

## Relapse Prevention

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### Quote from Staying Sober by Gorski and Miller (p.35)

"Relapse and recovery are intimately related. You cannot experience recovery from addiction without experiencing a tendency toward relapse. Relapse tendencies are a normal and natural part of the recovery process. They are nothing to be ashamed of. They need to be dealt with openly and honestly. If they are not, they grow stronger. Relapse tendencies are a lot like poison mushrooms or mold. They grow best in the darkness. The light of clear accurate thinking tends to kill relapse tendencies very quickly."

### Definitions of Relapse

- The process of returning to drinking or using drugs after a period of sobriety
- A return of the signs and symptoms of a particular disease (medical)

### Myth #1

- Relapse is an *event* defined by an individual returning to use alcohol and/or drugs.

### Fact

- Relapse is a **process**. Returning to using or drinking is actually the completion of the process. It begins with slight and often unseen changes in behavior, attitude and beliefs.

### Relapse is a process, not an event.

- These slight and often unseen changes begin when an individual slips back into old ways of thinking and behaving.
- Left unchecked, over time, (days, weeks, year) those changes in behavior, attitudes and beliefs begin to convince an individual, either consciously or unconsciously, that a return to relapse makes sense.

## Where do *checks* come from?

- There are warning signs and symptoms you can learn to recognize and to warn you that there is a danger of relapse.
- You can also learn tools to interrupt or change the *process* at any time.

## Relapse Prevention

- Explores these changes in attitudes, beliefs, and thinking patterns that an individual would exhibit *prior* to returning to chemical use.
- Knowing the relapse warning signs helps cut the process short without having the end result of actually returning to chemical use.

## Myth #2

- The individual will see a relapse coming and will be able to stop it.
- "If I get too far off the recovery trail, I'll see it and change my behavior."

## Fact

- Actually, individuals often describe a relapse as a "flash," "shock," or "surprise."
- Examples of relapse stories

## Disease of Perception

- The disease of perception tells the addict or alcoholic that what he or she is doing is ok and finds ways to justify behaviors, attitudes and thoughts.
- In recovery, individuals learn to see themselves through the feedback they receive from others.

## Disease of Perception

- Individuals need to surround themselves with relationships with people who will hold them accountable and point out concerning changes in behaviors, attitudes or thought patterns.
- You can't trust that you'll see a relapse coming. You have to trust others to help you along the recovery path.

### Myth #3

- “Once I’m on the recovery road, I won’t use alcohol or drugs again.”
- “It will never happen to me.”
- “I know I won’t use again. I don’t want to.”

### Fact

- Actually a large number (40-60 percent) will return to alcohol and/or drug use in the first year
- What are some possible reasons for this?

### Biopsychosocial Model

- Just as the disease of addiction affected the physical, emotional, social and spiritual aspects of an individual’s life, the road to relapse may have signs that appear in all areas of one’s life.
- Recovery is much more than not using. It’s a biopsychosocial healing process and a commitment to change and growth.

### Path of Relapse

- The path is different for each individual.
- Usually several warning signs are present.
- There is no particular order in which they may appear.

### Path of Relapse

- The time element for warning signs not being dealt with and a return to using substances will vary according to the individual.
- The symptoms are different in everyone.
- There is no crystal ball.

### “Dry Drunk”

- You can relapse into old behavior and ways of thinking without returning to drugs and alcohol.
- Relapse begins long before the individual actually uses a substance.
- An individual cannot be using substances and be in full relapse mode.

## “I slipped.”

- Be careful of using this phrase to minimize a relapse
- SLIP = Sobriety Losing Its Priority
- “Do not look where you’ve fallen, look at where you slipped.”

## Relapse Warning Signs

- Behavior Changes
- Attitude Changes
- Changes in Thoughts

## Behavior Changes

- Not attending 12-Step meetings
- Changes in meeting schedule
- Not working the 12 Steps
- Withdrawal from support system
- Forgetting the basics
- No accountability
- Dishonesty
- Increased stress
- Recovery tools not being used to find solutions
- Involved in romantic relationship too soon (defocusing from recovery)

## Support Community

- Not attending 12-Step meetings
- Changes in meeting schedule
- Not working the 12 Steps
- Withdrawal from support system
- Not attending recovery activities
- No accountability

## Dishonesty

- Dishonesty played a crucial role in the success of the addiction.
- “Secrets keep you sick.”
- Often begins with a pattern of unnecessary little lies
- Rationalizing begins – making excuses for doing what we know we should not do
- The Big Book and 12 Steps emphasize *rigorous honesty*.

## Slippery People & Places

- “If you keep going to the barbershop, sooner or later you’ll wind up with a haircut.”
- “If you don’t want to slip, stay out of slippery places.”
- Relapse is often triggered by relapse cues: sights, sounds, & situations that are connected with drinking or using
- Video: HBO Series *Addiction*

## HALT

- Hungry, Angry, Lonely & Tired
- Irregular eating habits, restless sleeping, and/or loss of daily structure can all lead to depression and/or mood swings
- The importance of self-care (bio-psycho-social model)

## Stress

- Stress is cumulative
- At some point in recovery, the problems of everyday life return and with them come many of the circumstances which caused the individual to use in the past.
- Consequences of a recent relapse or period of using can add additional stress
- Ignoring stress can lead to unmanageable situations and increase likelihood of a relapse
- Emotional backpacks

## Relationships & Isolation

- Relationships in early recovery can be sobriety-threatening due to emotional highs and lows.
- Isolation gives the opportunity to get stuck in irrational thinking and/or engage in self-pity.

## Attitude Changes

- Complacency
- Resentment
- Irritable, Restless & Discontent
- Unresolved Shame
- Self-pity
- Blaming others
- Defensiveness
- Control
- Impatience

## Complacency

- "I'm feelin' good!"
- Begin to minimize the severity of the disease & effort needed to stay in recovery
- Putting self and recovery at risk
- Relapse often happens when an individual lets his or her guard down.
- Work the First Step DAILY

## Resentment

- Big Book of Alcoholics Anonymous refers to resentment as "the number one offender" because "it destroys more alcoholics than anything else."
- Anger with the world in general, with specific individuals, and/or with self
- Adds to tension, stress, and isolation
- Continue to work 4<sup>th</sup> and 5<sup>th</sup> Steps with sponsor

## Guilt and Shame

- Strong feelings of worthlessness may surface
- Remembering all the *bad* things I've done (guilt)
- Individual may come to believe that *I am bad* (shame)
- Why bother?
- Working Steps 4 and 5; working with therapist

## Control

- No control over people, places, and things
- Leads to frustration; things aren't going my way
- "Acceptance is the answer to all of life's problems."

## Impatience

- Things aren't happening fast enough; others aren't doing what they should be doing fast enough
- Demand instant gratification
- Setting expectations too high for early recovery only takes away from one's serenity
- I've changed – why hasn't everyone else?
- "Trust the process."

## BUDD = Building Up to Drink or Drug

- BUDDing = sudden changes in mood, which if not dealt with, will lead to relapse
- Changes begin in small ways, often unrecognizable, but gradually grow into a serious risk for relapse
- Usually detected by others

## Symptoms of BUDD

- Silence
- Aimless talk; illogical thinking
- Overactive; constant anxiety
- Exhaustion
- Remorseful
- Irritability
- Boredom
- Isolation
- Overconfidence

## What to do?

- Early recognition
- Acceptance
- Action

## Changes in Thoughts

- Denial
- Glamorizing
- Substituting drugs
- Feeling "cured"
- Being all-knowing
- Convincing self it was just a phase
- Weak foundation of the first 3 Steps

## Changes in Thinking

- Begin to think recovery program isn't as important as it used to be
- Things are going well. I don't need to put in as much effort.
- Spend more time focusing on others

## Being All-Knowing

- Plays down the effort truly needed to stay in recovery
- Individual starts to think he or she has all the answers for self and others
- When no one can tell us anything, we begin to ignore suggestions or advice from others.
- Lose humility in the face of a powerful disease
- "Half measures avail us nothing."

## Biggest Warning Sign

- Addicts overestimate their recovery and underestimate the power of their disease.

## Interrupting the Relapse Process

- Stabilization
- Self-assessment
- Relapse Education
- Warning Sign Identification & Management
- Involvement of Significant others
- Prevention
- Planning

## Stabilization

- Gaining control of self
- Focusing on the basics
- "One day at a time."

## Assessment

- Identify *recurrent patterns* of problems that led to past relapses and resolve the pain associated with those problems.
- Reconstruct present problems, life history, alcohol and drug use history and the recovery relapse history.

## Relapse Education

- Educating self about the progressive warning signs of relapse
- Go to the experts

## Warning Sign Identification & Management

- Surrounding self with people who will provide honest feedback about the warning signs
- Developing coping strategies to deal with the warning signs, including the irrational thoughts, unmanageable feelings & self-defeating behaviors
- If you know a dog bites, treat it accordingly.

## Family Involvement

- Addiction is a FAMILY DISEASE
- Addict/Alcoholic needs treatment for addiction. Family members need treatment for coaddiction/codependency.
- Al-Anon, Families Anonymous, ACOA

## Warning Signs for Coaddiction

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|--|---|
| <ul style="list-style-type: none"><li>• Loss of daily structure</li><li>• Lack of personal care</li><li>• Inability to effectively set and maintain limits</li><li>• Indecision</li><li>• Compulsive behavior</li><li>• Fatigue/Lack of rest</li><li>• Return of unreasonable resentments</li><li>• Feelings of loneliness &amp; isolation</li><li>• Health problems</li></ul> | <ul style="list-style-type: none"><li>• Return of tendency to control people, situations and things</li><li>• Defensiveness</li><li>• Self-pity</li><li>• Scapegoating</li><li>• Lack of Al-Anon attendance</li><li>• Return of fear and general anxiety</li><li>• Failure to maintain interpersonal support system</li><li>• Alcohol and/or drug use</li></ul> |
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## Gorski & Miller's Family Recovery Plan

1. Stabilization
2. Assessment
3. Education
4. Warning Sign ID
5. Family Validation of Warning Signs
6. Family Relapse Prevention Plan
7. Inventory Training
8. Communication Training
9. Review of Recovery Program
10. Denial Interruption Plan
11. Relapse Early Intervention Plan
12. Follow-up & Reinforcement

## Early Recovery & Family Relationships

- Be careful about setting expectations of acceptance or understanding from family
- Hurt, resentment, suspicion of new behavior and lifestyle may exist
- Family may have adjusted their own behavior in unhealthy or enabling ways to accommodate for addict's actions
- Healing takes time.

## Prevention

- Back to the basics
- Continue with attendance and involvement in AA meetings
- Service work / Home group
- Work the 12 Steps with sponsor
- Frequent contact with sponsor
- Accountability with others
- Continued therapy support / self-awareness

## Planning

- If an individual in recovery must be in a high-risk or sobriety-threatening situation, then it's important to plan for it.
- Don't set yourself up. Watch out for pride.
- Plan for before, during and after

## Personal Emergency Relapse Plan

- Allows others to help support recovery
- Holds individual accountable
- A person *cannot* achieve recovery alone.

## Relapse, Now What?

- Stop using
- Call Detox, if needed
- Safety from continuing use is the first priority
- Turn to support system immediately
- Ask for help
- Share feelings surrounding relapse – be honest

## Wrap-Up

- Prevention = Plan = Action
- Know the power of the disease
- Surround yourself with accountable relationships and listen!
- Allow yourself to be uncomfortable
- Remember that recovery is a process
- "Relapse and recovery are intimately related."

## Up Next

- Quote
- Open Talk from Wayne
- Q & A

## Resources

Available online at  
[www.dawnfarm.org/edseries.html](http://www.dawnfarm.org/edseries.html)

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