



# **The Family Solution Finder**

## **Study Guide**



### **PHASE II**

Get Educated about the Disease

### **Seminar # 9**

Relapse is part of the journey



---

*Relapse is a part of this brain disease journey*

---

Relapse is common. Studies suggest that approximately half of all individuals who try to get sober return to heavy use, with 70 to 90 percent experiencing at least one mild to moderate slip. In other words, not many people say, “I want to get sober,” walk into a treatment center, and never use again.

In this way, addiction is very much akin to other chronic diseases. As with chemical addiction, patients with chronic illnesses such as diabetes, asthma, and hypertension frequently fail to comply with their ongoing treatments—relapsing, if you will, often many times with dire consequences.

Thus, no matter the chronic disease, it is ultimately up to the individual to adjust his or her lifestyle and assume responsibility for managing his or her own care. Unfortunately, removing the drug (detoxing) is the easy part. Changing the behaviors that compel the addict to use is significantly more difficult.

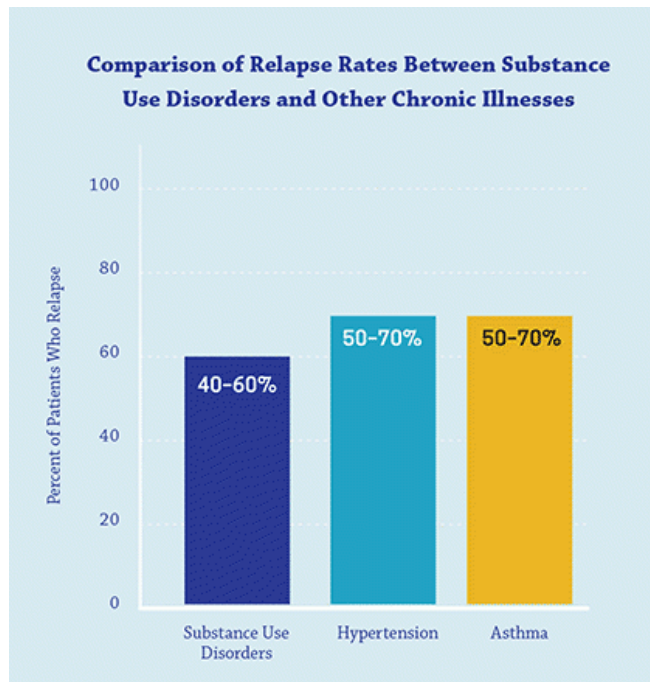
**Stage one:** Numerous studies show that rats will quickly learn to press a lever that delivers a drug in preference to levers that deliver food or water. The more “rewarding” a drug is, the more furiously the rats will press the bar. We shouldn’t be surprised, then, that when presented with a drug like cocaine, rats display behaviors as seen in addiction, foregoing normal activities such as eating and sleeping in favor of getting high.

**Stage two:** In addition to going crazy for the drug, rats “remember” and “like” the places where they received it. For instance, when cocaine-addicted rats are placed in an environment where they receive only food and water, they accept that no drug is available, and they push only the food and water levers. However, when placed back in the cage where cocaine had been available, they immediately engage in a drug-bar-pressing frenzy. They recognize the location and associate it with past drug use. They are triggered by the environment and they become incredibly agitated—they crave—in expectation of the drug reward.

The chronic nature of addiction means that for some people *relapse*, or a return to drug use after an attempt to stop, can be part of the process, but newer treatments are designed to help with relapse prevention. Relapse rates for drug use are like rates for other chronic medical illnesses. If people stop following their medical treatment plan, they are likely to relapse. Treatment of chronic diseases involves changing deeply rooted behaviors, and relapse doesn’t mean treatment has failed. When a person recovering from an addiction relapses, it indicates that the person needs to speak with their doctor to resume treatment, modify it, or try another treatment.



Source: JAMA, 284:1689-1695, 2000.



*Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated like any other chronic illness. Relapse serves as a sign for resumed, modified, or new treatment.*

While relapse is a normal part of recovery, for some drugs, it can be very dangerous—even deadly. If a person uses as much of the drug as they did before quitting, they can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. An overdose happens when the person uses enough of a drug to produce uncomfortable feelings, life-threatening symptoms, or death.

Science has taught us that stress cues linked to the drug use (such as people, places, things, and moods), and contact with drugs are the most common triggers for relapse. Scientists have been developing therapies to interfere with these triggers to help patients stay in recovery.

Behavioral therapies help people in drug addiction treatment modify their attitudes and behaviors related to drug use. As a result, patients are able to handle stressful situations and various triggers that might cause another relapse. Behavioral therapies can also enhance the effectiveness of medications and help people remain in treatment longer.

**Cognitive-Behavioral Therapy** seeks to help patients recognize, avoid, and cope with the situations in which they're most likely to use drugs.



**Contingency Management** uses positive reinforcement such as providing rewards or privileges for remaining drugfree, for attending and participating in counseling sessions, or for taking treatment medications as prescribed. Motivational enhancement therapy uses strategies to make the most of people's readiness to change their behavior and enter treatment.

Family therapy helps people (especially young people) with drug use problems, as well as their families, address influences on drug use patterns and improve overall family functioning. Twelve-step facilitation is an individual therapy typically delivered in 12 weekly sessions to prepare people to become engaged in 12-step mutual support programs. 12-step programs, like Alcoholics Anonymous, are not medical treatments, but provide social and complementary support to those treatments. TSF follows the 12-step themes of acceptance, surrender, and active involvement in recovery.

A relapse (“lapse,” “slip,” “setback”) is one of the most frustrating, humiliating experiences you can face in recovery from any problem habit. It leaves you feeling guilty, ashamed and tempted to throw in the towel and just keep acting out on the addiction. Unfortunately, relapse is also common. According to the National Institute on Drug Abuse, 40 to 60 percent of people who go through addiction treatment programs go on to slip at least once. In fact, many people have multiple setbacks before finally achieving a full recovery.

We should take some comfort in knowing relapse is common. But how to handle it as a family member? Here are some tips:

Don't make them feel ashamed when some of their old symptoms return, and don't think that they have to handle them entirely by themselves. It's not “weak” for them to seek some additional help from others about their renewed problems.

Also, if they backslide, look at their self-defeating behavior as bad and unfortunate, but refuse to put them down for engaging in this behavior. It's behavior they probably practiced for a long time.

**Use the ABCs and clearly see what they did to fall back to their old behaviors.**

**At A, (Activating Events);** perhaps you experienced some failure or rejection.

**At B, Rational Belief;** they probably told themselves they didn't like failing and didn't want to be rejected.

If only they had stayed with the rational beliefs, they would have only felt merely sorry, regretful, disappointed, or frustrated. But if they felt disturbed, they probably then went on to some irrational beliefs such as: “I must not fail! It's horrible when I do!” or “I have to be accepted!” If you reverted to these you probably felt, at...

**At C, Emotional Consequences:** once again depressed and self-downing.

This is true for us all; Don't fool yourself into believing that if you merely change your language you will always change your thinking. Here's where the real work begins. It would be short sighted to believe that one or two exposures to a concept could totally make it yours. Many professionals feel one cause of relapse is lack of coping skills. So the relapse prevention focus needs to include coping skills.

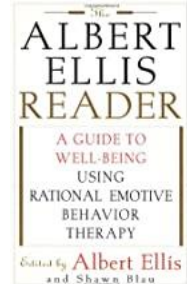
Coping skills are learned like any other skills: first, learning them, then by practice and repetition until they become ingrained.



**The hard work can include:**

The Cost Benefit Analysis (CBA). The CBA is a worksheet found on <https://www.smartrecovery.org/smart-recovery-toolbox/>

This work must be ongoing work to be used when in the face of a temptation. Having a general outline is not going to be powerful enough to combat the negative thoughts that take form in the mind.



Create a list of the unhelpful thinking. (These are called Irrational Beliefs)

**Rational Emotive Imagery:** is another tool that is powerful, in the book Albert Ellis provides a dramatic demonstration of how to make this a repetitive thought through practice.

You can learn more about this technique in almost any Albert Ellis’s books.

**The key is practice using more helpful thoughts.**

Video is a powerful tool. Practice your positive reinforcing thoughts in from of a laptop camera or cell phone. Store it and when needed watch your self-saying these thoughts.

**Reading and Owning the material:**

It is said numerous times in the meetings: to think rationally, rather than irrationally. Yes, you can look up the definitions of the two words, but does that really give you much more than a general help? If I weren’t already in the habit of thinking irrationally, I wouldn’t be here in the first place. How can I learn to think more rationally? Learning how to think? is a skill.

If you haven’t read any of the authorities recommended in the suggested reading material, who could blame you for not being too adept at spotting thinking problems?

An excellent book that points this out is “Feeling Good” by David D. Burns. He refers to 10 Cognitive Distortions (sometimes called the “yeah buts” and gives lots of examples and exercises on how to recognize them.

You might have read the list at one time, but do you own the material? well enough to spot faulty thinking in your everyday thoughts?

**The four common misconceptions about urges are:**

1. Urges are excruciating or unbearable.
2. Urges can compel you to use.
3. Urges will not go away until you drink or use.
4. Cravings and urges will drive you crazy.

**None of the above ideas are true!**





**Look up on google these topics:**

- a. Unconditional Self-Acceptance.
- b. Guilt- An excellent book is *Woulđa, Coulda, Shoulda.. Overcoming regrets, mistakes, and missed opportunities* by Dr. Arthur Freeman and Rose DeWolf.
- c. Urges. The four common misconceptions (irrational beliefs) about urges are:
  - 1. Urges are excruciating or unbearable.
  - 2. They compel you to use.
  - 3. They will not go away until you drink or use.
  - 4. They will drive you crazy.
- d. Anger- Found in the Book: “How to control your anger before it controls you?” Ellis and Raymond Chip Tafrate.



**Notes:**



# The Family Solution Finder Workbook



## **Learning Track II**

Getting Educated About the Disease

### **Seminar # 9**

**“Relapse is a part of the brain disease journey”**





## Learning Seminar #9

### “Relapse is a part of this brain disease journey”

Instructor	Ninth stage of opening awareness about the family, to identify what is relapse, why it happens, what are the stages of relapse.
Audience	Identifying what are the differences between each stage of relapse. What can the family do to help prevent relapse
Exercise	Exercise #1: Identify the three stages of relapse.  Exercise #2: What role will the family plan for in relapse prevention.  Exercise #3: What does each family member need to-do, to help their loved one deal with their life after a relapse.

### SEMINAR GOALS:

1. The attendee will be able to name the three (3) stages of relapse.
2. The attendee will be able to identify parts of a family plan that can help to prevent relapse.
3. Using the information, identify within these exercises;
  - a. What the family will do, to complete their family plan of action.
  - b. What steps can the family member take in the life of their loved one after a relapse.

Each member of the family contributes to the family system. Their contribution to these exercises can help to create a more successful environment for their loved one to maintain recovery.



---

*The Family Support Structures in Addiction*

---

**Lesson One:** Stages of Relapse

**Lesson Two:** The Three Stages of Drug and Alcohol Relapse

**Lesson Three:** 4 Techniques That Prevent Mental Relapse

---

*Extended Learning Video's*

---

**Video One** – Road to Recovery - Recovery Support (Full Episode)

**Video Two** – Relapse Prevention for Addiction & Mental Health: Counselor Toolbox Episode 115

---

*Practical Exercise*

---

**Practical Exercise # 1.** Relapse Prevention: Early warning signs and important coping skills.

**Practical Exercise # 2.** What can family member do to help prevent triggers for physical relapse?

---

*Master Family "Plan of Action" items*

---

How will the family use their knowledge of the Three Stages in Relapse?

How the family can learn more about the organizations in your community?



---

## Introduction

---

Current research suggests that relapse is a gradual process wherein a person in recovery returns to his or her drug abuse. This means relapse can begin weeks or even months before an individual first takes a drug again <sup>7</sup>. A good relapse prevention program helps individuals identify those early signs of relapse and develop tools and techniques for coping, so they can stop relapse early in the process. Researchers believe this significantly reduces a person's risk of returning to drug addiction <sup>7</sup>.

Drug relapse warning signs can be broken down into three categories: emotional, mental, and physical signs. During **emotional relapse**, individuals are not consciously thinking about using, but they are setting themselves up for it. They remember what relapse feels like and are in denial about the possibility of it happening again.

During **mental relapse**, individuals are thinking about using drugs again, but they are at war with themselves. Part of them wants to use, and part of them doesn't. Eventually, this internal struggle wears them down. **Physical relapse** is when an individual finally returns to drug use. Some clinicians divide this phase into **lapse** (initial drug use) and **relapse** (returning to uncontrolled using). Either way, this final stage is the hardest to come back from <sup>7</sup>.

Recent drug relapse statistics show that more than **85% of individuals relapse** and return to drug use within the year following treatment. Researchers estimate that more than 2/3 of individuals in recovery relapse within weeks to months of beginning addiction treatment <sup>6</sup>.

Why are these drug relapse statistics so discouraging? Without a long-term drug relapse prevention plan, most people will be unsuccessful in their attempts to remain sober, so having a solid plan in place is essential.

The goal of **drug relapse prevention programs** is to address the problem of relapse by teaching techniques for preventing or managing its reoccurrence. Drug addiction relapse prevention models are based on the idea that high-risk situations can make a person more vulnerable to relapse. A high-risk situation can include people, places, or feelings that lead to drug-seeking behavior <sup>4</sup>.



---

*Lesson One: Stages of Relapse*

---

**Drug and alcohol addiction relapse prevention requires identifying the following warning signs:**

**Emotional**

- Isolating oneself
- Not going to treatment or meetings
- Going to meetings but not sharing
- Bottling up emotions
- Poor eating and sleeping habits
- Not taking care of self mentally or physically
- Denial
- Relaxing of self-imposed rules

**Mental**

- Drug cravings
- Thinking about people and places associated with past drug use
- Romanticizing past drug use
- Minimizing consequences
- Bargaining with self
- Lying to others
- Thinking about how to better control drug use next time
- Planning a relapse or looking for opportunities

**Physical**

- I. Using drugs “just once”
- II. Returning to uncontrolled use



## VIDEO ONE



**ASSIGNMENT VIDEO:** On [www.youtube.com/](http://www.youtube.com/)

**Search Title:** Relapse Prevention: Early warning signs and important coping skills

**Link:** <https://www.youtube.com/watch?v=FmjxdDwOlc>

**Duration:** 5.35 min

[Dr. Steven Melemis](#)

Learn the stages of relapse and how to recognize the early warning signs of relapse. Learn coping skills to prevent relapse in the future. By Dr. Steven M Melemis MD PhD.



---

*Practical Exercise # 1. What can the family do to prevent relapse?*

---

**The Three stages of Relapse?**

**What can be done to prevent emotional relapse?**

How can you help them Practice?

Mindfulness: \_\_\_\_\_  
\_\_\_\_\_

Help them Keep in Gratitude.

Journal: \_\_\_\_\_  
\_\_\_\_\_

**What can be done to prevent mental relapse?**

How can you help them Practice?

Mindfulness: \_\_\_\_\_  
\_\_\_\_\_

Journal: \_\_\_\_\_  
\_\_\_\_\_

**What can be done to prevent Physical relapse?**

In what ways can you use K.I.S.S. to simplify their life: \_\_\_\_\_  
\_\_\_\_\_

How can each member of the family contribute towards creating Good Orderly Direction for their loved one:

\_\_\_\_\_  
\_\_\_\_\_

1.

2.

3.

What has worked in the past?

1.

2.

3.



---

## *Lesson Two: The Three Stages of Drug and Alcohol Relapse*

---

For many, *relapse is part of recovery from addiction*. In fact, according to DrugAbuse.gov, it is believed that 40 to 60 percent of addict's relapse at least once during their recovery.

However, just because someone relapses, it does not mean they failed at recovery. Many view relapses as a learning experience and take into account what not to do the next time around for their recovery. *Though relapse is often unplanned and impulsive, there are certain warning signs that can point to the danger of a potential drug or alcohol relapse.*

In fact, often relapse is thought to have three separate stages – emotional, mental and physical. The following are a more in-depth explanation about the stages of relapse and include what to watch for in yourself or in others.

### **1. Emotional relapse**

During this stage, a person is not actively thinking about using a drug or drinking alcohol. However, their behavior and actions may be setting them up to head down that road.

*Emotional relapse can be detected through symptoms such as anxiety, intolerance, anger, defensiveness, mood swings, isolation, failing to attend meetings and poor sleeping and eating habits.*

It is believed that this stage of relapse aligns with Post-Acute Withdrawal Syndrome (PAWS), during which an addict experiences emotional and psychological withdrawal rather than physical ones.

Physical withdrawals only last a few weeks whereas PAWS can last up to two years after an addict stops using. PAWS episodes tend to last a few days at a time and include the symptoms listed above.

### **2. Mental relapse**

During this stage, the mind is battling between using and not using. Part of the addict wants to use, while the other part of them wants to continue with their recovery.

*Signs of mental relapse may include reminiscing about the people and places associated with your past life, glamorizing your past use, lying, spending time with people you used with, thinking about relapse and even planning relapse.*

Often, recovering addicts are the only ones who can really pinpoint these symptoms of mental relapse as internal battles are harder for others to pick up on.

### **3. Physical relapse**

Unfortunately, the techniques in stage two do not work for everyone and some people do resort to acting on their urges to use. This stage of relapse includes the actual physical decision to use.

When an addict hits this stage of relapse, some will continue to use for months, but others realize what they've done and the focus becomes recovery.



---

### *Lesson Three: 4 Techniques That Prevent Mental Relapse*

---

When the process of mental relapse begins, there are some techniques an addict can use in order to regain control of their thinking and make the choice to not drink or use.

1. Call someone. Whether this be a sponsor, friend, or family member, talking your urges through with another person can help in determining why you want to use and why you shouldn't.

Talking your thoughts through with another person makes them seem less intimidating and even less logical when it comes to reasons for wanting to use.

Being able to talk to someone about your urges may bring you some clarity as to why using will not solve any problems but only create more.

2. Make yourself wait 30 minutes. Before impulsively acting on an urge to use, wait half an hour and reevaluate your urges and your reasoning behind them. Sometimes the passing of time can help clear things up in the mind.

3. Think about what would happen if you had one drink or used once. Likely it wouldn't stop there, and you'd eventually find yourself at the same bottom you previously hit, if not a deeper one. Thinking about actions and their consequences can curb the desire to use.

4. Don't think about every day. Think about today. Even people who have been sober for decades take their sobriety one day at a time. Thinking about it in terms of years or forever is too intimidating for anyone and will likely result in feeling overwhelmed and wanting to use.

Instead of thinking about forever, focus on making it through one day without using. Then focus on that again the next day and repeat. Before you know it, the days will add up.

Take time to go on-line and search the word: *Drug addiction relapse*. Also, do the same on [www.youtube.com](http://www.youtube.com)





---

*Practical Exercise # 2. What can family member do to help prevent triggers for physical relapse?*

---

List next to each trigger, what the family will do to help your loved deal with this in their lives.

**People:**

- Former drug dealers: \_\_\_\_\_
- Unhealthy Friends: \_\_\_\_\_
- Past/Present Co-workers: \_\_\_\_\_
- Employers: \_\_\_\_\_
- Family members: \_\_\_\_\_
- Spouses or partners: \_\_\_\_\_
- Neighbors: \_\_\_\_\_

**Places:**

- Neighborhoods: \_\_\_\_\_
- A friend's home: \_\_\_\_\_
- Bars and clubs: \_\_\_\_\_
- Hotels: \_\_\_\_\_
- Worksites: \_\_\_\_\_
- Concerts: \_\_\_\_\_
- A freeway exit: \_\_\_\_\_
- Bathrooms: \_\_\_\_\_
- Former drug-stash locations: \_\_\_\_\_
- Schools: \_\_\_\_\_
- Downtown: \_\_\_\_\_



**Items:**

- Paraphernalia: \_\_\_\_\_
- Furniture: \_\_\_\_\_
- Magazines: \_\_\_\_\_
- Movies: \_\_\_\_\_
- Television: \_\_\_\_\_
- Cash: \_\_\_\_\_
- Credit cards: \_\_\_\_\_
- ATMs: \_\_\_\_\_
- Empty pill bottles: \_\_\_\_\_

**Happenings:**

- Meeting new people: \_\_\_\_\_
- Listening to a particular music genre \_\_\_\_\_
- Recovery group meetings: \_\_\_\_\_
- Going out to dance or eat: \_\_\_\_\_
- Parties Hanging out with friends: \_\_\_\_\_
- Being around substance-using peers: \_\_\_\_\_
- Payday: \_\_\_\_\_
- Driving: \_\_\_\_\_
- Calls from creditors: \_\_\_\_\_
- After paying bills: \_\_\_\_\_
- Before, during and after work: \_\_\_\_\_
- Before or during a date: \_\_\_\_\_
- Going out: \_\_\_\_\_
- Alone in the house: \_\_\_\_\_



- Before, during and after sex: \_\_\_\_\_
- After an argument: \_\_\_\_\_
- Anniversaries: \_\_\_\_\_
- Talking on the phone: \_\_\_\_\_
- Holidays: \_\_\_\_\_
- While eating lunch or dinner: \_\_\_\_\_
- Family gatherings: \_\_\_\_\_

## References:

1. Center for Behavioral Health Statistics and Quality. (2015). **Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health**. HHS Publication No. SMA 15-4927, NSDUH Series H-50.
2. National Institute on Drug Abuse. (2015). *Nationwide Trends*.
3. National Institute on Drug Abuse. (2016). *Understanding drug use and addiction*.
4. Hendershot, C.S., Witkiewitz, K., George, W.H. & Marlatt, G.A. (2011). **Relapse prevention for addictive behaviors**. *Substance Abuse Treatment, Prevention, and Policy*, 6, 17.
5. Marlatt, A.G., Donovan, D.M. (2005). **Relapse Prevention, Second Edition, Maintenance Strategies in the Treatment of Addictive Behaviors**. (1-50).
6. Sinha, R. (2011). **New findings on biological factors predicting addiction relapse vulnerability**. *Current Psychiatry Reports*, 13(5), 398–405.
7. Melemis, S.M. (2015). **Relapse Prevention and the Five Rules of Recovery**. *The Yale Journal of Biology and Medicine*, 88(3), 325–332.
8. Gorski, T. (2001). **Understanding relapse**.

We Strongly Suggest:



<https://www.smartrecovery.org/smart-recovery-toolbox/>

Take their courses, get a certification to run a meeting with their materials.





## The Story

The bi-chemical signature tells the truth. The dopamine rewiring in our brain, creates a new condition stimulation. Prediction of stimuli creates a new channel towards reward and our memory stores it for retrieval.

### VIDEO TWO



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

**Search Title: Relapse Prevention for Addiction & Mental Health: Counselor Toolbox Episode 115**

**Link: <https://www.youtube.com/watch?v=OMQHUAmj3Cw>**

**Duration: 60 min**



# Continue Your Study

## The Family Solution Finder, Study Guide and Workbook

**1. Learning Track One is about The Family: It's all about the family dynamic**

*Here the family learns about itself*

**2. Learning Track Two is about getting the family educated**

*Here the family learns about the individual and their disease*

**3. Learning Track Three is about getting the family organized**

*Here the family prepares for the demands and request that typically present in the journey of addiction*

**4. Learning Track Four is about getting the family networked**

*Here the family prepares a path to those known organizations they will likely need to access in the future.*

**5. Learning Track Five is about creating a family “Plan of Action”**

*In an ever-changing design, the plan of action is a place for the family to act as one with a single purpose to meet the goal of their family.*