The Family Solution Finder

Study Guide & Workbook w/video's

"Certificate of Completion Course"

PHASE III

"Getting Organized"

Seminar # 18

12 Key Issues a Family Faces in Substance use Disorders

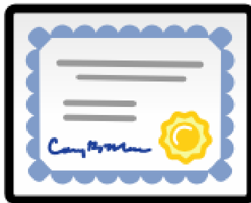
Issue # 9 of 12 key issues: The Relapse

Introduction

The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. Therefore, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is "Drug Court". The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWELDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.



THESE 12 KEY ISSUES ARE A "CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:

Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.

Obstacle the Family Faces

These are obstacle the family faces when trying to address each issue.

Solutions to Issues & Obstacles

Each of these will be presented in the 12 Key Family Issues.

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervein. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

ISSUE #8. Support Agencies Mapping

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet.* Using the list of available agencies to properly match the agency with the needs of the family.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

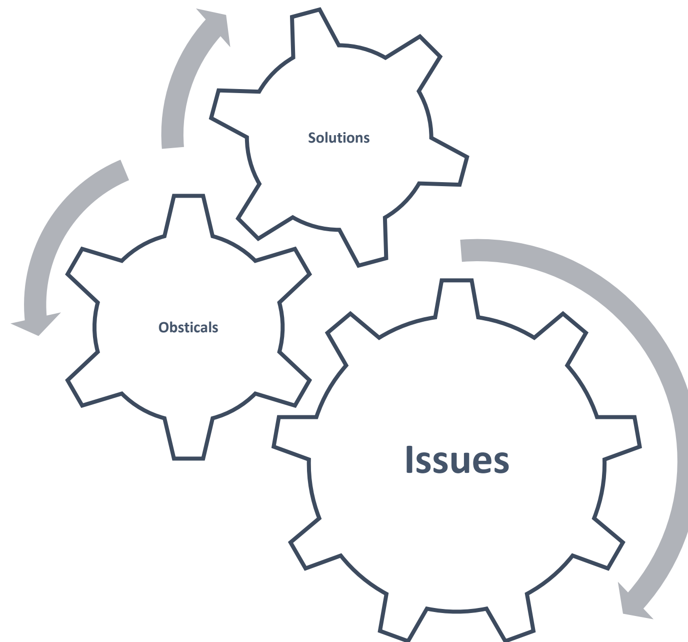
ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

ISSUE # 12. Faith, Spiritual Practices

GOAL: To introduce a ministry for faith organizations to use in development their own faith-based family ministry. Invest in the Family Ministry for families on a journey with substance use disorders.

An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces

#1 **Enabling vs Disabling**

#2 **Addiction Behavior**

#3 **Family Intervention**

#4 **The Police**

#5 **Emergency Medical Services**

#6 **Legal Court System**

#7 **Treatment Centers**

8 **Support Agencies Mapping**

9 **The Relapse**

#10 **Successful Lifelong Recovery**

#11 **Bereavement (Learning how to move forward)**

#12 **Faith, Spiritual Practices (It's His will first and in all ways)**

Family Transformational Response Model (F.T.R.)

Instruction: Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue**. This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.**

The F.T.R. Model:

I. Define the Issue?

II. How does this issue impact the family?

III. What steps can the family take to prepare and respond to this issue?

IV. Creates of list of who can help and assist the family in their response?

V. What should the family expect as their outcome?

The F.T.R. Model Worksheet

I. Define the Issue?

- Clearly State what happened or will happen.

____

____

____

- Identify who is involved or should be involved.

____

____

____

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

____

____

____

II. How does the issue impact the family?

- Who in the family?

____

____

____

- In what way?

____

____

____

- What is needed to move forward?

____

____

____

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

- What needs to be done, prioritize the list.

____

____

____

- Who needs to be involved?

____

____

____

- ❖ What will it look like when completed?

____
____
____

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

- ❖ How to search for an organization to help.

____
____
____

- ❖ What to ask from them?

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____
____

- ❖ What to expect?

____
____
____

V. What should the family expect as their outcome?

- ❖ Timeline.

____
____
____

- ❖ The expenses/cost involved in this issue.

____
____
____

- ❖ Required changes to successful respond to this issue.

____
____
____

Use the F.T.R. model for every issue, to find your best solution.

The Family Solution Finder

Study Guide

PHASE III

"Getting Organized"

Seminar # 19

12 Key Issues a Family Faces in Substance use Disorders

Issue # 9 of 12 key Issues: <u>The Relapse</u>

The 12 Key Issues a Family Faces

#1 **Enabling vs Consequences**

#2 **Addiction Behavior**

#3 **Family Intervention**

#4 **The Police**

#5 **Emergency Medical Services**

#6 **Legal Court System**

#7 **Treatment Centers**

8 **Support Agencies Mapping**

 # 9 The Relapse

#10 **Successful Lifelong Recovery**

#11 **Bereavement** (Learning how to move forward)
#12 **Faith, Spiritual Practices**

Introduction: Relapse

Marlatt's (1985) cognitive behavioral model of relapse conceptualizes relapse as a "transitional process, a series of events that unfold over time" (Larimer et al., 1999). This contrasts with alternative models which view relapse as an *endpoint or 'treatment failure'*. Flexibility is a key advantage of such transitional models: they provide guidance and opportunities for intervening at multiple stages in the relapse process in order to prevent or reduce relapse episodes.

Marlatt's full model provides a details of factors which can lead to relapse episodes. Larimer et al (1999) describe how these factors fall into two core categories:

Immediate determinants – such as high-risk situations, or an individual's coping skills, and
Covert antecedents – such as an imbalanced lifestyle which leads to urges and cravings

The cognitive behavioral model of relapse helps families to develop an understanding of the risk of relapse. Once the characteristics of each individual's high-risk situations have been assessed the clinician can:

- Work forwards by analyzing their client's response to these situations.
- Work backward to examine factors that increase the individual's exposure to high risk situations.
- With these individual difficulties formulated and understood, the clinician can help their client to broaden their repertoire of cognitive and behavioral strategies in order to reduce risk of relapse.

This model was designed for working with those persons struggling with alcohol problems it has been applied to addictive and impulsive behaviors more broadly (Marlatt & Donovan, 2005) including all substance use disorders (Mines & Merrill, 1987).

References:

Larimer, M. E., & Palmer, R. S. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. Alcohol Research and Health, 23(2), 151-160.
Marlatt, G. A. (1985). Relapse prevention: Theoretical rationale and overview of the model. In G. A. Marlatt & J. R. Gordon (Eds.), Relapse prevention (1st ed., pp. 280–250). New York: Guilford Press.
Marlatt, G. A., & Donovan, D. M. (Eds.). (2005). Relapse prevention: Maintenance strategies in the treatment of addictive behaviors. Guilford press.
Marlatt, G. A., & Gordon, J. R. (Eds.). (1985). Relapse prevention: Maintenance strategies in the treatment of addictive behaviors(1st ed.). New York: Guilford Press.
Mines, R. A., & Merrill, C. A. (1987). Bulimia: Cognitive-behavioral treatment and relapse prevention. Journal of Counseling & Development, 65(10), 562-564.

What is a Relapse?

Relapse prevention is why most people seek treatment. By the time an individual seek help, they have already tried to quit on their own and they are looking for a better solution. This seminar offers a practical approach to relapse prevention that works well in both individual and group therapy.

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.

The Stages of Relapse

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. This means we can catch it early and change its trajectory. 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 families. Many have found it helpful to think in terms of three stages of relapse: emotional, mental, and physical [4].

Emotional Relapse

During emotional relapse, individuals are not thinking about using. They remember their last relapse and they don't want to repeat it. But their emotions and behaviors are setting them up for relapse down the road. Because clients are not consciously thinking about using during this stage, denial is a big part of emotional relapse.

These are some of the signs of emotional relapse [1]: 1) bottling up emotions; 2) isolating; 3) not going to meetings; 4) going to meetings but not sharing; 5) focusing on others (focusing on other people's problems or focusing on how other people affect them); and 6) poor eating and sleeping habits. The common denominator of emotional relapse is poor self-care, in which self-care is broadly defined to include emotional, psychological, and physical care.

One of the main goals of therapy at this stage is to help them understand what self-care means and why it is important [4]. The need for self-care varies from person to person. A simple reminder of poor self-care is the acronym HALT: hungry, angry, lonely, and tired. For some individuals, self-care is as basic as physical self-care, such as sleep, hygiene, and a healthy diet. For most individuals, self-care is about emotional self-care. Both the family and the one abusing substances need to make time for themselves, to be kind to themselves, and to give themselves permission to have fun. These topics usually have to be revisited many times during therapy: "Are you starting to feel exhausted again? Do you feel that you're being good yourself? How are you having fun? Are you putting time aside for yourself or are you getting caught up in life?"

Another goal of therapy at this stage is to help clients identify their denial. I find it helpful to encourage clients to compare their current behavior to behavior during past relapses and see if their self-care is worsening or improving.

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

Finally, physical relapse is when an individual start 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.

References

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Melemis SM. I Want to Change My Life: How to Overcome Anxiety, Depression and Addiction. Toronto: Modern Therapies; 2010. [Google Scholar]

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Prevention of Relapse

Trigger Management

Best time to record these answers is after the trigger is presented:

- What was their trigger?
- How were they feeling just before they felt like drinking or drugging?
- What were they telling themselves just before they started to drink or drug? (Look for additional, hidden thoughts.)
- What did they do?
- Which thoughts led to which addictive feelings and behaviors?
- What was the chain of thoughts, feelings, and actions?
- What could they have told themselves?
- What could they have done?
- What emotions could they have pushed themselves to feel, in its place?
- How do they feel now about what happened?

Sit with a drug counselor or peer to peer coach and write a plan for Prevention of Relapse, using their input and guidance. This will prove to be invaluable.

How the Family Responds to a Relapse

REF: American Addiction Centers
Follow
Feb 20, 2018

There are many things that can trigger the urge to drink or use drugs during active recovery, and some of the most common are stressors and difficulties with loved ones at home. For almost everyone working on staying sober who returns home after treatment or lives at home during outpatient care, it can be tricky to navigate the emotional flare-ups that are inevitable. Loved ones are often hurt by the behaviors associated with untreated substance use and trauma-related disorders, and it takes time to rebuild trust and heal.
The process can be tough, and many relationships will need more time than others if they are able to be repaired at all. The truth is that there is no necessary outcome for any relationship for you to stay sober.

The only thing you need is yourself and your dedication to doing what works.

Here's what you need to know:

· If relapse does happen, it is not the end of the world. It does not mean you have lost all you have gained in recovery, and it doesn't mean you have to continue drinking or getting high.

· However, relapse is not an inevitable part of the process of recovery or dealing with difficult situations. Though it can and does happen to many people, it does not have to, and if you feel like you are at risk, you can take action.

· Sharing what you are feeling is essential but not necessarily with your family member. Rather, talking to a sponsor or your therapist is the best way to come up with actionable ways to decrease stress levels while still continuing to work on your relationships with loved ones.

· You do not necessarily have to cut someone out of your life in order to avoid relapse. You may need to limit communications, set healthy boundaries, and/or take a break until you feel more stable and strong in your ability to avoid relapse.

· Your loved one may benefit from taking part in their own therapeutic treatment and going through a "recovery" of their own.

The Best Answer to Relapse: Treatment

No matter what the reason for a relapse, if you feel that it is a chronic problem and you are unable to sustain sobriety as a result, one of the best choices is to return to treatment for coping mechanisms that work. At American Addiction Centers, our First Responder Lifeline Program offers police officers and their families the support they need to heal in recovery with a comprehensive treatment program that provides:

· PTSD assessment and evaluation

· Access to EMDR therapy and other therapies proven to be effective in the treatment of trauma-related disorders like PTSD

· Therapists and treatment professionals who are trained to work with first responders

· Family therapy groups and support for loved ones

· Unique treatment plans designed for first responders

· Long-term aftercare and support

The Family Solution Finder

Workbook

PHASE III

“Getting Organized”

Seminar # 18

12 Key Issues a Family Faces in Substance use Disorders

Issue # 9 of 12 key issues: The Relapse

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=FmjjxdDwOIc

Duration: 5:52 min

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.

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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 a 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 Three:

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 Four:

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: ____

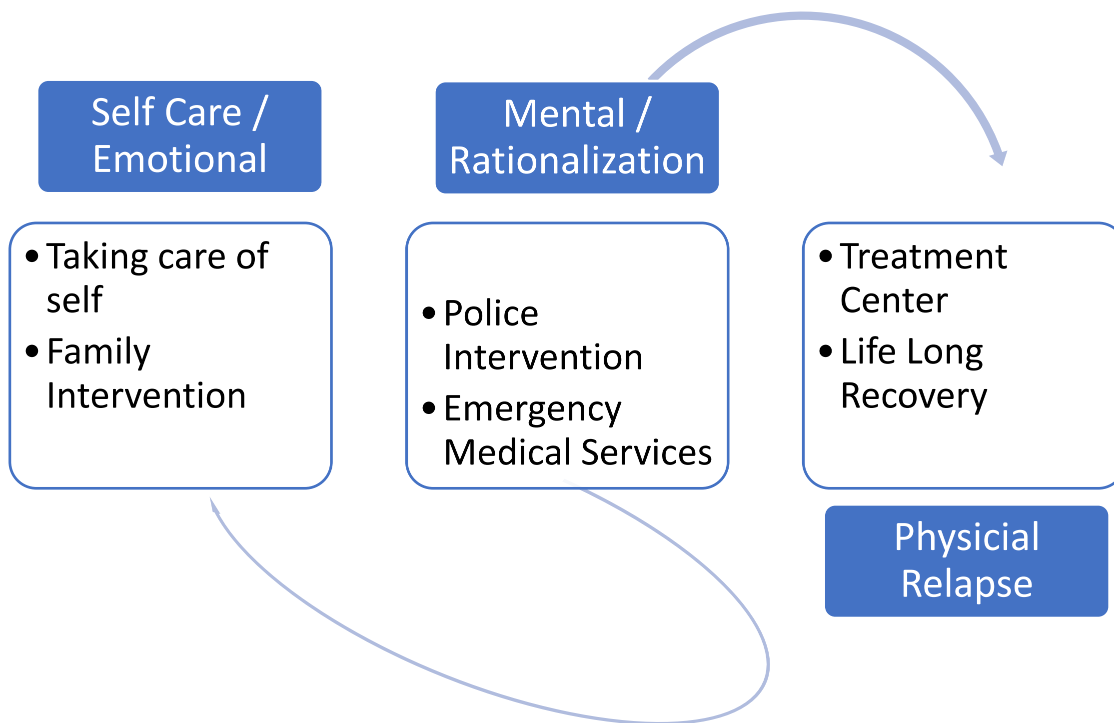
They want to use – Some emotional trigger has set off uncontrollable alcohol/drug cravings, and in the face of such an overwhelming compulsion, the rational arguments for abstinence don't seem to matter.
Q: What can the family do: ____

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 Five:

Apply the F.T.R. Model for Each Issue Worksheet

VI. **Define the Issue?**

- ❖ Clearly State what happened or will happen.

____
____
____

- ❖ Identify who is involved or should be involved.

____
____
____

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

____
____
____

VII. **How does the issue impact the family?**

- ❖ Who in the family?

____
____
____

- ❖ In what way?

____
____
____

- ❖ What is needed to move forward?

____
____
____

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

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

____
____
____

- ❖ Who needs to be involved?

____
____
____

- ❖ What will it look like when completed?

____
____
____

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

- ❖ How to search for an organization to help.

____
____
____

- ❖ What to ask from them?

____
____
____

- ❖ What to expect?

____
____
____

X. What should the family expect as their outcome?

- ❖ Timeline.

____
____
____

- ❖ The expenses/cost involved in this issue.

____
____
____

- ❖ Required changes to successful respond to this issue.

____
____
____

You are projecting in this exercise because the actual event has not occurred, updating this for each issue as it happens may be required.

PRACTICAL EXERCISE SIX: During Relapse, be ready to "Return to Treatment"

SUMMARY OF SERVICES AND PROGRAMS

Previous Providers, contact information	Services/Programs Provided	Duration of program	Outcome of Program	Un met needs	New Expectations

PRACTICAL EXERCISE THREE: After Relapse

FAMILY RESOURCE MAP

ISSUE	Services/Programs Provided	Title of Program	Point of Contact	Required Eligibility Criteria	Expectations

PRACTICAL EXERCISE FOUR: 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.

The Lion's Den

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.
THE 1:18:53 OF THIS VIDEO HAS NOT BEEN TAKEN FROM ANYONE'S SITE, PERIOD. THIS WAS EDITED FROM MY OWN PERSONAL COLLECTION.
To speak to an addiction professional please (888)381-6994
or visit us online at www.BeginningsTreatment.com

MASTER FAMILY PLAN OF ACTION FOR: "The Relapse"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

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.