



Course 1016

Introduction to Relapse

1 (one) General Education Credit Hour

TDCJ/RPD

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The definition of relapse is to fall back into a previous condition, especially after a partial recovery from illness. Recovery from addiction is a “one day at a time” job. If a person were to look at recovery over the long term it might be overwhelming. By focusing on the here and now, one day at a time, and the interventions needed many individuals are able to achieve success.

Below you will find the Relapse Prevention (RP) Process, pictured as a flow chart. In order to understand how to prepare for continued abstinence, relapse prevention is a way to become aware of the pitfalls of daily living and avoid the situations that could lead to a relapse. Relapse prevention is not a treatment intervention; it is directed at maintaining progress achieved in treatment. In order for a person to achieve abstinence and learn the adaptive coping skills, they have to work in treatment. They must address the underlying issues associated with the problematic behavior in order to decrease the frequency and intensity of triggering events (in the RP process, triggers are what makes a situation high risk). Here is a brief description of each part of the process.

Abstinence: Abstinence is defined as refraining from a behavior which one has decided to discontinue, to include anything related to that behavior, and to be free from thoughts of the behavior (i.e., fantasies or planning). This is a very strict definition and frankly, for most people in recovery, it is short-lived. It may only be minutes each day. Even when one is asleep, they may not be in abstinence by this definition if they are having a dream about their old, unhealthy habits. It is essential to see abstinence as an on-going goal and to note that as a person is able to maintain abstinence they are reinforcing their healthy coping strategies by obtaining self-efficacy (believing you have the power to produce the desired effect, abstinence) and success expectancy (expecting to succeed).

Seemingly Unimportant Decisions: These are the decision points where the choice will lead the person either closer to abstinence or closer to relapse. The difficulty however, as the name suggests, is that often the person is unaware of the choice’s importance – it may seem unimportant.

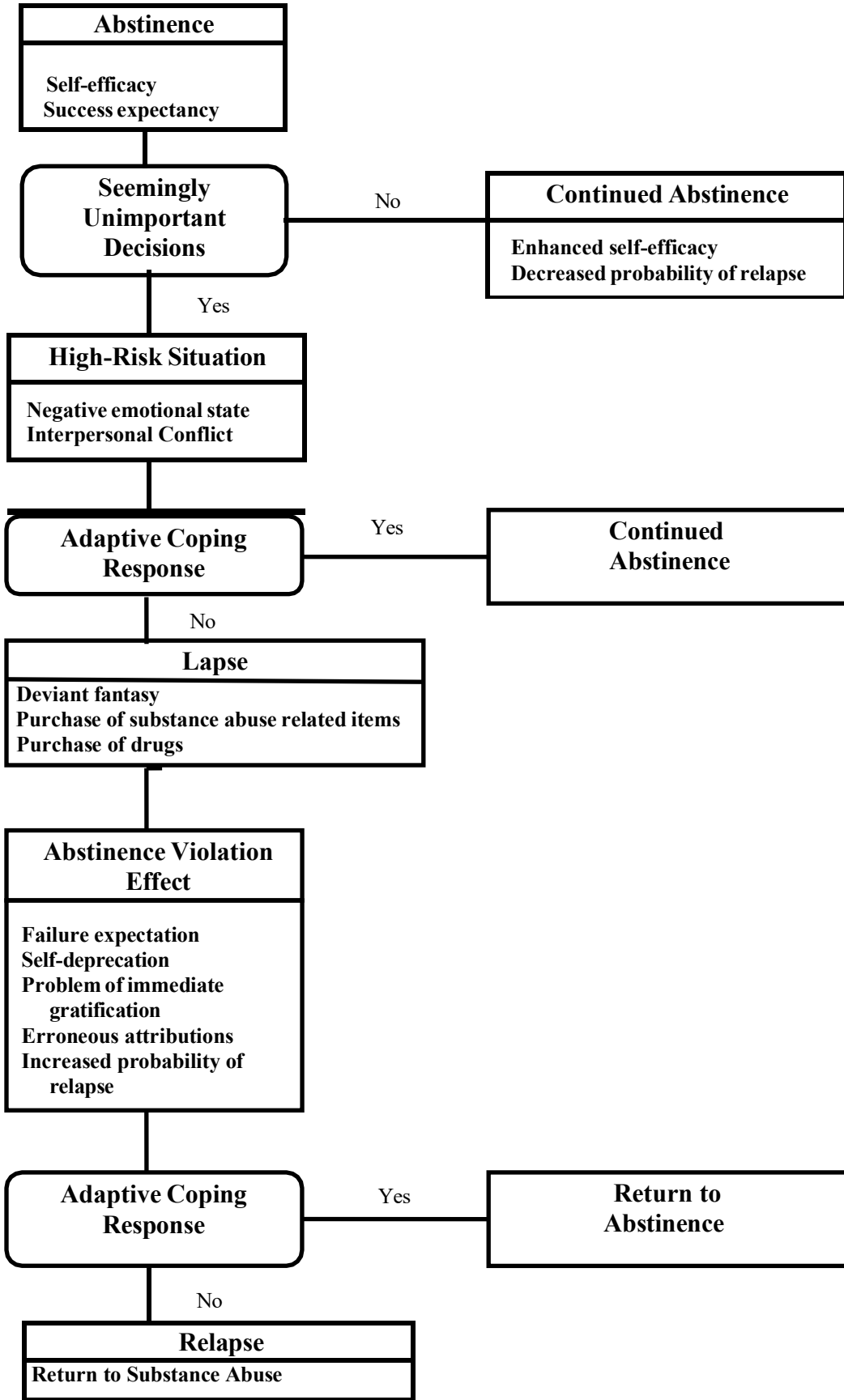
High Risk Situations: These are the situations or circumstances in which a person may be triggered toward relapse. It may include something in the environment (external) or something within the person (internal). These external and internal risk factors are often referred to as “triggers” because they are seen as triggering the cycle of problematic behavior. This is not to say that the person has no control, quite the opposite. The concept of a trigger means that a person’s irrational thinking is triggered by the event and then they may (or may not) take action on the irrational. Treatment is intended to target the irrational thinking through cognitive-behavioral interventions that assist the individual in changing their thinking to result in different action. This is often also referred to as Cognitive Intervention or Cognitive Restructuring. In other words, the person will learn to meet their needs in a healthy way once they have changed their thinking and their emotional responses. Examples of external high risk factors include people, places, and things associated with relapse. Internal risk factors include negative emotional states (e.g., anger or sadness), to which a person may have responded in the past with the behavior from which they are now trying to refrain (e.g., substance use, sex offending, overeating) in order to make themselves feel better, even if only momentarily.

Lapse: A lapse includes engaging in a behavior associated with that which they are now working to remain abstinent from, to include thoughts of the behavior. This could include fantasizing about the behavior or purchasing items associated with it. For a substance abuser, the thoughts of use or the purchase of drugs or associated items would be considered a lapse.

Abstinence Violation Effect: The abstinence violation effect refers to the self-talk of a person who has decided they want to remain abstinent but has had a lapse. The internal effect often includes self-talk about failing (failure expectation), putting oneself down (self-deprecation), wanting to engage in behavior that will immediately make one feel better and often includes the target behavior (problem of immediate gratification), and labeling oneself and others in inaccurate ways (erroneous attributions). All of this negative self-talk brings the person closer to relapse.

Relapse: Relapse is a return to the old behavior, the one being avoided. For a substance abuser, this means going back to use. For a sex offender, it means a new sexually aggressive act against another person.

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Relapse Prevention Process



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A person has the ability to stop their negative behavior at any point in the process, right up until the moment of relapse. The RP process has been described as being similar to a football game. Each team has a goal with an end zone. For the person working toward healthier living (e.g., recovery), their goal is abstinence. Most of the game is spent on the field; very little time is spent actually in the end zone. This is like RP. Very little time is spent in complete abstinence (remember the strict definition that includes no thoughts of breaking abstinence) or in relapse. It is also analogous in that the closer you are to the opposing team's goal, the more difficult it can be to defend. This is true for RP. The closer a person is to relapse, the more difficult intervention may be – but it is always possible to “turn the ball around.” Until the actual moment of relapse, a person can use interventions, adaptive coping responses, to return to abstinence.

Many people participate in on-going structured therapy, whether group or individual. Professional assistance of this kind can often help a person to learn about the needs associated with their unhealthy behaviors that went unmet previously. In order to be successful in the long-term, it is important for one to learn what thoughts have been destructive in the past, learn how to meet their needs in a healthy way, and to address the issues that prevented them from meeting their needs. For most people, simply avoiding the behavior without really searching within themselves for change will not result in long term success. It is essential, in time, that a person recognizes why certain things are triggers for them and how to change themselves so that they have a greater sense of awareness and a healthier psychological framework.

Self-help groups can aid in reinforcing the positive changes a person is experiencing as well as provide additional alternatives for assistance when they encounter high risk situations or a lapse. These groups provide additional external motivation and supervision (in the form of feedback) for the person that is working on their relapse prevention. There are self-help groups of many different types such as Alcoholic Anonymous, Narcotic Anonymous, and Cocaine Anonymous. One of the strengths of self-help groups is that members share their experience, strength, and hope with others. This allows others to work their own recovery program, and gain insight from observational learning. In turn this aids other members in the group in dealing with temptations and triggers that can lead to relapse. For those not interested in self-help groups, prosocial family or friends can provide external support as well.

Cocaine Anonymous World Services, Inc. publishes a brochure titled: “*Suggestions for Relapse Prevention & Recovery*”, in which they provide some thoughts on relapse prevention. What follows is adapted from their brochure:

- **Abstinence** - We suggest those who want recovery abstain from using any mind altering substance. We have found, as addicts, that we possess an uncanny ability to become cross-addicted.
- **Triggers** – Many of us were not aware of the things that prompted our drinking or drug use. We call the things that prompted our drinking and drug use “triggers”. Do not mistake triggers for causes, we always have a choice. These are also often referred to as “precursors” and stem from issues that we may have preventing our needs from being met appropriately. Often our triggers fall into predictable patterns:
 - **People** – We must stay away from friends who are still using. While they too are sick, we are not stronger in our recovery than they are in their disease. They have the power to trigger our relapse by and through their behaviors.
 - **Places** – In recovery, we need to examine our motives if we go to places that bring back memories of when we drank or used. Most find it necessary to stay away from clubs, parties, rock houses, pool halls, and other places where we drank or used.
 - **Things** – When ownership of items and having things is more important than people and relationships, we are in danger of relapse. We must maintain our perspective. We do not have a good track record with moderation; however, the term “Easy Does It” could be applied to help us keep this area of our life in perspective.
- **Dealing** – Many of us faced a dilemma with dealing. We became addicted to the money and excitement. We dealt for the power and control we felt it gave us over others. Many of us relapse by dealing because we lost sight of our lack of personal power.
- **Attending Meetings**– We suggest a meeting a day for newcomers. We also suggest a meeting whenever you do not feel like you need one. We have found that WHEN WE DO NOT WANT

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TO GO is WHEN WE DO NEED TO GO. It is not uncommon to hear 90 meetings in 90 days especially for the newcomer. It is not because 90 meetings will guarantee sobriety but by being consistent for 90 days we develop a positive habit and attending meetings becomes part of our lives. Hopefully the person that is given a directive like that will hear or experience something that will be life changing. Remember **Change is a Process not instantaneous.**

- **Maintaining Contact** – Staying in touch with a sponsor or friend in recovery is an ideal way of keeping your focus on recovery.
- **Hungry** – Research shows it is difficult to maintain emotional balance when you do not eat regularly throughout the day. As mentioned in an earlier session those in recovery should avoid getting too hungry, angry, lonely, or tired (H.A.L.T.).
- **Angry** – This emotion is best left to those better equipped to deal with it. Those of us in recovery have found that lingering anger, justified or not, hampers our recovery.
- **Lonely** – It has been our experience that an addict by himself is in the worst possible company. Again, we suggest meetings and fellowship. For those of us who isolated behind closet and bathroom doors or tin-foiled windows, being around others is at first an unnerving experience. After we tried it, and sincerely gave it some time, we found a new freedom and friendships that we never dreamed possible.
- **Tired** – It took sometime for many of us to reach regular sleep habits. While lack of sleep may not kill you, we do know of many instances where a tired addict reached for that bump or jump-start and relapsed.
- **Action/Work** – Those experienced in recovery say it is rare when someone that is working the steps has relapsed. When the focus is on the steps and the actions required in working them, relapse is rare.
- **Phrases** – Some simple sayings or prayers have helped many through trying times in their recovery:
 - “This too shall pass” – it may be difficult to remember, but whatever the problem is, it will pass given time.
 - “The Serenity Prayer” – “God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.” This prayer is not designed to make the problem disappear. However, by putting things in perspective, it brings peace to the user.
 - “First Things First”- You can only do what is in front of you. Keeping recovery as a first priority helps you deal with what is truly important.
 - “One Day at A Time” – Not for the rest of your life. Focus on staying clean and sober for this day (or hour or minute) only. You do not want to be overwhelmed by the thought of continuing forever. You can do one day and one day is all you need (until tomorrow, then that is one day).
 - Let Go and Let God – For those who can accept the concept of a Higher Power, turning their lives (and problems) over to the will of God, for him to guide them, can be away of dealing with challenges. One still has to do the legwork, but can leave the results to God.

SIGNS OF RELAPSE

THE FOLLOWING ARE SIGNS THAT CAN PRECEDE RELAPSE:

- Denying fears.
- Convincing oneself that “I’ll never drink or use again.”
- Deciding that “not” drinking or using is all we need.
- Trying to force sobriety on others vs. helping someone who wants recovery.
- Becoming overconfident about recovery.
- Behaving compulsively (i.e., something you feel you must do and must repeat, and that others would see as unnecessary).
- Making unrealistic or haphazard plans.
- Being trapped in the “there and then” rather than living in the “here and now.”
- Day dreaming about failure.
- Viewing problems as unsolvable.
- Avoiding having healthy fun.
- Overanalyzing oneself.

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- Becoming irritated by friends or family.
- Becoming easily angered.
- Beginning to blaming people, places, things, and conditions, for my own problems.
- Beginning to doubt my disease (addiction).
- Eating irregularly (i.e., eating too much or too little, not caring for nutrition).
- Experiencing periods of listlessness (low energy).
- Sleeping irregularly (i.e., sleeping too much, too little or at unusual times).
- Developing an “I don’t care attitude.”
- Hoarding – money, sex, objects, or power.
- Openly rejecting help from others, especially those familiar with recovery.
- Rationalizing that drinking or using cannot make life worse than it is now. It not only can, it will.
- Feeling sorry for yourself.
- Day dreaming, fantasizing about drinking or using.
- Beginning to lie consciously.
- Increasing use of aspirin or other nonprescription medications.
- Feeling overwhelmed with loneliness, frustration, anger or tension.
- Begin visiting “friends” and places associated with drinking or using.
- Convincing oneself that you are cured.
- Losing control.
- Telling yourself that it is okay to deal. “It will be quick and easy and I can use the money.”

“Suggestions for Relapse Prevention & Recovery” Cocaine Anonymous World Services, Inc Used with permission.

If we see signs of relapse, or have a lapse or relapse, we:

1. Call our sponsor, hotline, or other sober member of our self help group. We stay in close contact with them.
2. Keep going to meetings. The only requirement is a desire to stop drinking or using. We practice persistence, not perfection!
3. Keep affirming our desire to quit drinking or using by getting newcomer chips (if our groups offers them).
4. We remember, NO MATTER WHAT, to keep coming back to our group meetings! We let them love us until we can love ourselves – IT DOES WORK!
5. Maintain our Sobriety Priority – we don’t drink or use, no matter what happens in our lives.

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There are many challenges for those recovering from addiction. While things may go well the first few days or even for a few weeks, there will be many difficult challenges to face. Part of living life on life’s terms is learning to deal with adversity. Utilizing the relapse prevention skills assists in dealing with the adversity. Meetings and sponsors along with clean and sober friends help one to go through what life brings. Having external support means never having to go through things alone. Someone is always there if one is willing to swallow their pride and reach out. Without that support a person in recovery is subject to that old “stinkin’ thinkin” that only leads them to self-destruction.

Additionally, it is important to set realistic expectations. There is no need to demand perfection in everything. A person in recovery should learn from their mistakes, but not “awfulize” (act like something is worse than it really is) if something does not work out, or there is a problem. Relapse prevention includes attempts, failures, analysis of maladaptive coping responses, implementation of adaptive coping responses, practice, and striving to do better the next time. When things go well, it is important not to be overly optimistic that things will now be easy. We know there will be successes and failures. There are triggers even in positive accomplishments and rewards. The key to relapse prevention is familiarization with relapse signs, monitoring for these or other possible signs, being open to comments and observations of others about recovery, and maintaining a honest and direct line of communication with a support system. Abstinence is the first priority.