Relapse Prevention Workbook

Relapse prevention is why most people seek treatment. By the time most individuals seek help, they have already tried to quit on their own and they are looking for a better solution. This workbook offers a practical approach to relapse prevention.

There are four main ideas in relapse prevention.

1. First, relapse is a gradual process with distinct stages. The goal of treatment is to help you recognize the early stages, in which the chances of success are greatest.

2. Second, recovery is a process of personal growth with developmental milestones. Each stage of recovery has its own risks of relapse.

3. Third, the main tools of relapse prevention are a willingness to participate in your own recovery and awareness of yourself and how you think, which change negative thinking and develop healthy coping skills.

4. Fourth, most relapses can be explained in terms of a few basic rules. Education in these few rules can help you focus on what is important.

The Stages of Relapse

The key to relapse prevention is to understand that relapse happens gradually. It begins weeks and sometimes months before an individual picks up a drink or drug. The goal of relapse prevention is to help you recognize the early warning signs of relapse and to develop coping skills to prevent relapse early in the process, when the chances of success are greatest.

1. Relapse happens after a period of recovery has occurred. Have you experienced this? What happened? Why do you think this happened?
Emotional Relapse

Relapse is broken down into terms of three stages of relapse: emotional, mental, and physical.

During emotional relapse, we are not thinking about using. We remember our last relapse and don’t want to repeat it. But our emotions and behaviors are setting us up for relapse down the road. Because we are not consciously thinking about using during this stage, denial is a big part of emotional relapse.

These are some of the signs of emotional relapse:
- bottling up emotions
- Isolating
- not going to meetings
- going to meetings but not sharing
- focusing on others (focusing on other people’s problems or focusing on how other people affect them); and
- poor eating and sleeping habits.

The common denominator of emotional relapse is poor self-care, in which self-care is broadly defined to include emotional, psychological, and physical care.

2. Referring back to your last relapse, which of these emotional signs did you feel or experience? What other emotional factors can you identify in retrospect?

3. What does self-care look like for you? Can you identify areas of poor self care in your last relapse?
Understanding what self-care means and why it is important is crucial to your recovery. The need for self-care varies from person to person. A simple reminder of poor self-care is the acronym HALT:

- Hungry
- Angry
- lonely, and
- tired

For some individuals, self-care is as basic as physical self-care, such as sleep, hygiene, and a healthy diet. For most individuals, self-care is about emotional self-care. An important aspect of recovery is understanding and making time for yourself, to be kind to yourself, and to give yourself permission to have fun.

Many times, when we look back at our past, we find that in many ways we were selfish, and it feels ‘selfish’ now to make time for ourselves. This could not be further from the truth. When we were actively drinking or using, we were sick. We were not able to concretely focus because our brains were not working properly. Even if we were not high or drunk all of the time, our subconscious addicted brain was focused on attaining more of the substance, sometimes just to function. This is the nature of addiction, and another reason why it is considered a disease of the brain as much as the body.

4. Leading up to your last relapse, can you identify where you were Hungry, Angry, Lonely or Tired? Think about your eating patterns and habits, your sleeping patterns, your emotional state, your ‘alone-ness’ in your addiction. How did these factor in?

Ask yourself these questions every day:

- "Am I starting to feel exhausted again?
- Do I feel that I’m being good myself?
- Am I allowing myself time to have fun?
- Am I putting time aside for myself or am I getting caught up in life?"
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Compare your current behavior to behavior during past relapses and see if your self-care is worsening or improving.

5. How can you tell if you are exhausted? Can you recognize this or does that observation come from someone else?

6. How do you treat yourself well? What does positive self talk look like to you? What positive affirmation could you tell yourself every morning and every night?

7. What types of things can you identify that are ‘fun’ for you, or that bring your peace or make you smile? How can you make more time for that?

8. How do you notice if you are getting too caught up in other things and neglect yourself? How do you take quiet time just for yourself? Do you set aside extra time early in the morning to journal or read just for yourself? Take a quiet walk and notice nature? What things can you do to make that happen for yourself?

The transition between emotional and mental relapse is not arbitrary, but the natural consequence of prolonged, poor self-care. When we practice poor self-care and live in emotional relapse long enough, eventually we start to feel uncomfortable in our own skin. We begin to feel restless, irritable, and discontent. As our tension builds, we start to think about using just to escape.
Mental Relapse
In mental relapse, there is a war going on inside our minds. A Part of us wants to use or drink, while another part of us doesn’t. If we slide deeper into mental relapse, our cognitive resistance to relapse diminishes and our need for escape increases.

These are some of the signs of mental relapse:
- craving for drugs or alcohol
- thinking about people, places, and things associated with past use
- minimizing consequences of past use or glamorizing past use
- Bargaining
- Lying
- thinking of schemes to better control using
- looking for relapse opportunities; and
- planning a relapse.

9. After reading these signs, can you identify any of these that were present during your last relapse? If you recognize them now, did you recognize them at the time? Why or why not?
   a. Cravings
   b. Thinking about people, places & things (some people call this ‘romanticizing’)
   c. Minimizing the Consequences (It wasn't that bad)
   d. Bargaining (Thinking about future times when you will be able to use 'safely'; occasionally)
e. Lying (About how much, how often, type of drug, where you have been)

f. Thinking of ways to use occasionally (like bargaining, but specifically about being able to control use)

g. Looking for opportunities to use (purposely attending events or places where use is expected)

h. Planning a relapse (You might not call it relapse, just returning to use responsibly)

When we are struggling with emotional and mental relapse, we also are placing ourselves in high risk situations, such as social gatherings, places where we used to drink or use, circumstances where others are drinking or using. Most of us have a hard time identifying our high-risk situations and believing that they are high-risk. Sometimes we think that avoiding high-risk situations is a sign of weakness, telling ourselves that our will power is stronger than the situation.

10. Looking back, can you identify any high risk places you were places in preceding your relapse? (High risk situations also include emotionally damaging situations, such as difficult family encounters, where in the past, using or drinking was a coping skill you used to get through it.)

In bargaining, individuals start to think of scenarios in which it would be acceptable to use. A common example is when people give themselves permission to use on holidays or on a trip. It is a common experience that airports and all-inclusive resorts are high-risk environments in early recovery. Another form of bargaining is when people start to think that they can relapse periodically, perhaps in a controlled way, for example, once or twice a year. Bargaining also can take the form of switching one addictive substance for another.
11. After reading about Bargaining, do you recognize that as one of your mental relapse signs? Why or why not?

Occasional, brief thoughts of using are normal in early recovery and are different from mental relapse. When people enter a substance abuse program, They might say, “I want to never have to think about using again.”

It can be frightening when they discover that they still have occasional cravings. They feel they are doing something wrong and that they have let themselves and their families down. They are sometimes reluctant to even mention thoughts of using because they are so embarrassed by them.

Warning signs are when thoughts of using change in character and become more insistent or increase in frequency.

12. Looking at your past relapse, did you have increasing thoughts about using? Did you talk to someone about those thoughts? Why or why not?

13. Do you have those thoughts now? How do you feel when you have those thoughts? Are you able to talk to someone now? Why or why not?

14. When you have these thoughts, do you try to ignore them or do you address them? How do you address them (i.e., talking about them in a meeting, journaling). Why or why not?
Physical Relapse

Physical relapse is when you physically use the substance again. Most physical relapses are relapses of opportunity. They occur when the person has a window in which they feel they will not get caught.

Part of relapse prevention involves rehearsing these situations and developing healthy exit strategies.

15. When you look at your past relapse, did you feel that you could just have 'one drink' or use 'that one time' and 'not get caught'? What happened?

16. What were your thoughts as you entered the situation where you were obtaining the drink or drug?

17. What were your thoughts about the consequences if you were caught?
18. Negative Thinking
This is a short list of the types of negative thinking that are obstacles to recovery. Write down your thoughts about each statement.

- My problem is because of other people
- I don’t think I can handle life without using
- Maybe I can just use occasionally
- Life won’t be fun — I won’t be fun — without using
- I’m worried I will turn into someone I don’t like
- I can’t make all the necessary changes; I can’t change my friends
- I don’t want to abandon my family
- Recovery is too much work
- My cravings will be overwhelming; I won’t be able to resist them
- If I stop, I’ll only start up again; I have never finished anything
- No one has to know if I relapse
- I’m worried I have been so damaged by my addiction that I won’t be able to recover.
19. The negative thinking that underlies addictive thinking is usually all-or-nothing thinking, disqualifying the positives, catastrophizing, and negatively self-labeling. These thoughts can lead to anxiety, resentments, stress, and depression, all of which can lead to relapse. What other thoughts do you have, or have had, that have contributed to your use? Finish these statements:

- I can’t stop because:
- I don’t believe I can stop because:
- I have never been able to:
- I won’t be able to:
- People say I’m:
- My friends say I’m too:
- I’m a failure because:
- I don’t want to stop drinking or using because:

Reflect on those statements. Can you change any of those statements into a positive thought? Why or why not?
Fear

Fear is a common negative thinking pattern in addiction. These are some of the categories of fearful thinking:

- fear of not measuring up
- fear of being judged
- fear of feeling like a fraud and being discovered
- fear of not knowing how to live in the world without drugs or alcohol
- fear of success; and
- fear of relapse.

A basic fear of recovery is that we are not capable of recovery. The belief is that recovery requires some special strength or willpower that we do not possess. Past relapses are taken as proof that we do not have what it takes to recover.

20. Write a statement answering each of these fears:

- I am fearful of not measuring up because:
- I am fearful of being judged because:
- I am fearful of feeling like a fraud and being discovered because:
- I am fearful of not knowing how to live in the world without drugs or alcohol because:
- I am fearful of success because:
- I am fearful of relapse because:

21. What other things about recovery and failure are you fearful of?

- I am fearful:
- I am fearful:
- I am fearful:
Redefining Fun

One of the important goals in recovery is to learn to redefine fun. Many times when we are under stress, we revert backwards and glamorize our past use. We might think about it longingly in terms of relaxation and reward.

We begin to disqualify the positives we have gained through recovery. The challenge is to acknowledge that recovery is sometimes hard work but addiction is even harder. If addiction were so easy, people wouldn’t want to quit and wouldn’t have to quit.

22. Remember times when you were sober or in recovery. What types of things, places or people made you happy? What did you enjoy doing?

23. Many times, things we enjoyed before our addiction or alcoholism were stopped or interrupted because of our use. Can you remember things you used to enjoy?
   a. Learning new things (school, classes, reading)
   b. Exercising (Hiking, walking, running, swimming)
   c. Traveling (Going to new places, visiting friends or relatives, beaches or mountains)
   d. Eating (Cooking, restaurants, trying new foods)
   e. Pets, Nature, Photography
   f. Reading, Writing, Crafts
   g. Other: ______________________________
Romancing the High & Magical Thinking

Romancing the drink or drug is when people in recovery begin to remember all the good things about their former addiction.

The pain and suffering we experienced as a result of substance abuse is pushed to one side. We are drawn back to the nicer times when things felt a bit more comfortable. We may remember the early days of our drug use when we felt in control and had fun. Our imaginations fill in any gaps to make these times appear even more enjoyable than what they actually were.

24. While it is common to remember ‘good times’, it is important to play these thoughts through to the end. Did ‘Romancing the High’ have any part of your relapse? Do you find yourself thinking that way now?

25. We might have been told by a friend in recovery to ‘Play the Tape Through’ when we experience romancing or reminiscing. What does that phrase mean to you?

26. ‘Playing the Tape Through’ means taking a romantic or fond memory of use and continuing that thought through to real or possible consequences of acting upon the thought of returning or continuing to use. Play the tape on the following statements:
   a. I think I could have one glass of wine; it’s been a while.
   b. One last time won’t hurt, I know what I’m doing now.
   c. I deserve this after the day I have had.
   d. These are my friends. Nothing bad will happen.
   e. No one will now. Just this once.
27. Sometimes, we expect that not using drugs or alcohol will lead to the emotional pain or boredom that we tried to escape. Did you drink or use drugs to escape? What happened? Play the tape through.

Expectations in Recovery and Setbacks

In recovery, we tend to see setbacks as failures because we are unusually hard on ourselves. We may have set an unrealistic expectation of what recovery should look like and feel like. We have an idea that if we just stop using, things will be better in our life. This is often reinforced by family and friends who tell us; “If you just stop drinking or using…” Examples of unrealistic expectations usually begin with “If I quit drinking or using, I will be…”

- Happy
- Healthy
- loved
- Forgiven
- Richer
- Thinner
- Reunited
- Smarter

The fact is, these may be quite true, but most often, it takes time and work to get there! Relationships need mending and are not always repairable. The job you held may not be the one you keep in a recovering life. You might have health set-backs. You might eat more before you eat healthy. You have to learn to love yourself before you can truly feel the love for you.

28. Did unrealistic expectations in recovery have an impact on your last relapse? What expectations do you have for your recovery today?
29. How realistic are your expectations for your recovery? What do you think you might have to do to make those a reality?

Setbacks
How we deal with setbacks plays a major role in recovery. A setback can be any behavior that moves us closer to physical relapse. Some examples of setbacks are:

- not setting healthy boundaries
- not asking for help
- not avoiding high-risk situations, and
- not practicing self-care.

A setback does not have to end in relapse to be worthy of discussion.

- Setbacks can set up a vicious cycle, in which we view setbacks as confirming our negative view of ourselves. We begin to feel that we cannot live life on life’s terms.
- This can lead to more using and a greater sense of failure. Eventually, we stop focusing on the progress we have made and begin to see the road ahead as overwhelming.
- Setbacks are a normal part of progress. They are not failures. They are caused by insufficient coping skills and/or inadequate planning, which are issues that can be fixed.

30. Challenge your thinking by looking at past successes and acknowledging the strengths they bring to recovery. Below, write down 5 accomplishments you have made in your life. These can be about finishing a project, having a child, training a pet. Anything goes!

1. 
2. 
3. 
4. 
5.
Abstinence Violation Effect

When we pick up or use after a period of recovery or abstinence, we are especially hard on ourselves and begin making global statements, such as, “This proves I’m a failure.”

When we take an all-or-nothing, dichotomous view of recovery, we are more likely to feel overwhelmed and abandon long-term goals in favor of short-term relief. This reaction is termed the Abstinence Violation Effect. This is a coffin maker for people in recovery from addiction or alcoholism.

Many people consider a relapse as a normal part of recovery, but in reality, it is a component of the disease of addiction and alcoholism. It is a symptom of the disease, from which we can learn from and better protect ourselves in our recovery. By examining our use and our relapse, we can identify where our defenses against this disease are vulnerable and fortify these areas.

Some people call this a Relapse Autopsy.

The purpose of this Relapse Autopsy is to help you recognize what issues, patterns, and choices contributed to your relapse so that you can learn from it.

A Relapse Autopsy will walk you through various aspects of your relapse and current recovery to help you identify

- what you have minimized that contributed to your relapse
- what you might have missed that allowed your relapse to occur, and
- what changes you can make in your recovery to avoid repeating these patterns.
31. Answer the following questions about your last relapse.

- What was the Nature of your relapse?

- What choices did you make or behaviors did you do immediately before your relapse? What behaviors or choices did you make before that? And before that? And before that? Etc.

- After reviewing your behaviors and choices, what are some similarities to past relapses?

- After reviewing your behaviors and choices, what contributed to your relapse? What changes are there to be made to your inner circle, middle circle, or sobriety plan?

- What justification or denial did you use to convince yourself that acting out was OK or that you were not really acting out?

- After reviewing your justification and denial, what are some similarities to past relapses?

- After reviewing your justification and denial, what changes are there to make to your sobriety plan?

- What events, situations, or interactions happened immediately before your relapse?

- What events, situations, or interactions happened the day of your relapse?
• What significant events, situations, or interactions took place the week before your relapse?

• What significant events, situations, or interactions took place two weeks or more before your relapse?

• What events or situations are/were scheduled to take place later the day of your relapse?

• What events or situations are/were scheduled to take place the day after your relapse?

• What significant events or situations are/were scheduled to take place the week after your relapse?

• What significant events or situations are/were scheduled to take place two weeks or more after your relapse?

• After reviewing the events, situations, and interactions, what are some similarities to past relapses?

• After reviewing the events, situations, and interactions, are there changes to make to your sobriety plan?

• What emotions were you feeling immediately before your relapse?

• What significant emotions did you feel the day of your relapse?
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- What significant emotions did you feel the day before your relapse?
- After reviewing your emotional experiences, what are some similarities to past relapses?

- After reviewing your emotional experiences, are there changes to make to your sobriety plan or sobriety first aid kit?

- What physical sensations (see, hear, smell, taste, feel on your skin) did you experience immediately before your relapse?

- What significant physical sensations (see, hear, smell, taste, feel on your skin) did you experience the day of your relapse?

- What significant physical sensations (see, hear, smell, taste, feel on your skin) did you experience the day before your relapse?

- After reviewing your physical sensations, what are some similarities to past relapses?

- After reviewing your physical sensations, are there changes to make to your sobriety plan or sobriety first aid kit?

- Reviewing the previous sections of this Relapse Autopsy, what secrets did you keep? What situations, experiences, or thoughts did you not share with others?

- Thinking about your past addictive behaviors and past situations you feel shame or guilt around, what secrets are you still keeping?
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- After reviewing your kept secrets, what are some similarities to past relapses?

- After reviewing your kept secrets, what changes are there to make to your sobriety plan?

- After reviewing your kept secrets, what actions are there for you to take regarding rigorous honesty and/or amends?

- What self-care tools did you use the day of your relapse?

- What self-care tools would have been helpful the day of your relapse that you did not use?

- Was there a change in your self-care routine in the week before your relapse?

- After reviewing your self-care experiences, what are some similarities to past relapses?

- After reviewing your self-care experiences, what contributed to your relapse? Are there changes to be made to your sobriety plan, sobriety first aid kit, or self-care routine?

- What impact or consequences has your relapse had on you?

- What impact or consequences has your relapse had on others?

- After reviewing the impact and consequences, what are some similarities to past relapses?
After reviewing the impact and consequences of your relapse, are there changes to be made to your sobriety plan or sobriety first aid kit?

Prior to and during this relapse, what was your motivation for staying sober and resisting the urge to act out?

What parts of your motivation were effective? (Helped you hold on to your desire to stay sober and resist the urge to act out.)

What parts of your motivation were NOT effective? (Did NOT help you hold on to your desire to stay sober and resist the urge to act out.)

After reviewing your motivation to stay sober, what are some similarities to past relapses?

After reviewing your motivation to stay sober, are there changes to be made to your sobriety plan or sobriety first aid kit? (Where in your sobriety plan and first aid kit is your motivation to stay sober identified and reinforced? How easy is it to remind yourself of your motivation to stay sober when you are in the middle of your addictive urges?)

Having worked through this Relapse Autopsy, I am making the following changes to my circles (inner, middle, and outer):

Having worked through this Relapse Autopsy, I am making the following changes to my sobriety plan:

Having worked through this Relapse Autopsy, I am making the following changes to my sobriety first aid kit:
● Having worked through this Relapse Autopsy, I am making the following changes to my selfcare routine:

● Having worked through this Relapse Autopsy, I will explore the following actions regarding rigorous honesty and/or amends with my therapist, sponsor, and/or support group:
Sobriety First Aid Kit
(From Living Sober https://livingsober.org.nz/sober-first-aid-kit-repost/)

1. Something smelly
A really good smell can be incredibly transporting, and when you’re stressed and freaking out, a scent you love can totally calm you down and reset your equilibrium. What kinds of smells do you love? Tropical, earthy, spicy, floral, fruity? It can be a tiny bottle of aromatherapy oil -- you can get single scents or blends for different effects. I love frankincense. It just takes me somewhere far above the crap I’m dealing with and reminds me of my wise, loving self who’s always there for me. Lavender and rose do it for me too. It might be a favourite perfume. A crushed leaf from the rosemary plant. A scented candle.
Find your scent -- the one that will remind you of a better you than boozer you, and when you need it, take a deep slow mindful sniff.

2. Something sweet
There’s a lot of talk about the evils of refined sugars, and I’m totally on board with that. But please, please, please don’t eliminate all the sweetness from your life! We need sweetness, and it’s no accident that we are drawn to sweet flavors. Nature gives them to us for a purpose, and I think it’s to sweeten up our lives (our first food, breast milk, is sweet. Go figure.) So have some healthy sweet things in your first aid kit. I go for dates, raisins, dried bits of mango. Honey is good too -- you can get those little honey packs and suck on one in an emergency. Dark chocolate in tiny packs is great too. See if you can suck the chocolate rather than wolf it down... much more satisfying.

3. Something inspiring
We’re sober because we want to be better versions of ourselves. We don’t want to be the lost, lonely, out-of-control boozehound we once were. We were inspired to do all that hard work to get sober, and we need to keep on inspiring ourselves, especially during these holidays, which can bring us face to face with all our old demons, memories, traditions, and habits. Make sure your first aid kit has a reminder of what inspires you. It could be a photo of your kids to remind you of your future, a quote you really relate to, a card or a stone or a crystal or whatever reminds you about your hopes and dreams for yourself.

4. Something soft and cosy
Often when we get that “I WANNA WINE” impulse, we just want to be soothed from something uncomfortable. Now I’m all for blankies, but I don’t recommend wrapping up in one and crawling under the tree during the family Christmas lunch. I do love to have something on hand that’s soft and comfy though, and that I can slip on and feel relaxed. My default for when I’m in public is a soft silk neck scarf -- a mini blankie (even better if it’s got a drop of my favourite smell on it already -- a double whammy). If I’m staying away from home, I always make sure I’ve got extra cosy pyjamas, socks and slippers, and my hottie. A soft hoodie is also a very nice thing to curl up in. Or a onesie if you’re that way inclined! Just pack with your own comfort in mind, and when you need to escape the party, go to your room and rug up!
5. **Something supportive**

Your Phone or computer! Don’t forget to use your emergency help line and text a sober friend or jump on the Living Sober page and share what’s going on. The point here is “Just because it’s Christmas or New Year doesn’t mean you’re cut off from sober support.” Have your phone charged, and your numbers loaded, and **Use Them!**

6. **Something pampering**

I think as boozers we get very very good at neglecting ourselves. We get hard wired to think that booze is our treat and what we deserve, and we neglect so much else about our health and grooming. So put some pampering things into your first aid kit. Hand cream, face cream, lip balm, a facial mist spray, a hair brush or comb... when you’re feeling a bit scratchy or frazzled, giving your hair a brush and moisturizing your skin can be a game-changer. Blokes, you can do this too. For sure!

7. **Something nourishing**

If you’re off to a party or somewhere the food isn’t guaranteed to be good, take something good and nourishing with you. Some fruit, nuts, energy bars, drinks... whatever you like to snack on when you’re needing a pick up. I really think junk food and booze are very close buddies, and one nudges us toward the other. So eat well to protect yourself from that double agent.

8. **Something surprising**

How about delighting yourself with a surprise? I’m going to put a lucky dip component into my first aid kit. I think I’ll get myself some tiny presents this year, wrap them up individually, and open one when I feel like I need a lift. Totally optional, this one. It was just a random idea.

9. **Wrapping it up**

Put your first aid gear in a nice bag or box so you can feel good about keeping it out and on hand. Whatever works for you. I keep mine in one of those pouches you get on the air planes (from someone else who travelled business class!). I wouldn’t judge you for shoving your stuff in a plastic supermarket bag (hey, at least you’ve got a first aid kit), but do think about making this something special. It’s your own personal message to yourself and to your addict voice, that you mean business this year. You’re sober, and you’re staying sober. If you can, make your sober first aid kit a statement!
Build your Recovery First Aid Kit!

1. Aromas: What scents will you add?

2. What is your Sweet Treat?

3. What can you put in that will remind you to be inspired?

4. What soft and cozy item can you add?

5. How will you access your supports?

6. What is your reminder for pampering or your pampering tool?

7. What is your nourishing snack?

8. How will you add your surprise? What will that be?

9. What is your special and personal tote for your kit? This should be something you can carry with you at all times!!
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Relapse Review: A different format for an Autopsy

R  Routines that change too quickly could create distress, especially if there is no plan in place to deal with the consequences of the changes. Were there unplanned stressors that hit too rapidly in your life?

E  Examining your Moods, such as, have you been too Hungry, Angry, Lonely or Tired? What have you noticed about yourself that could have been a precursor to relapse?

L  Look to see if there is someone in any of your systems (Home, Work, Family of Origin, Old Friends, etc.) who want you to be as sick as they are and maybe sabotaging your recovery.

A  Assess Resentments-are there resentments that you nursed, which were not discussed, weighed you down, causing you to seek some release via passive-aggressive and acting out behaviors?

P  Pride, Narcissism and being a Power Greater than Yourself feeds entitled behavior where you are apt to think the rules don’t apply to you...was this a factor with your relapse?

S  Stinking Thinking means the employment of Rationalization (“Rational Lies”), Justification, Minimization, and other Ego Defenses will be used and usually proceed a relapse.

E  Escaping Pain by Engaging in Pleasure oriented behaviors that “help” you to momentarily avoid your pain, suffering and reality could be causal factors. Was this true with you?

S  Somehow, forgetting how bad it used to be and thinking you could go back for another run and avoid all of the painful consequences connected to the past using episodes crept in.
Becoming Comfortable with Being Uncomfortable

The World Health Organization named stress the “Health Epidemic of the 21st Century”. It is experienced by nearly 80% of Americans daily. Affecting the workplace, relationships, and health, stress has implications that reach far and wide for the average individual.

However, for those suffering from addiction, stress can be one of the strongest predictors of drug use, craving, and relapse. Often viewed as a response to stress and emotional discomfort, substance abuse can be even more difficult to overcome in the presence of stress.

Becoming comfortable with being uncomfortable in recovery means learning to ‘sit’ in physical and emotional discomfort and not using drugs or alcohol as a coping mechanism for these negative feelings.

Healthy coping skills for stress include: (add your own at the bottom)

- Walking, Running
- Swimming
- Hiking
- Mindful Meditation
- Yoga
- Healthy Eating
- Crafts
- Painting
- Journaling
- Puzzles
- Self-care (Bubble baths, nail and hair care, massages)
- Sleep
- _____________
- _____________
- _____________
- _____________
- _____________
- _____________
The following are examples of stressful situations where you may have escaped to drug or alcohol use. How would you cope with these today?

Calm down after a disagreement or conflict with a spouse, friend or family member

Unwind after a stressful day

Numb traumatic memories

Feel “normal”

Relieve tension

Deal with rejection or loss

Feel more confident in social situations

Escape pressures of work, school, marriage, parenthood, etc.

Reduce physical pain from an injury or illness

Reward yourself

Other ________

Other ________

Other ________

Other ________
The Stages of Recovery

Recovery is a process of personal growth in which each stage has its own risks of relapse and its own developmental tasks to reach the next stage. The stages of recovery are not the same length for each person, but they are a useful way of looking at recovery. Broadly speaking, there are three stages of recovery.

Abstinence Stage
It is commonly held that the abstinence stage starts immediately after a person stops using and usually lasts for 1 to 2 years. The main focus of this stage is dealing with cravings and not using. Review each of these tasks and write down your thoughts about each one:

1. Accept that you have an addiction
2. Practice honesty in life
3. Develop coping skills for dealing with cravings
4. Become active in self-help groups
5. Practice self-care and saying no
6. Understand the stages of relapse
7. Get rid of friends who are using
8. Understand the dangers of cross addiction
9. Deal with post-acute withdrawal
10. Develop healthy alternatives to using
11. See yourself as a non-user

There are many risks to recovery at this stage, including physical cravings, poor self-care, wanting to use just one more time, and struggling with whether one has an addiction. Where do you see yourself?
Dealing with post-acute withdrawal begins shortly after the acute phase of withdrawal and is a common cause of relapse. Unlike acute withdrawal, which has mostly physical symptoms, post-acute withdrawal syndrome (PAWS) has mostly psychological and emotional symptoms. Its symptoms also tend to be similar for most addictions, unlike acute withdrawal, which tends to have specific symptoms for each addiction.

These are some of the symptoms of post-acute withdrawal:
1. mood swings
2. Anxiety
3. Irritability
4. variable energy
5. low enthusiasm
6. variable concentration; and
7. disturbed sleep.

Many of the symptoms of post-acute withdrawal overlap with depression, but post-acute withdrawal symptoms are expected to gradually improve over time.

Probably the most important thing to understand about post-acute withdrawal is its prolonged duration, which can last up to 2 years. The danger is that the symptoms tend to come and go. It is not unusual to have no symptoms for 1 to 2 weeks, only to get hit again. This is when people are at risk of relapse, when they are unprepared for the protracted nature of post-acute withdrawal.

When people struggle with post-acute withdrawal, we tend to catastrophize our chances of recovery. We think that we are not making progress. The challenge is to encourage ourselves and to measure our progress month-to-month rather than day-to-day or week-to-week. (Coincidentally, these ‘waves’ tend to follow the ‘coin presentations’ at 12 step groups- 1 day, 1 month, 2 months, 3 months, 8 months, etc.)
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From the list below, write down how each has affected you and what you did or can do to combat those feelings:

1. mood swings

2. Anxiety

3. Irritability

4. variable energy

5. low enthusiasm

6. variable concentration

7. disturbed sleep.

8. Other: __________

9. Other: __________

10. Other: __________

11. Other: __________
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Repair Stage

In the second stage of recovery, the main task is to repair the damage caused by addiction. This stage usually lasts 2 to 3 years.

In the abstinence stage of recovery, we usually feel increasingly better. We are finally taking control of our lives. But in the repair stage of recovery, it is not unusual for us to feel worse temporarily.

During this stage, we must confront the damage caused by addiction to our relationships, employment, finances, physical health and self-esteem. We must also overcome the guilt and negative self-labeling that evolved during addiction. At times, we might think that we have been so damaged by our addiction that we cannot experience joy, feel confident, or have healthy relationships. These are some of the tasks of the repair stage of recovery; write down your thoughts about these tasks:

1. Overcome negative self-labeling and catastrophizing
2. Understand that we are not our addiction
3. Repair relationships and make amends when possible
4. Start to feel comfortable with being uncomfortable
5. Improve self-care and make it an integral part of recovery
6. Develop a balanced and healthy lifestyle
7. Continue to engage in self-help groups
8. Develop more healthy alternatives to using
9. Begin addressing health and dental care that was neglected during use

Common causes of relapse in this stage are poor self-care and not going to self-help groups. What are your thoughts about self help groups?
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Growth Stage

The growth stage is about developing skills that individuals may have never learned and that predisposed them to addiction. The repair stage of recovery was about catching up, and the growth stage is about moving forward. This stage usually starts 3 to 5 years after individuals have stopped using drugs or alcohol and is a lifetime path.

This is also the time to deal with any family of origin issues or any past trauma that may have occurred. These are issues that we are sometimes eager to get to, but they can be stressful issues, and, if tackled too soon, we may not have the necessary coping skills to handle them, which may lead to relapse. Do you identify with any of these? Write a plane next to each one about who can help you with these issues.

These are some of the tasks of the growth stage:

1. Identify and repair negative thinking and self-destructive patterns
2. Understand how negative familial patterns have been passed down, which will help individuals let go of resentments and move forward
3. Challenge fears with therapy and mind-body relaxation
4. Set healthy boundaries
5. Begin to give back and help others
6. Reevaluate your lifestyle periodically and ensure you are on track

The tasks of this stage are similar to the tasks that non-addicts face in everyday life. When non-addicts do not develop healthy life skills, the consequence is that they may be unhappy in life. When recovering individuals do not develop healthy life skills, the consequence is that they also may be unhappy in life, but that can lead to relapse.
Causes of Relapse in Late Stage Recovery

In late stage recovery, we are subject to special risks of relapse that are not often seen in the early stages. The following are some of the causes of relapse in the growth stage of recovery.

1) We often want to put our addiction behind us and forget that we ever had an addiction. We feel we have lost part of our life to addiction and don’t want to spend the rest of our life focused on recovery. We start to go to fewer meetings, or stop altogether.

2) As life improves, we begin to focus less on self-care. We take on more responsibilities and try to make up for lost time. In a sense, we are trying to get back to our old life without using. We stop doing the healthy things that contributed to our recovery.

3) We feel we are not learning anything new at self-help meetings and begin to go less frequently or stop completely.
   *(We need to remember that one of the benefits of going to meetings is to be reminded of what the “voice of addiction” sounds like, because it is easy to forget.)*

4) Some of us may feel that we should be beyond the basics. We think it is almost embarrassing to talk about the basics of recovery. We are embarrassed to mention that we still have occasional cravings or that we are no longer sure if we ever had an addiction.

5) Some of us think that we have a better understanding of drugs and alcohol and, therefore, think we should be able to control a relapse or avoid the negative consequences.

What are your thoughts about causes of relapse in late stage recovery? How will you combat these defeating thoughts?
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The Five Rules of Recovery
Most relapses can be explained in terms of a few basic rules. Learning these simple rules helps us to understand that recovery is not complicated or beyond our control. 1) change your life; 2) be completely honest; 3) ask for help; 4) practice self-care; and 5) don’t bend the rules. As you read these rules, write down what you think when you reflect upon them:

Rule 1: Change Your Life
The most important rule of recovery is that a person does not achieve recovery by just not using. Recovery involves creating a new life in which it is easier to not use. When individuals do not change their lives, then all the factors that contributed to their addiction will eventually catch up with them.

We often enter thinking, “We want our old life back — without the using.” Try to see recovery as an opportunity for change. If we make the necessary changes, we can go forward and be happier than they were before. This is the “silver lining” of having an addiction. It forces us to reevaluate our lives and make changes that non-addicts don’t have to make.

Examples of Change

- Change negative thinking patterns
- Avoid people, places, and things associated with using
- Incorporate the five rules of recovery

What are your thoughts about this first rule?
Rule 2: Be Completely Honest

Addiction requires lying. Addicts and alcoholics must lie about getting our drug, how much we are using, hiding the drug, denying the consequences, and planning our next relapse. Eventually, we end up lying to ourselves.

When we feel they cannot be completely honest, it is a sign of emotional relapse. It is often said that recovering individuals are as sick as their secrets. One of the challenges is learning how to and then to practice telling the truth, practice admitting when they have misspoken and quickly correcting it.

How honest should a person be without jeopardizing his or her work or relationships? We are encouraged to understand the concept of a recovery support system. This is our group of people that includes family members, our doctors, counselors, self-help groups, and sponsors. We are encouraged to be completely honest within this recovery circle. As we feel more comfortable, we may choose to expand the size of our circle.

Probably the most common misinterpretation of complete honesty is when we feel we must be honest about what is wrong with other people. Honesty, of course, is self-honesty. A common question about honesty is how honest should a person be when dealing with past lies. The general answer is that honesty is always preferable, except where it may harm others or yourself.

While the people in our recovery support circle need our honesty to support us, people outside of this circle may not be comfortable about addiction and alcoholism. Ask yourself why you feel the need to discuss your recovery with them—Do they need to know? Discuss questions with your sponsor and recovery running buddies.

What are your thoughts about this second rule?
Rule 3: Ask for Help

Most people start recovery by trying to do it on their own. They want to prove that they have control over their addiction and they are not as unhealthy as people think.

Joining a self-help group has been shown to significantly increase the chances of long-term recovery. The combination of a substance abuse program and self-help group is the most effective.

There are many self-help groups to choose from. Twelve-step groups include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Marijuana Anonymous (MA), Cocaine Anonymous (CA), Gamblers Anonymous (GA), and Adult Children of Alcoholics (ACA). Every country, every town, and almost every cruise ship has a 12-step meeting. There are other self-help groups, including Women for Sobriety, Secular Organizations for Sobriety, Smart Recovery, and Caduceus groups for health professionals. It has been shown that the way to get the most out of 12-step groups is to attend meetings regularly, have a sponsor, read 12-step materials, and have a goal of abstinence.

These are some of the generally recognized benefits of active participation in self-help groups:

- individuals feel that they are not alone
- they learn what the voice of addiction sounds like by hearing it in others
- they learn how other people have done recovery and what coping skills have been successful; and
- they have a safe place to go where they will not be judged.

There is one benefit of self-help groups that deserves special attention. Guilt and shame are common emotions in addiction. These can be obstacles to recovery, because we may feel that we have been damaged by our addiction and we don’t deserve recovery or happiness.

Self-help groups help us overcome our guilt and shame of addiction by learning that we are not alone. We begin to feel that recovery is within our reach.
These are some of the reasons people have given for not joining self-help groups:

- If I join a group, I would be admitting that I am an addict or alcoholic;
- I want to do it on my own
- I don't like groups
- I'm not a joiner
- I don't like speaking in front of other people
- I don't want to switch from one addiction to becoming addicted to AA
- I'm afraid I'll be recognized; and
- I don't like the religious aspects.

Have you felt any of these feelings about joining a self-help group? Are you aware that many groups are ‘virtual’ and you won’t have to leave your home? What do you think about this third rule?
Rule 4: Practice Self-Care

To understand the importance of self-care, it helps to understand why most people use drugs and alcohol. Most people use alcohol or drugs to escape, relax, or reward themselves. These are the primary benefits of using. It helps to acknowledge these benefits in therapy so that individuals can understand the importance of self-care and be motivated to find healthy alternatives.

Despite its importance, self-care is one of the most overlooked aspects of recovery. Without it, we can go to self-help meetings, have a sponsor, do step work, and still relapse. Self-care is difficult because we tend to be hard on ourselves.

This can present overtly, because we don't feel we deserve to be good to ourselves or we tend to put ourselves last, or it can show up covertly as we say we can be good to ourselves but are actually ruthlessly critical of ourselves. Self-care is especially difficult for adult children of addicts.

A missing piece of the puzzle for many of us is understanding the difference between selfishness and self-care.

Selfishness is taking more than a person needs. Self-care is taking as much as one needs. As addicted individuals, we typically take less than we need, and, as a result, we become exhausted or resentful and turn to pir addiction to relax or escape. Part of challenging addictive thinking is to encourage ourselves to see that we cannot be good to others if we are first not good to ourselves.

We use drugs and alcohol to escape negative emotions; however, we also use it as a reward and/or to enhance positive emotions. Poor self-care also plays a role in these situations. In these situations, poor self-care often precedes drug or alcohol use.

What do you think about the fourth rule? What types of self-care techniques have you done in the past? What would you like to try in the future?
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Rule 5: Don’t Bend the Rules

The purpose of this rule is to remind us not to resist or sabotage change by insisting that we do recovery without support and following the basic rules. A simple test of whether you are bending the rules is if you look for loopholes in recovery.

A warning sign is when you ask for help and consistently ignore the advice.

Broadly speaking, once we have been in recovery for a while, we can be divided into two categories: non-users and denied users. Non-users say that using might have been fun but acknowledge that it has not been fun lately. They want to start the next chapter of their life.

Denied users will not or cannot fully acknowledge the extent of their addiction. They cannot imagine life without using. Denied users invariably make a secret deal with themselves that at some point they will try using again. Important milestones such as recovery anniversaries are often seen as reasons to use.

Alternatively, once a milestone is reached, individuals feel they have recovered enough that they can determine when and how to use safely. It is remarkable how many people have relapsed this way 5, 10, or 15 years after recovery.

What do you think about the fifth rule? Are you in denial? What do you want the next chapter in your life to look like?
Recovery is very individual, but basic tenets apply across the board-

1. We need to safely detox from substances, and many times this might require medication.
2. We need to examine ourselves closely, and make changes in ourselves to live a sober life. This means to surround ourselves with people who will support us and help us along the way.
3. We need to learn to love ourselves so that we can love others. We need to be patient with ourselves and change at our own pace.
4. Relapse is a symptom of our disease, reminding us how strong it is.
5. We are not defined by our addictions-they are a part of us, for sure, but not who we are.

We do not achieve recovery by just not using. Recovery involves creating a new life in which it is easier to not use. If we do not change our lives, then all the factors that contributed to our addiction will still be there.

https://www.healthline.com/