

Relapse Prevention Course - Introduction

Section 1: Definitions and Statistics

There are many definitions out there for addiction. While this course is focused on relapse prevention, it is also a course that will seek to teach skills to avoid a return to substance abuse, whether you identify as an addict or alcoholic, or neither. Below is the definition we will use for the purposes of this course.

Addiction is a pathological relationship with any mind or mood-altering experience that has life-damaging consequences.

Note the highlighted parts of this definition. Often, we think of addiction as related to substances we may ingest. In truth, there are also “behavioral addictions” such as gambling or other behaviors that exist and can result in similar devastation to one's life. Therefore, it is not just mind or mood-altering substances that are at issue, but experiences. The word “relationship” is not used by accident. People develop relationships with the object of their addiction. What makes this relationship “pathological” is the fact that people who have addictions continue to engage in the behavior or chemical use *despite* serious consequences.

Some statistics about alcoholism / addiction and relapse potential

Depending on the study, addiction to alcohol occurs in about 15% of individuals who use alcohol. There are several factors that can either increase this risk or reduce it, including genetics and environmental factors.

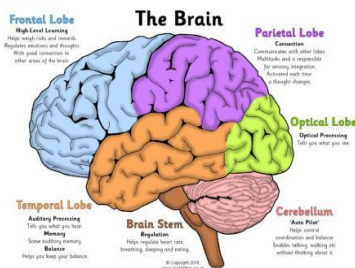
When a person enters recovery from alcohol addiction, the risk of relapse is highest during early years of abstinence. For example, relapse rates can be as high as 30% in the first year, and 21% in the second year. After the second year, relapse rates drop dramatically, with a 9.6% rate in years 3-5, and around 7% after 5 years.

This would suggest that a comprehensive relapse prevention plan that builds supports over the course of recovery is essential to achieve lifelong sobriety. In the first 24 months of sobriety, it is evident that a well-rounded and intensive plan for recovery is needed, and once a strong foundation is in place, maintenance of a good recovery plan is in order.

In the next module, we will explore how addiction works in the brain, and some factors that contribute to addiction.

Relapse Prevention Course – Understanding Addiction

Section 2: Addiction is a Brain Disease



Alcoholism and other addictions develop by taking control of certain functions of the brain. It is crucial to understand how this occurs, as it will help make sense of many of the issues that impact relapse prevention, such as triggers and cravings. This module will explore some of the activities in the brain that are involved in the development of addictions.

First and foremost, addictive processes have their roots in the pleasure / pain pathways in the brain. Of significant importance is the role of Dopamine with respect to these pathways. Dopamine is a neurotransmitter that carries messages across synapses in the brain, and is involved in motivation (as in the motivation to repeat behaviors that perpetuate survival) and pleasure (as in the pleasure associated with everyday activities, and more intense sensations such as sexual pleasure). The motivation mechanism is important in understanding how addiction develops. We human beings depend on the release of dopamine when an activity we are engaged in is likely to help us survive another day. Dopamine in low levels is released, for example, when we look into the face of our infant child (particularly for the mother) – causing us to want to care for this baby, thereby perpetuating survival of the species. Dopamine is released in low levels when we eat a meal, especially after being hungry – again, supporting survival. Dopamine is released in much higher levels for very pleasurable activities, such as sexual interactions – and, you guessed it – this of course leads to survival of the species (procreation). Dopamine is also released to stimulate motivation to avoid pain, along with cortisol (a steroidal chemical that is released during 'fight – flight – freeze' situations). All of this chemical activity is natural.

Our bodies and brains are also designed to seek balance. Over a period of time, dopamine goes through re-uptake as the brain seeks to restore balance, or homeostasis. So once we are back to a normal state, we may seek to re-engage in the activities that led to the release of the “pleasure chemical” before, thereby perpetuating this survival-supporting behavior.

Now, enter mind-altering substances and behaviors. Cocaine can stimulate dopamine release at 10x the rate of natural release. Meth – up to 15-20x. Alcohol, other substances – also 10-15x. As we have already discussed, the release is associated with *survival*. As you may surmise, this excessive release of dopamine eventually leads to the brain believing that what is needed to survive is the drug or behavior that prompted the release in the first place. A person who has an addiction can get to a place where the only thing they believe they need to survive is the drug.

Again, remember that the brain seeks homeostasis. Thus, with this massive dopamine release, the brain struggles to reach balance. The brain determines that the only way to do so is to begin to reduce the amount of dopamine that is available naturally. Over time, this means it will take more and more of the drug to get the “high” feeling, and eventually a person who is addicted will need to use just to feel normal. This lack of pleasure without the drug is known as “anhedonia”, which means “no pleasure”. It can last an extended period of time after cessation of use, and therefore plays an important role in the relapse process (as the individual who is addicted will crave the drug to feel pleasure again, or just to feel normal). You may have heard the term “Chasing the Dragon”, illustrated below.

The Process of “Chasing The Dragon”



At the beginning, the individual gets high, but as time goes by, eventually one must use just to feel “normal”.

A Word about Cravings and Triggers

During this module, we have gained a brief overview of some of the processes involved in the brain that lead to and then perpetuate addiction. Now let us look a bit deeper into cravings and triggers.

Cravings occur in response to withdrawal from the substance or behavior that is the object of the addiction. It is the mechanism in the brain and body that signals that something necessary for survival is missing. The craving is both a *physical* and a *psychological* phenomenon. Cravings can be powerful, even physically painful. In the grips of intense cravings, a person's focus is naturally reduced, in some cases to an obsessive, pinpoint focus on doing whatever it takes to get the object of the addiction.

Triggers can take the form of physical, emotional, and psychological cues that are associated with the addictive activity. For example, when the person is in the presence of people they have used drugs or alcohol with before, a mental and physical response can occur. Sometimes, these triggers are emotional – if one uses substances when sad or angry, those emotions can trigger a desire to use. Triggers can involve people, places, or things. The desire to use that is triggered can grow into a craving, with ever-increasing obsession in the brain – a kind of tunnel vision that can become seemingly unshakable.

In the following module, you will be asked to identify your own possible triggers and high-risk situations.



Relapse Prevention Course – Personal Triggers and Cues

Section 3: Personal Risk Identification

At this point in the course, it is time to do some personal exploration. You will be asked to identify triggers and risky situations that you have experienced that could potentially lead to relapse. Situations can be categorized as low-risk, moderate-risk, or high-risk.

Low Risk: This may include being in a place you have been in the past during active addiction, but where you didn't use.

Moderate Risk: This may include situations where you may be triggered to use, such as places where you have consumed substances before on rare occasions.

High Risk: These situations will include the “old haunts” - people or places where you may have routinely used substances, or emotionally-charged situations.

The trigger:

People who struggle with drinking often have triggers that they associated with drinking in the past. For some people, it might be a location, such as a certain bar, where they used to drink or a group of people with whom they used to drink. Being around past triggers can make a person start thinking about drinking again.

The thought:

The way you think about a trigger can determine whether you continue on to a relapse. For example, it is common for people to mentally justify having a drink by allowing themselves to have thoughts like, “I'm around my old friends, and I'll only have one drink; I can control it.” These thoughts are red flags that can make a person more likely to relapse when they struggle with alcohol.

The craving:

Once you have given yourself mental permission to exit sobriety, it can be very difficult to control your drinking. You may find yourself drinking for longer than you intended or drinking more than you intended.

The relapse:

Guilt and hopelessness are common feelings after a person in recovery has had a drink. They may think they are a failure and are unable to maintain sobriety. These negative thoughts reinforce the slip-up. Further, they feed a sense of hopelessness that can lead to the person continuing to drink, possibly convinced that they are now unable to stop.

Take a moment to think about your habits prior to becoming sober. Consider your drinking or using “buddies”, the places you liked to go, the rituals you employed to support continued use. Document your awareness using the following worksheet. Use a notebook to write your responses down if you have not printed these pages out.

Triggers



Trigger: A stimulus—such as a person, place, situation, or thing—that contributes to an unwanted emotional or behavioral response.

The Problem

Describe the problem your triggers are contributing to. What's the worst-case scenario, if you are exposed to your triggers?

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Trigger Categories

Just about *anything* can be a trigger. To begin exploring your own triggers, think about each of the categories listed below. Is there a specific emotion that acts as a trigger for you? How about a person or place? List your responses in the provided spaces.

Emotional State	
People	
Places	
Things	
Thoughts	
Activities / Situations	

Tips for Dealing with Triggers

- Oftentimes, the best way to deal with a trigger is to avoid it. This might mean making changes to your lifestyle, relationships, or daily routine.
- Create a strategy to deal with your triggers head on, just in case. Your strategy might include coping skills, a list of trusted people you can talk to, or rehearsed phrases to help you get out of a troublesome situation.
- Don't wait until the heat of the moment to test your coping strategy. *Practice!*

Triggers



In this section, you will develop a plan for dealing with your three biggest triggers. Review your plan regularly, and practice each of the strategies.

Describe your three biggest triggers, in detail.

Trigger	#1	
	#2	
	#3	

Describe your strategy for *avoiding or reducing exposure* to each trigger.

Trigger	#1	
	#2	
	#3	

Describe your strategy for dealing with each trigger head on, when they cannot be avoided.

Trigger	#1	
	#2	
	#3	

Coping Skills to Manage Cravings

Coping skills are an essential part of managing drinking cravings. When the urge to drink strikes, it can be challenging to resist the temptation to indulge in alcohol. However, with the right set of coping skills, it is possible to manage these cravings and stay on the path towards sobriety. Here are some effective coping skills for managing drinking cravings:

1. Recognize your triggers: Knowing what triggers your drinking cravings can help you prepare for them. Whether it is stress, social pressure, or boredom, identifying your triggers can help you develop coping skills to manage them.
2. Distract yourself: When a craving hits, it can be helpful to distract yourself with an activity you enjoy. Engage in a hobby, go for a walk, or watch a movie to take your mind off the urge to drink.
3. Practice mindfulness: Mindfulness is a technique that involves being present in the moment and focusing on your thoughts and emotions. When a craving strikes, take a few deep breaths and practice mindfulness to help calm your mind.
4. Reach out for support: Whether it's a friend, family member, or support group, reaching out for help can provide you with the support you need to manage drinking cravings. Talking to someone who understands what you're going through can be a powerful tool in overcoming cravings.
5. Practice self-care: Taking care of yourself is essential in managing drinking cravings. Make sure to get enough rest, eat well, and exercise regularly to help boost your physical and emotional well-being.
6. Plan ahead: If you know you'll be in a situation that may trigger your cravings, plan ahead. Make sure to bring a non-alcoholic drink with you or have a supportive friend with you to help keep you accountable.
7. Practice positive self-talk: Replace negative thoughts with positive affirmations. Instead of telling yourself you can't resist the urge to drink, tell yourself you can and that you are in control.

In addition to these coping strategies, it is important to develop a positive support system. This may take the form of 12-step fellowships, holistic recovery options, spiritual pursuits, or positive hobbies and activities. Building a support network of people with shared interests that don't involve drinking can provide protection against relapse.

Relapse Prevention Course – Developing a Relapse Prevention Plan

Section 4: The Plan

Your relapse prevention plan should be a personal one, meaning it should take into account what works for *you*. It should not be a “cookie cutter” plan. To make it your plan, it should include the personal triggers and high-risk situations you have identified, as well as your plan for managing triggers and cravings. You can draw from many helpful techniques and supports when developing your plan.

1. Cognitive Behavioral Therapy
2. Mindfulness and Meditation
3. 12-Step programs and other mutual help groups
4. Counseling
5. What works for you!

Use the following pages as a guide to think about your personal plan. Not all of it may apply to you, so be creative in how you draw up your personal plan. Use the next brief plan to list some basics of how you will manage your plan. When you have spent time reviewing this and are ready to provide a brief overview, go to the following webpage to submit it:

https://sober2day.com/my_rp_plan.php

RELAPSE PREVENTION PLAN

Preventing relapse requires a commitment to recovery. It also requires a plan of action. Relapse is not an event, but a process. Before the physical act of relapse, a person experiences changes in feelings, thoughts, and behaviors. Cravings also play a role in relapse. By developing and following a written plan, you can halt the relapse process.

What is your drug of choice? _____

Write down the reason(s) you have decided to stop using/drinking: _____

What are some *feelings* that might lead to relapse? (Examples: Anger, boredom, happiness, not caring about recovery.)

1. _____
2. _____
3. _____
4. _____
5. _____

For each feeling listed above, write down a healthy way of coping with that feeling:

1. _____

2. _____

3. _____

4. _____

5. _____

What are some *thoughts* that might lead to relapse? (Examples: Thinking about the good times or thinking you are cured.) Be as specific as possible.

1. _____
2. _____
3. _____
4. _____
5. _____

What are some *behaviors* that might lead to relapse? (Examples: Not attending meetings, not calling your sponsor, eating too much junk food, being in an unhealthy relationship.) Be as specific as possible.

1. _____
2. _____
3. _____
4. _____
5. _____

Who are the *people* you are most likely to use with?

1. _____
2. _____
3. _____
4. _____
5. _____

Write down the names of five people you can call when tempted to use:

1. _____
2. _____
3. _____
4. _____
5. _____

Where are the *places* you are mostly likely to use?

1. _____
2. _____
3. _____
4. _____
5. _____

What other *situations* or *events* are triggers for you?

1. _____
2. _____
3. _____
4. _____
5. _____

Cravings: Remember that cravings will pass. However, there are different techniques to help with intense cravings. You can talk about it with your sponsor or with a friend in recovery. Or you can distract yourself by journaling, watching a comedy, listening to loud music, running, doing a crossword puzzle, cleaning house, working on a project, etc.

Write down 10 ways to cope with cravings.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

How many 12-step meetings will you attend each week? _____

Fill in meeting names, when they meet, and the places they meet (for one week).

Meeting	Day/Time	Location

How will you get to meetings? _____

How often will you call your sponsor? _____

How often will you meet with your sponsor? _____

List five consequences of a relapse. (Examples: Failing a drug screen, calling in to work, missing an appointment, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

List five benefits of working a recovery program:

1. _____
2. _____
3. _____
4. _____
5. _____

Write down five short-term goals (1-12 months) that you can only achieve through sobriety.

1. _____
2. _____
3. _____
4. _____
5. _____

Write down five long-term goals (1-3 years) that you can only achieve through sobriety.

1. _____
2. _____
3. _____
4. _____
5. _____

Relapse Prevention Plan

Five warning signs that I might use:

- 1.
- 2.
- 3.
- 4.
- 5.

Five people who I can call to help me get through a craving:

- 1.
- 2.
- 3.
- 4.
- 5.

Five things I can do to get my mind off of using:

- 1.
- 2.
- 3.
- 4.
- 5.

Relapse Prevention Plan

Five warning signs that I might use:

- 1.
- 2.
- 3.
- 4.
- 5.

Five people who I can call to help me get through a craving:

- 1.
- 2.
- 3.
- 4.
- 5.

Five things I can do to get my mind off of using:

- 1.
- 2.
- 3.
- 4.
- 5.