RELAPSE PREVENTION

Brenda Bolzman, LMSW
Dawn Farm Detox Coordinator

Dawn Funti, BSW
Dawn Farm Outpatient Therapist

RELAPSE

- The process of returning to drinking or using drugs after a period of sobriety.
- ~INSANITY~ Repeating the same things over and over again, expecting different results.

Our Devilish Alcoholic Personality (ODAP)

SKID ROW IS NOT A PLACE, IT IS A STATE OF MIND

The Alcoholic Paradox

Austin Ripley

Alcoholic Paradox

- World’s supreme paradox
- When he is sober he craves to be drunk. When he is drunk he prays to be sober.
- The only way to feel better is to drink which makes him feel worse.
- Success is just as fatal as failure to the alcoholic.

Video: Relapse

Chalk Talk with Father Joseph Martin
**Attitude**

- ATTITUDE IS THE FATHER OF THE ACTION
- Stinking Thinking precedes Drinking
- Denial
- Anger
- RESENTMENT
- SELF-PITY
- Impatience

- Frustration
- Cockiness
- Complacency
- Depression
- Distrust / Dishonesty
- Argumentativeness and Criticism

**“What are some of the things I might do that would cause relapse?”**

The answer is simple. You don’t have to do anything. Stop using alcohol and other drugs, but continue to live your life the way you always have. Your disease will do the rest. It will trigger a series of automatic and habitual reactions to life’s problems that will create so much pain and discomfort that a return to chemical use will seem like a positive one.

- Passages Through Recovery

---

**LEVELS OF RECOVERY**

- Abstinence
- Situational Change
- Behavior Change
- Change in Thinking
- Emotional Change
- Personal Belief Change

---

**ABSTINENCE**

- Detox
- Withdrawal
- First Step

---

**SITUATIONAL CHANGE**

- Replacing an addiction-centered lifestyle with sobriety-centered lifestyle
- Changing people, places & things
**BEHAVIOR CHANGE**
- Identify & interrupt addictive behaviors that give short-term pleasure, create long-term pain and reactivate the urge to use addictively.
- Replacing addictive behaviors with sobriety-centered behaviors.

**CHANGE IN THINKING**
- Addict belief system
- Developing sober thinking
- Euphoric Recall
- "Awfulizing" Abstinence
- Magical thinking – positive expectancy and forgetting the pain

**EMOTIONAL CHANGE**
- Feelings
- Emotional pain - shame & guilt surface
- Urge to stuff feelings and run
- Resolve feelings by recognizing, labeling & communicating them to others

**CHANGE IN CORE BELIEFS**
- Confront mistaken beliefs about self, others and the world
- Family-of-Origin Beliefs
- Changing belief system and actions

**UNDERSTANDING RELAPSE**
The Relapse Process
~The Domino Effect~
PAWS

**THE RELAPSE PROCESS**
- Getting stuck in recovery
- Denying that we’re stuck
- Using other compulsions
- Experiencing a trigger event
- Becoming dysfunctional on the inside
- Becoming dysfunctional on the outside
- Losing control
- Using Addictive thinking
- Using Addictive substances
- Losing control over use
POST ACUTE WITHDRAWAL SYNDROME (PAWS)

- Group of symptoms of addictive disease that occur as a result of abstinence from addictive chemicals
- Bio-psycho-social syndrome (damage to the nervous system caused by alcohol & drugs and the psycho-social stress of coping with life without drugs.
- Symptoms of PAWS usually grow to a peak intensity over 3-6 months after abstinence begins.

TYPES OF PAW SYMPTOMS

- Inability to think clearly
- Memory problems
- Emotional overreactions or numbness
- Sleep disturbances
- Physical coordination problems
- Stress sensitivity

MANAGING PAW SYMPTOMS

- Learn to identify sources of stress
- Develop skills in decision making & problem solving
- Proper diet / Nutrition
- Exercise
- Regular habits / Balanced living
- Relaxation
- Spirituality
- Positive attitudes

RELAPSE PREVENTION

Warning Signs
Interrupting the Progression

RELAPSE WARNING SIGNS

- Behavior Changes
- Attitude Changes
- Changes in Feelings or Moods
- Changes in Thoughts

SIGNS & PHASES OF RELAPSE

Early/Problem Stage
- Phase 1: Internal Warning Signs
- Phase 2: Return of Denial
- Phase 3: Avoidance & Defensive Behavior
- Phase 4: Crisis Building

Middle/Acute Stage
- Phase 5: Immobilization
- Phase 6: Confusion & Overreaction
- Phase 7: Depression

Late/Chronic Stage
- Phase 8: Behavioral Loss of Control
- Phase 9: Recognition of Loss of Control
- Phase 10: Option Reduction
- Phase 11: Return to Addiction use or physical/emotional collapse
BEHAVIOR CHANGES
- Change in meeting schedule
- Withdrawal from support system
- No accountability
- Increased stress
- Lack of healthy coping skills
- Forgetting the basics

ATTITUDE CHANGES
- Complacency
- Irritable, Restless & Discontent
- Unresolved Shame
- Resentment
- Self-Pity
- Blaming others

CHANGES IN FEELINGS/MOODS
- Depression
- Anger
- Boredom

CHANGES IN THOUGHT
- Denial
- Substituting drugs
- Feeling "cured"
- Convincing self it was just a phase
- Weak Foundation of first 3 Steps

COMMON RELAPSE SIGNS
- Forgetting the PAIN
- Stop going to meetings
- Involved in relationship too soon (defocus)
- Not working the Steps (No psychic change)
- Over-rigid thinking

INTERRUPTING THE PROGRESSION OF RELAPSE
- Stabilization
- Self-Assessment
- Relapse Education
- Warning Sign Identification
- Warning Sign Management
- Inventory Training
- Review My Recovery Program
- Involvement of Significant Others
- Follow-Up
STABILIZATION
- Gaining control of self
- Focusing on the basics/one day at a time with someone in early abstinence

ASSESSMENT
- To identify the recurrent pattern of problems that caused past relapses and resolve pain associated with problems.
- Reconstruct presenting problems, life history, alcohol & drug use history and the recovery relapse history.

RELAPSE EDUCATION
- Family involvement
- Sponsor involvement
- Educating them about the progressive warning signs of relapse
- Learning how to manage warning signs and implement change

WARNING SIGN MANAGEMENT
- Developing coping strategies for warning signs.
- Developing ways to cope with irrational thoughts, unmanageable feelings and self-defeating behaviors

FAMILY INVOLVEMENT
- Al-Anon
- Codependency
- Addiction is a FAMILY DISEASE

PREVENTION
- Back to the Basics
- Continue with attendance and involvement in AA meetings.
- Work the 12 Steps with sponsor.
- Frequent contact with sponsor
- Service Work/Home Group
- Continued therapy/self-awareness/
- Growth in program- Removing internal barriers
REFERENCES

2. Gorski, Terence T. How to Develop a RP Plan. GORSKI-CENAPS Web Publications derived from
   www.tgorski.com/gorski_articles/developing_a_relapse_prevention_plan.htm