 24–72 hours after alcohol use, including safety steps and clinical follow-up. It is critical to be non-judgmental and remove any shame during safety and re-engagement conversations and planning.

| Action                | Discuss with the Patient                                                                                                                                                                                               |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Immediate Safety      | Do not drive; plan safe transportation options in advance; avoid mixing alcohol with other substances or medications; identify a safe place to stay; contact care team or emergency services based on withdrawal risk. |
| Contact Clinical Care | Contact healthcare provider or care team within the pre-agreed timeframe.                                                                                                                                              |
| Contact Support       | Tell a trusted support person what happened and what help is needed.                                                                                                                                                   |
| Increase Support      | Increase treatment intensity, recovery meetings, check-ins, monitoring, medication support, or higher level of care if needed.                                                                                         |
| Review and Adjust     | Identify what led to alcohol use, what happened next, what worked, and what needs to change in the relapse prevention plan.                                                                                            |

 **Conversation Prompts**

- “If drinking restarts for more than a day or two, what should you do before stopping?”
- “If alcohol use happens, the safest next step is to act early. We want to reduce immediate risk, reconnect you with support, assess withdrawal risk, continue appropriate AUD medication, and adjust the plan quickly without shame and without giving up on your goals.”

 **6. Document and Update the Plan**

Document the patient-specific plan in a way that can be quickly retrieved and easily updated when a patient is re-engaged in care. For examples of elements to document and how to implement the plan into the electronic medical record, *please review the [appendix](#)*.

Ending the Conversation and Implementing the Plan

Before the conversation ends, gauge the feasibility of enacting the plan with the patient; ensure it is realistic, actionable, and meets the patient where they are no matter the stage of their recovery journey. Confirm the patient can state the key aspects of the agreed upon plan and their threshold for action.

1. Their top warning signs and triggers.
2. Their coping and support plan, including who they will contact and when.
3. What they will do if alcohol use occurs:
  - Withdrawal and medication safety and risks
  - When to seek care
4. Their safety and re-engagement steps

## Appendix: Documentation Elements

| Documentation Element                   | Patient-Specific Details to Capture                                                                                                                   | Example Electronic Health Record Fields (for EPIC)                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Recovery Goal</b>                    | Abstinence goal, recovery anchors, and patient-defined reasons for maintaining sobriety.                                                              | @AUD_MOTIVATION@                                                           |
| <b>Warning Signs and Risk</b>           | Top 3–5 early warning signs, acute triggers, withdrawal risk factors, and signs others may notice first.                                              | @AUD_RED_FLAGS@                                                            |
| <b>External and Internal Triggers</b>   | Highest-risk settings, body states, feelings, thoughts, and situations that intensify urge or near-miss risk.                                         | @AUD_EXTERNAL_TRIGGERS@ / @AUD_INTERNAL_TRIGGERS@                          |
| <b>Coping Plan</b>                      | In-the-moment tools, refusal scripts, anticipatory plans, and self-care or recovery-enhancing behaviors.                                              | @AUD_TEMPTATION_TOOLS@ / @AUD_SELF_CARE@                                   |
| <b>Support Team</b>                     | Recovery support team (including clinicians, peers, friends, family, etc.), permissions, contact plan, specific helper actions, and safety net notes. | @AUD_SAFETY_NET@ / @AUD_SAFETY_NET_NOTES@ / @AUD_FAMILY_SUPPORT@           |
| <b>Counseling / Mutual Help</b>         | Counseling or therapy status; mutual-help participation; recovery coach or peer supports.                                                             | @AUD_COUNSELING_STATUS@ / @AUD_MUTUAL_HELP@                                |
| <b>MAUD</b>                             | Current medication, adherence, effectiveness, side effects, formulation options, contraindications, and follow-up plan.                               | @AUD_MAUD_STATUS@ / @AUD_MAUD_MED@ / @AUD_ADHERENCE@ / @AUD_XR_CONSIDERED@ |
| <b>Monitoring and Withdrawal Safety</b> | Risk-check findings, red-flag instructions, same-day clinic call criteria, local facility or pathway, and monitoring plan.                            | @AUD_MONITORING_PLAN@                                                      |
| <b>Rapid Re-Engagement</b>              | Immediate safety steps, 24–72-hour contacts, support activation, care escalation criteria, and plan revision process.                                 | @AUD_REENGAGEMENT@                                                         |

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