



Part III

“The Pathfinder Certificate of Completion Seminar”

Seminar # 18

Issue # Nine of 12 key Issues: The Relapse

Introduction

INSTRUCTIONS: View this video prior to continuing in this workbook.

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

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

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

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

Duration: 5:52 min

The Relapse



Issues the Family Faces

Understand What They Experience.



Search Title:, REF: How To Create An Addiction Relapse Prevention Plan

VIEW VIDEO LINK: <https://www.youtube.com/watch?v=yd3ESsbtCzY>

Duration: 6:13 min

There are four main ideas in relapse prevention. First, relapse is a gradual process with distinct stages. The goal of treatment is to help individuals recognize the early stages, in which the chances of success are greatest [1]. Second, recovery is a process of personal growth with developmental milestones. Each stage of recovery has its own risks of relapse [2]. Third, the main tools of relapse prevention are cognitive therapy and mind-body relaxation, which change negative thinking and develop healthy coping skills [3]. Fourth, most relapses can be explained in terms of a few basic rules [4]. Educating clients in these few rules can help them focus on what is important. Consider when a family is documenting the person(s) or organization(s) is now accountable for a particular action, the completion of the action, and how you will measure success. Identifying your past results, allows others to see they too will be measured, and that level of self administered accountability can go a long way.

The key to relapse prevention is to understand that relapse happens gradually [6]. It begins weeks and sometime months before an individual picks up a drink or drug. The goal of treatment is to help individuals recognize the early warning signs of relapse and to develop coping skills to prevent relapse early in the process, when the chances of success are greatest. This has been shown to significantly reduce the risk of relapse [7]. Gorski has broken relapse into 11 phases [6]. This level of detail is helpful to clinicians but can sometimes be overwhelming to clients. I have found it helpful to think in terms of three stages of relapse: emotional, mental, and physical [4].

The transition between emotional and mental relapse is not arbitrary, but the natural consequence of prolonged, poor self-care. When individuals exhibit poor self-care and live in emotional relapse long enough, eventually they start to feel uncomfortable in their own skin. They begin to feel restless, irritable, and discontent. As their tension builds, they start to think about using just to escape.

Mental Relapse:

In mental relapse, there is a war going on inside people's minds. Part of them wants to use, but part of them doesn't. As individuals go deeper into mental relapse, their cognitive resistance to relapse diminishes and their need for escape increases.

These are some of the signs of mental relapse [1]: 1) craving for drugs or alcohol; 2) thinking about people, places, and things associated with past use; 3) minimizing consequences of past use or glamorizing past use; 4) bargaining; 5) lying; 6) thinking of schemes to better control using; 7) looking for relapse opportunities; and 8) planning a relapse.

Helping clients avoid high-risk situations is an important goal of therapy. Clinical experience has shown that individuals have a hard time identifying their high-risk situations and believing that they are high-risk. Sometimes they think that avoiding high-risk situations is a sign of weakness.

In bargaining, individuals start to think of scenarios in which it would be acceptable to use. A common example is when people give themselves permission to use on holidays or on a trip. It is a common experience that airports and all-inclusive resorts are high-risk environments in early recovery. Another form of bargaining is when people start to think that they can relapse periodically, perhaps in a controlled way, for example, once or twice a year. Bargaining also can take the form of switching one addictive substance for another.

Occasional, brief thoughts of using are normal in early recovery and are different from mental relapse. When people enter a substance abuse program, I often hear them say, "I want to never have to think about using again." It can be frightening when they discover that they still have occasional cravings. They feel they are doing something wrong and that they have let themselves and their families down. They are sometimes reluctant to even mention thoughts of using because they are so embarrassed by them.

Clinical experience has shown that occasional thoughts of using need to be normalized in therapy. They do not mean the individual will relapse or that they are doing a poor job of recovery. Once a person has experienced addiction, it is impossible to erase the memory. But with good coping skills, a person can learn to let go of thoughts of using quickly.

Clinicians can distinguish mental relapse from occasional thoughts of using by monitoring a client's behavior longitudinally. Warning signs are when thoughts of using change in character and become more insistent or increase in frequency.

Physical Relapse:

physical relapse is when an individual starts using again. Some researchers divide physical relapse into a “lapse” (the initial drink or drug use) and a “relapse” (a return to uncontrolled using) [8]. Clinical experience has shown that when clients focus too strongly on how much they used during a lapse, they do not fully appreciate the consequences of one drink. Once an individual has had one drink or one drug use, it may quickly lead to a relapse of uncontrolled using. But more importantly, it usually will lead to a mental relapse of obsessive or uncontrolled thinking about using, which eventually can lead to physical relapse.

Most physical relapses are relapses of opportunity. They occur when the person has a window in which they feel they will not get caught. Part of relapse prevention involves rehearsing these situations and developing healthy exit strategies.

When people don't understand relapse prevention, they think it involves saying no just before they are about to use. But that is the final and most difficult stage to stop, which is why people relapse. If an individual remains in mental relapse long enough without the necessary coping skills, clinical experience has shown they are more likely to turn to drugs or alcohol just to escape their turmoil.



Obstacles the family will likely address

Adopting a holistic view of clients in substance abuse treatment is especially important for the family to consider. At the point of referral, there is both an opportunity to address their unmet needs and a potential danger of losing them losing their interest in treatment. Collaboration is crucial for preventing them from "falling through the cracks" among independent and autonomous agencies. Effective collaboration is also the key to serving the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

The traditional referral system from substance abuse treatment programs to outside agencies can create obstacles to effective collaboration.

Goals and Outcomes of Family Members

One main goal of involving families in treatment is to increase family members' understanding of the client's substance use disorder as a chronic disease with related psychosocial components. Edwards (1990) states that family-based services can have the following effects:

- Increase family support for the client's recovery. Family sessions can increase a client's motivation for recovery, especially as the family realizes that the client's substance use disorder is intertwined with problems in the family.
- Identify and support change of family patterns that work against recovery. Relationship patterns among family members can work against recovery by supporting the client's substance use, family conflicts, and inappropriate coalitions.
- Prepare family members for what to expect in early recovery. Family members unrealistically may expect all problems to dissipate quickly, increasing the likelihood of disappointment and decreasing the likelihood of helpful support for the client's recovery.
- Educate the family about relapse warning signs. Family members who understand warning signs can help prevent the client's relapses.
- Help family members understand the causes and effects of substance use disorders from a family perspective. Most family members do not understand how substance use disorders develop or that patterns of behavior and interaction have developed in response to the substance-related behavior of the family member who is in treatment. It is valuable for individuals in the family to gain insight into how they may be maintaining the family's dysfunction. Counselors should help family members address feelings of anger, shame, and guilt and resolve issues relating to trust and intimacy.
- Take advantage of family strengths. Family members who demonstrate positive attitudes and supportive behaviors encourage the client's recovery. It is important to identify and build on strengths to support positive change.
- Encourage family members to obtain long-term support. As the client begins to recover, family members need to take responsibility for their own emotional, physical, and spiritual recovery.



Solutions to Issues & Obstacles

Practical Exercise One

Did you know that there are definite warning signs that come before a relapse into drug or alcohol abuse? In fact, a relapse happens in stages. The first stage is known as “emotional relapse”.

Emotional Relapse:

In this earliest stage, you have not even started to think about using or drinking. Rather, you start feeling negative emotions that cause you to act in self-destructive ways. Even when you are sober and abstaining, some of the aspects of your disease can still impact your life.

Emotional relapse precedes physical relapse, when your own thoughts and behaviors begin to undermine everything you have worked for. At this point, you’re not drinking or using, but that is the direction in which you are heading.

Anxiety – excessive fear, worry, or uncertainty about your sober new life.

Q: What can the family do:

Depression – overwhelming sadness; loss of appetite; no motivation.

Q: What can the family do:

Intolerance – poor cooperation with others, an uncompromising attitude, or rigid, inflexible opinions

Q: What can the family do:

Anger – resentment or hostility that flares up whenever expectations are not met

Q: What can the family do:

Defensiveness – intensely rejecting any criticism

Q: What can the family do:

Mood Swings – an inability to control one’s feelings and reactions; unpredictable emotional volatility

Q: What can the family do:

If any of these emotional conditions are left undone with, they can be a factor in the stress factors that can lead to physical relapse.

Practical Exercise Two:

What are you seeing?

Possible dysfunctional behaviors include:

Social withdrawal or isolation – avoiding family and friends; a marked preference to be alone.

Q: What can the family do:

Refusal of any concerned efforts – denial of need; an insistence of doing everything “on your own” with no help from anyone.

Q: What can the family do _____

Sporadic counseling/therapy/12-Step meetings attendance – Fellowship with other recovering addicts and alcoholics can be a major source of strength and inspiration, but as the saying goes, “it only works if you work it”.

Q: What can the family do:

Poor eating habits – responding to stress or emotional pain with food; eating only junk food or fast food; alternately – loss of appetite

Q: What can the family do:

Sleep disturbances – insomnia, wakefulness, poor sleep quality; alternately, excessive sleeping or an inability to get out of bed

Q: What can the family do:

Practical Exercise Two

There are 3 things to practice if you want to avoid emotional relapse:

1. Self-Awareness – Maintaining an active knowledge of your feelings, thoughts, and behaviors. There are several ways to practice self-awareness:
 - Mindfulness meditation – A 2017 study suggests that practicing mindfulness for as little as 11 minutes a day can help reduce cravings.
 - Journaling - Daily reflection and affirmation

Self-Care – Doing the things that are necessary to maintain and improve your physical, emotional, and mental health.

Q: What can the family do: _____

Proper nutrition – Addiction takes a terrible toll on the body, robbing it of essential nutrients. Eating right gets you healthier by restoring the vitamins and minerals you may have lost. Also, hunger is easy to misinterpret as drug cravings.

Q: What can the family do: _____

Reducing stress – A 2011 study revealed a biological link between chronic stress and addiction. Key benefit – when you are calm, you are far less likely to overreact to the problematic situation.

Q: What can the family do: _____

Getting enough quality sleep – Insomnia is the biggest complaint among people in early recovery. Inadequate sleep can lead to irritability, depression, and confusion – each of which can trigger a relapse.

Q: What can the family do: _____

They need to know to ask for help when you need it – The disease of addiction is too large of a problem to try to tackle alone. Asking for and receiving the help you need from supportive, positive people lets you take advantage of new perspectives and additional resources.

Q: What can the family do: _____

Practical Exercise Three

Mental Relapse.

This is when the recovering addict/alcoholic is torn between conflicting desires.

Q: What can the family do: _____

They don't want to use – They are fully aware that using or drinking again is a terrible idea that could tear down what they are trying to build. Intellectually, they understand the dangers.

Q: What can the family do: _____

They want to use – Some emotional trigger has set off uncontrollable alcohol/drug cravings, and in the face of such an overwhelming compulsion, the rational arguments for abstinence don't seem to matter.

Q: What can the family do: _____

Physical Relapse.

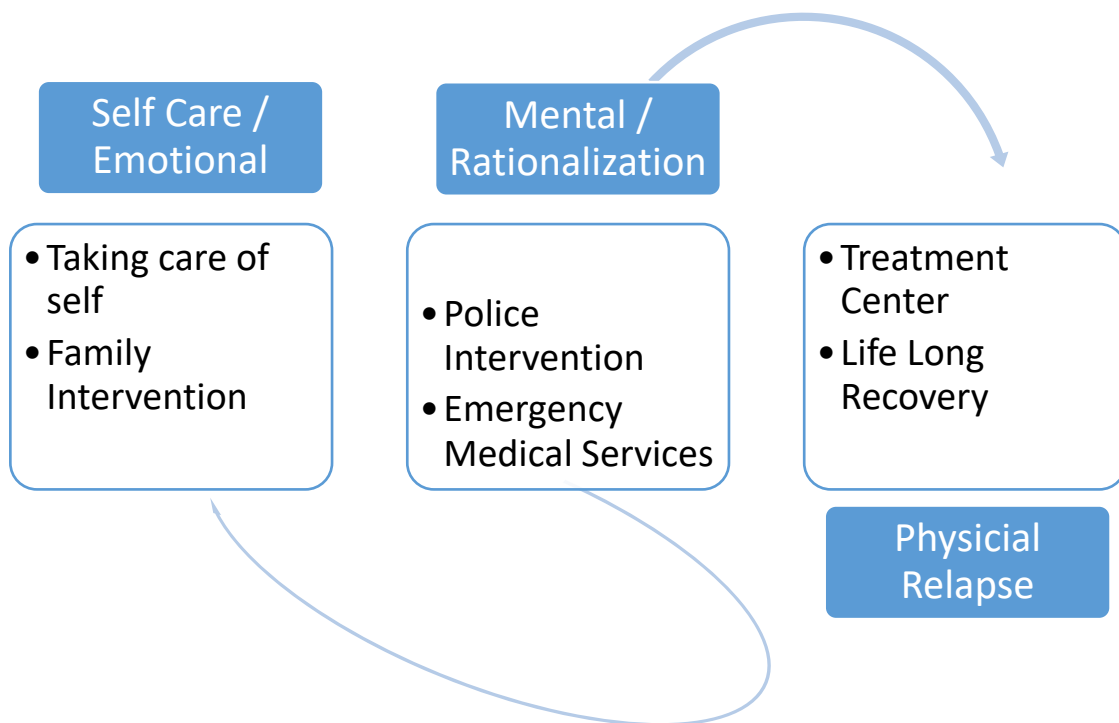
After emotional relapse comes physical relapse – this is when the person actively returns to substance use and a pattern of dysfunctional behaviors. It is a complete reversal of the progress made so far.

Q: What can the family do: _____

Obviously, a physical relapse is the most dangerous stage, since the person often drops out of treatment at this point. Because of the progressive nature of addiction, an untreated relapse can be fatal.

Q: What can the family do: _____

This is completely different from a slip – and impulsive and brief fall back into active substance use, followed almost immediately by a prompt return to recovery practices and abstinence. Some people referred to a physical relapse as a “slip that got out of control.”



Knowing what stage of the journey you are in, helps to determine what services is going to be needed next. The purpose of completing this seminar is to become aware of the family members support services, having the family ready to engage these resources at the right time and knowing what is going to be the possible outcome.

Practical Exercise Four

1. Define the Issue?

- a. Clearly State what happened or will happen.

- b. Identify who is involved or should be involved.

- c. What would you like to have happened, or like to see happen?

2. How does the issue impact the family?

- a. Who in the family?

- b. In what way?

- c. What is needed to move forward?

3. What steps can the family take to prepare and then respond to the issue?

- a. What needs to be done, prioritize the list.

- b. Who needs to be involved?

- c. What will it look like when completed?

4. Who can help and assist the family in their response?

- a. How to search for an organization to help.

- b. What to ask from them?

- c. What to expect?

5. What should the family expect as their outcome?

- a. Timeline.

- b. The expenses/cost involved in this issue.

- c. Required changes to successful respond to this issue.

*Practical Exercise Seven: Moving forward from a Relapse
Communication & Coordination Memo*

Organization: _____

Point of Contact: _____

Email: _____

Website: _____

_____ I have, _____ do not have a HIPPA Release Form on file. Date on File:

ISSUE: _____

What program does the provider have to address this issue	How many of the criteria points were met by this program	What is the primary reason for selecting this program	How will you monitor progress in the program
			See Notes dated:
			See Notes dated:
			See Notes dated:

VIDEO THREE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: "Recovery and The Family" by Father Martin.

Published on Dec 17, 2012

Link: <https://www.youtube.com/watch?v=b8RkLRxMinY>

Duration: 1.28 hrs.

Father Martin talks about "Recovery and The Family" like no one else. He speaks about how important it is for the whole family to recover from their loved one's addiction. You will enjoy listening and learning from Father Martin.

"Fair Use" Section 107 through 118 of the copyright law title 17 U.S. Code for educational purposes.

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To speak to an addiction professional please (888)381-6994

or visit us online at www.BeginningsTreatment.com

ASTER FAMILY PLAN OF ACTION FOR: "The Relapse"

1. Your family is to complete an Assessment of Severity to understand the indicators of relapse stage.
2. A family action plan will be written on how the family will respond in stages Mild and Moderate for the three stage of a relapse.
3. The Support Agencies Map will be used to set into place where the family will turn to for assistance in the stages of relapse.
4. The family members will seek family therapy during the time the loved one is in treatment.

As part of the Master Family Plan of Action the family members will complete the review the needed "points of contact" at the agencies they will possibly need to work with in the future.