

Inside the Relapse Toolkit by Claudia Black

Note from Claudia Black

One of the most tragic maritime disasters in history was the sinking of the Titanic. Just before midnight on April 14, 1912 the Titanic struck an iceberg about 95 miles south of the Grand Banks of Newfoundland. Of the more than 2,200 people aboard, 1,513 would die. This was the ship hailed as unsinkable. Even as the ship was going down, people assumed there was no serious problem.

In telling this story to a group of people in early recovery, and asking them to imagine themselves aboard that ship, knowing what the outcome would be — most believe that they would be in the group that would be saved.

*As many as 70 percent of all chemically dependent people who attempt to stop drinking or using will experience relapse, and often more than once. Like those in early recovery who believe they would survive the Titanic, they know they are in the 30 percent who won't be relapsing. With a little bit of time clean and sober, armed with a little bit of knowledge, it is easy to move into the illusion of immunity. The **illusion** is the facade created in one's mind that they are **immune** to what 70 percent of addicts experience — a relapse.*

While addiction to alcohol is the most prevalent of substance addictions, this toolkit can be utilized for a wide range of addictive disorders — from alcohol and drug addictions, to sex, work, spending and gambling addictions, to food and relationship addictions. Relapse occurs when an addicted person becomes clean and sober, has a period of continuous sobriety, and then resumes their addictive behavior. The common theme in relapse is the resumption of self-destructive behaviors. Anyone in recovery is prone to relapse. To assume and simply hope it will not occur is denial. You must take a proactive stance.

In over twenty years of my work in the addictions field, I have had the honor of witnessing hundreds, if not thousands, of men and women of every age recover from various addictions. Many are fortunate to be able to stay abstinent from their first day of recovery. Some people abstain several weeks to a few months then relapse. Others relapse after a few to several years. One of my most poignant memories was in working with a man who had been clean from alcohol for thirty years. Within just three days of having started to drink again, he was hospitalized because he was so physically sick. He was as spiritually and emotionally bankrupt as he had been thirty years ago when he first quit. Thus, the severe consequences to a relapse.

Some people die in their relapse, others will remain chronic relapsers. Yet even more will ultimately find continuous sobriety and a quality to that sobriety. The latter is my hope for each and every addict.

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Session One

Signs of Overconfidence

Objective

To recognize how overconfidence can lead to relapse.

Materials and Handouts Needed

Overconfidence Handout #1.1 □ Rating Signs of Overconfidence

Overconfidence Handout #1.1A □ Rating Signs of Overconfidence

Agenda

Give the participant(s) Overconfidence Handout 1.1

As you give the didactic presentation, ask participant(s) to complete the handout.

For the addict new to recovery or returning to recovery, each of these signs of overconfidence is important to identify and discuss. With knowledge and insight into how these signs present themselves, the addict can be aware of his or her inherent danger to ongoing recovery.

Didactic

Overconfidence is a major threat to recovery. This is the belief the addict has in their own abilities to handle situations without respect for the insidiousness of addiction. Signs of overconfidence include:

- Calling your own shots
- Inability to hear what others are saying
- Contempt prior to investigation
- Wanting immediate results and having unrealistic expectations

The first sign of overconfidence is **Calling your own shots**. When the addict first enters into recovery, they often attend numerous meetings, establish a relationship with their sponsor, and begin to build a support system. As time in recovery progresses, the addict often begins to feel better about him or herself and life in recovery. Once they are feeling better, it is easy to begin to reject what others are suggesting. In fact, it is almost human nature. The addict begins to replay those old tapes. “I know what is really best for me” or “I can do it by myself, I have for all these years and I am still alive.” There is a saying in Twelve Step recovery meetings — “I am not like those people, yet.” “I am not dead, yet.” “I have not lost my wife, yet.” “I have not lost my job, yet.” These are the “yes, butter’s” — yes, but... yes, but... yes, but...

In essence, the addict is ready to take back total control of his or her life. This demonstrates the power of the addictive process and the grandiose thinking that addicts regularly engage in. To paraphrase an A.A. saying, “My best thinking kept me drinking, drugging, gambling, etc.” The addict forgets what they learned in the first step of any Twelve Step recovery program, “We admitted we were powerless over our addictive behaviors and that our lives had become unmanageable.”

Inability to hear what others are saying is the second sign of overconfidence. The addict is in a self-help group meeting and discounts what others are saying because they know themselves best. The addict is so well practiced at listening to their own voice of denial and

justification that they are unable to absorb input from outside sources. Again, the addict says, “My situation is different. I was sober for about two years. Then, my old friends invited me to a birthday party. I called my sponsor who told me to go to a meeting and avoid the party. I went anyway because I had confidence in my recovery program. When I got there, everybody was using. I thought to myself, maybe this time.... That was when I relapsed.”

Contempt prior to investigation is the third sign of overconfidence. Here, the addict attempts to discount methods of recovery that have often proven effective. It is suggested that they go to a Narcotic’s Anonymous or other Twelve Step meeting. After the first fifteen minutes of the meeting, the addict decides this meeting is not for them. No one here has anything to offer them. Or, the addict does not even bother to try the meeting out. They reject the idea without any investigation. “I wasn’t like those people around me. I hadn’t lost everything to my addictions, ended up divorced, lost my house, or anything like that. I left Twelve Step meetings because I couldn’t identify with how sick those people really were.”

Wanting immediate results and having unrealistic expectations is the fourth and final sign of overconfidence. People want results right now. This is especially true for the addict whose pattern has often been one of instant gratification. The addict says to him or herself, “After all, I have been sober six months, and my employer still hasn’t given me back all of the responsibility that I once had.” “My wife does not fully trust me around other women even though I was only unfaithful when I was using.” (An aside, “I only used for the last 14 years.”)

The addict’s thinking here is, “I expect that because I have stayed sober, the world will give me what I want and will give it to me right now. If it doesn’t, then why should I put all of this effort into my abstinence?” The addict has the attitude that the rest of the world owes them. The addict may think, “I’ve got something coming. I should be rewarded because I have given up so much — my alcohol, drugs, sex, gambling, or other addictions.” The addict’s thinking is often known as “terminal uniqueness.” The addict believes that their situation is different from everyone else’s and that they deserve preferential treatment.

For most people, life in recovery does get better, but it takes time and it is not always in “our” time frame. Remember, recovery is a process — *not an event*. Recovery is the ability to genuinely recognize others do have something of value to offer. None of us has all of the answers.

Point: “My best thinking got me here.”

Have participant(s) complete Overconfidence Handout 1.1. Then ask each participant to share how they rated themselves and discuss examples.

Prior to closing suggest they take a second copy of the Rating Signs of Overconfidence Handout (1.1A) to someone who knows them well, asking that person to rate them on these scales. It may be helpful for them to share who they would choose and why. Be sure to discuss at the beginning of the next session.

RATING SIGNS OF OVERCONFIDENCE

On a scale of one to ten, one meaning you least identify, ten meaning you most identify, rate yourself in the areas discussed.

Calling your own shots

1 _____ 10

Inability to hear what others are saying

1 _____ 10

Contempt prior to investigation

1 _____ 10

Wanting immediate results and having unrealistic expectations

1 _____ 10

RATING SIGNS OF OVERCONFIDENCE

On a scale of one to ten, one meaning you least identify, ten meaning you most identify, rate

_____ *(name of person) in the areas discussed.*

Calling your own shots

1 _____ 10

Inability to hear what others are saying

1 _____ 10

Contempt prior to investigation

1 _____ 10

Wanting immediate results and having unrealistic expectations

1 _____ 10

Overconfidence

Session Two

Overconfidence In Depth

Objective

To further impact participant(s) in how their overconfidence sets them up for relapse.

Materials and Handouts Needed

Overconfidence Handout #2.1 Calling Your Own Shots

Overconfidence Handout #2.2 Inability to Hear What Others Are Saying

Overconfidence Handout #2.3 Contempt Prior to Investigation

Overconfidence Handout #2.4 Wanting Immediate Results

Agenda

After opening of session begin discussion with each participant sharing the feedback they received from Overconfidence Handout 1.1A of previous session. Then ask participant(s) to choose one area of the four they believe is most problematic for them. Give them related handouts to complete. Discuss.

CALLING YOUR OWN SHOTS

Identify examples of calling your own shots	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

Examples:

My wife suggests I not attend bachelor party, I go anyway.

I took an unnecessary additional project at work when I was already stressed, sponsor had discouraged it.

Everybody was using, found myself craving the drug.

Found myself making excuses to not attend recovery meetings.

INABILITY TO HEAR WHAT OTHERS ARE SAYING

Identify examples of inability to hear what others are saying	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

Example:

Told not to drink alcohol, but being a cocaine addict, I thought that was ridiculous.

Started drinking beer every night, after two weeks I was using cocaine.

CONTEMPT PRIOR TO INVESTIGATION

Identify examples of contempt prior to investigation	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

Examples:

Decided the female counselor I was supposed to see wouldn't understand me.

Didn't even show up to session, don't know if she would have helped or not. Got back into negative thinking and sought out previous friends to support it.

I refuse to try meditation because I am not religious.

I don't find the serenity others seem to find.

WANTING IMMEDIATE RESULTS

Identify examples of wanting immediate results with unrealistic expectations	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

Example:

Expected my children to be all loving and supportive because I went to treatment.

I got angry at them and used it for an excuse to justify my relapse.

Feelings

Session Five

Feelings and Relapse Story

Objective

To recognize the connection between feelings and relapse.

Materials and Handouts Needed

Feelings Handout #5.1 — Relapse Connection

Feelings Handout #5.2 — Relapse Story

Feelings Handout #5.3 — Emergency Plan

Agenda

Allow participant(s) to complete Feelings Handout 5.1. Reconvene and discuss feelings and insights.

Allow the participant(s) to complete Feelings Handout 5.2. It is the author's belief that people usually know what their relapse would look like and that by owning it they can problem solve in a preventative manner.

Have each participant present their story.

After each participant shares, have them identify the signals or warning signs they need to watch for in light of what they predicted. It may be helpful to have others offer input at this point of the process.

Proceed with the following:

Didactic

The disease of addiction is based upon the thinking that addicts are invincible. It is extremely important to identify specific warning signs to a relapse and have a well-prepared relapse prevention plan. If these signs begin to appear, the addict does not need to think about what to do, but needs to act immediately and call upon the resources previously identified.

Imagine this:

You are living in your house, apartment, etc., and you have thought ahead to what you would do in case of emergencies □ fire, flood, tornado, hurricane, or earthquake. You have a very specific plan in the event that any one of these situations should occur. Now, imagine that one of these

situations is actually occurring. You would not stand and analyze how and why you are there, you would take immediate action to protect yourself and save your life. Think of relapse prevention in the same way. You need a specific plan to protect your life in recovery should you find yourself in harm's way.

Give each participant Feelings Handout 5.3 to complete. Reconvene and conclude the session with further insights.

RELAPSE CONNECTION

Check the connections between your feelings and your addiction(s) that most apply to you:

- I engage in my addictive behavior(s) because I want my feelings to go away.
- I engage in my addictive behavior(s) because I want to let my feelings out.

Are there specific feelings you are trying to medicate or express? Name them.

Give five examples for each connection you checked above.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Now list three high-risk situations that most commonly trigger this process.

- 1) _____
- 2) _____
- 3) _____

In addition to sharing this in session, make a commitment to share with other recovering support people the high-risk situations that are triggers for you. That will allow them to give you feedback at times when you are unable to view the situation with clarity.

EMERGENCY PLAN

Given the previous discussion on developing awareness regarding possible relapse and the warning signs associated with a relapse, list what you need to do to prevent a relapse if/when these signals occur. Be specific.

Identify six names and phone numbers from a Twelve Step phone list. Be realistic. Who are you most apt to reach?

	NAME	PHONE #
1)		
2)		
3)		
4)		
5)		
6)		

What do you do if you cannot contact them?

Are you carrying a meeting book in your car, your motorcycle, bicycle? Is there one at work, school and at home?

If I relapse, whom do I call?

	NAME	PHONE #
1)		
2)		
3)		
4)		
5)		
6)		

After this week's session has concluded, make sure that you keep this relapse emergency plan with you at all times. In order for the emergency plan to work, you need access to it.