

## **Relapse Prevention** *Taking The Mystery Out of Relapse*

### **Conference Workshop**

**Presented By Dr. Stephen F. Grinstead**

**Clinical Director for the Gorski-CENAPS® Corporation**

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### How To Benefit From The Workshop

1. Understand the CENAPS® Relapse Model  
Know the Principles & Practices
2. Integrate it into your personal/clinical style  
Make it habitual part of your routine practice
3. Adapt it to your program's needs Improve  
your program's quality & effectiveness
4. Individualize it for each client you see  
Make a difference in the lives of your clients

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1. If you stop addictive use for a while and then begin to use again, you relapsed.
2. Relapse develops over a progressive period of time & has early warning signs.
3. You are in recovery if you have stopped the alcohol and/or drug use.

4. Relapse occurs because addicts/alcoholics drop out of treatment or stop going to meetings.
5. Recovering people may not be totally aware of the warning signs of relapse.
6. Once recovering people are consciously aware of the warning signs of relapse, they can choose to take action to make the warning signs go away.

# Taking The Mystery Out Of Relapse

7. Relapse can be avoided by willpower and self-discipline alone.
8. People who relapse are not motivated to recover.
9. When people relapse it means that they haven't hit bottom yet and they need more pain.

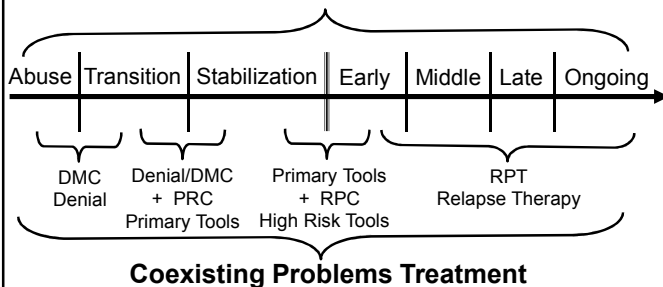
## You Have To Be In Recovery Before You Can Relapse

- Being in recovery requires...
- Understand addiction
  - Apply that understanding to self
  - Accept the painful feelings due to being addicted
  - Having hope & belief recovery is possible & preferable than the old way
  - Doing the B.P.S.S. recovery footwork needed
  - Be abstinent — 60 to 90 days

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## Gorski-CENAPS® Developmental Model Of Recovery

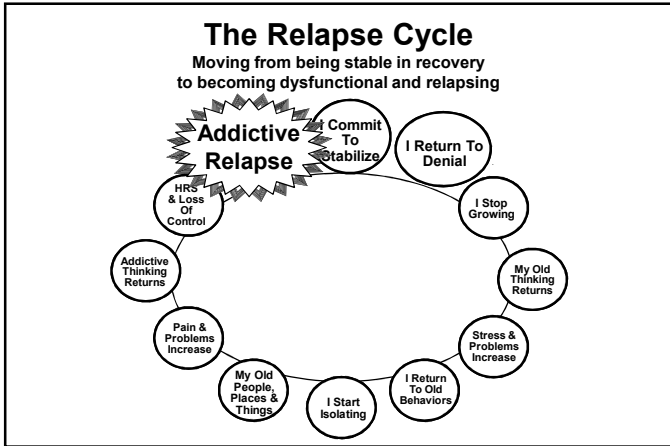
### Assessment: Identifying Problems



## Tools For Moving Into Early Recovery

- Moving from stabilization to early recovery requires...
  - Identifying and managing stress
  - Normalizing and managing cravings
  - Identifying & managing Post Acute Withdrawal
  - Identifying and managing high risk situations
    - Also known as Relapse Justifications

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**Managing Stuck Points In Recovery**

Relapse Prone	Recovery Prone
Evade/Deny	Recognize
Stress Builds	Accept It's OK
Compulsive/Impulsive	Detach
Avoidance Tactics	Ask For Help
Problems Multiply	Respond w/ Action
Evade/Deny	

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**Three Paths From Remission To Relapse**

- Relapse triggered by exposure to addictive/rewarding drugs
- Relapse triggered by exposure to conditioned cues from the environment
- Relapse triggered by exposure to stressful experiences involves brain stress circuits
- The anatomy and the physiology in these three modes of relapse have been delineated through extensive neuroscience research.

Source: American Society of Addiction Medicine, 2011 <http://www.asam.org>

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**Post Acute Withdrawal (PAW)**

**A Withdrawal Symptom That Is...**

- Often Sub-Clinical (not easy to see)
- Long-term (18 months to 3 years)
- Previously Unidentified
- Causes Dysfunction In Recovery

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	<b>Symptoms Of PAW</b>
	<p><b>People Have Difficulty With ...</b></p> <ul style="list-style-type: none"> <li>■ Thinking Clearly</li> <li>■ Managing Feelings &amp; Emotions</li> <li>■ Remembering Things</li> <li>■ Sleeping Restfully</li> <li>■ Physical Coordination</li> <li>■ Managing Stress</li> </ul>
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	<b>Relapse Prevention ...</b>
	<ol style="list-style-type: none"> <li>1. Counseling (RPC) Identifying and Managing High Risk Situations That Cause Craving</li> <li>2. Therapy (RPT) Identifying and Managing Early Relapse Warning Signs That Lead To High Risk Situations</li> <li>3. Addiction Psychotherapy Identifying and Managing Core Personality Traits &amp; Lifestyle Problems That Cause Early Relapse Warning Signs</li> </ol>
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	<b>Relapse Prevention Workbooks</b>
	
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## Relapse Prevention Therapy (RPT)

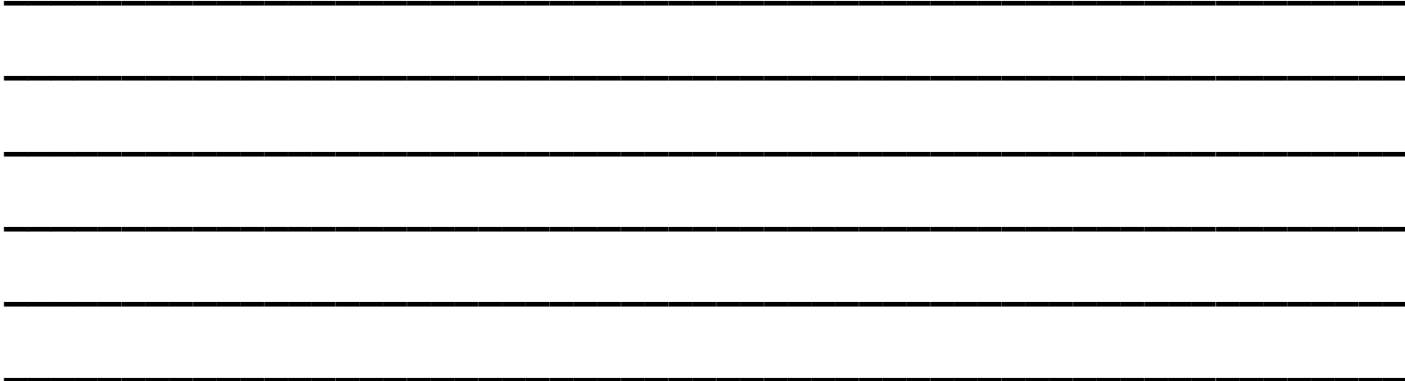
Identifies And Changes Core ...  
- Personality Factors  
- Lifestyle Factors  
... That Lead To A/D Use

**Relapse Prevention Counseling (RPC)**  
*Stabilizes Clients For*  
**Relapse Prevention Therapy (RPT)**  
*Stabilizes Clients For*  
**Addiction Psychotherapy**

## Relapse Prevention Counseling

1. Time Limited Abstinence Contract
2. Relapse Intervention Plan
3. High Risk Situation (HRS) Identification
4. HRS Situations Mapping
5. HRS Management
6. HRS Decision Point Management
7. Recovery Planning For Future HRS

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## Web Site & Contact Resources

[www.freedomfromsufferingnow.com](http://www.freedomfromsufferingnow.com)  
[www.cenaps.com](http://www.cenaps.com)  
[www.terrygorski.com](http://www.terrygorski.com)  
[www.addiction-free.com](http://www.addiction-free.com)  
[www.relapse.org](http://www.relapse.org)

Dr. Grinstead's Contact Information  
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Phone: (916) 575-9961



## Teaming Up To Build A Relapse Prevention Plan



## Goals Of Relapse Prevention Counseling

- Get An Abstinence Contract
- Develop A Relapse Intervention Plan
- Identify High Risk Situations
- Map High Risk Situations
- Manage High Risk Situations
- Manage Problematic Decision Points
- Develop A Recovery Plan

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## Relapse Intervention Planning

- Goal in developing an effective plan . . .
  - To stop alcohol or other drug use quickly should it occur.
  - To stop a relapse process before it ends up in alcohol or other drug use.

## Planning To Stop Relapse Quickly

- Your plan to stop relapse
  - What will you do if you start to use A/D and want to stop before having serious consequences?
- The helper's plan to stop relapse
  - What is the helper supposed to do if you relapse?
- Involving **appropriate** significant others
  - Identify 3 appropriate significant others who you know will support your sobriety.
  - "What are they supposed to do if you start using alcohol or other drugs?"

## Some Things You Can Do To Stop A Relapse Quickly

- Recognize that you started using AOD's.
- Acknowledge that alcohol & drug use can lead to serious consequences.
- Stop using immediately.
- Get out of the situation that supports use.
- Immediately call for help & get into a sobriety supportive environment.

	<b>Intervention Letter Template</b>
	<p>Dear _____, If you see me in trouble with my recovery or actually using AOD or addictive behaviors I want you to do the following:</p> <ol style="list-style-type: none"> <li>1. X</li> <li>2. Y</li> <li>3. Z</li> <li>4. Show me a copy of this letter</li> </ol> <p>Signature: _____ Date: _____</p>

	<b>Please Develop Your Initial R.I.P. Plan</b>
	<ul style="list-style-type: none"> <li>■ What I promise to do if I'm in trouble is: _____</li> <li>■ What my sponsor/coach/counselor can do is: _____</li> <li>■ Three appropriate people on my team: _____ _____ _____</li> </ul>

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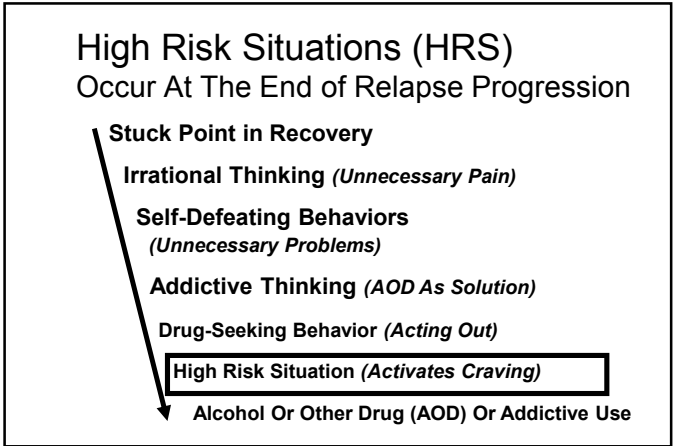


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	<b>What Are High Risk Situations?</b>
	<ol style="list-style-type: none"> <li>1. Any Experience (i.e. something that happens)</li> <li>2. That Activates the Urge To Use Alcohol or Drugs</li> <li>3. After Making A Commitment Not To</li> <li>4. High Risk Situations Activate Craving By ...             <ol style="list-style-type: none"> <li>A. Removing Recovery Support (Replacing Sober Reality Testing With Addictive Reality Testing)</li> <li>B. Creating Social Pressure to Use (AODs)</li> <li>C. Exposing To Addictive Substances (Witness Use; Accidental, Deceptive, or Medical Use)</li> </ol> </li> </ol> <p><small>Copyright, Gorski-CENAPS® Corporation, 2014, 1982</small></p>




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## Each HRS Is Composed Of ...

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Internal Factors</li> <li>Biological States</li> <li>Beliefs</li> <li>Perceptions</li> <li>Thoughts</li> <li>Feelings</li> <li>Urges</li> <li>Actions</li> </ol> | <ol style="list-style-type: none"> <li>2. External Factors</li> <li>People</li> <li>Places</li> <li>Things</li> <li>Situations</li> <li>Grave Illness</li> <li>Death &amp; Loss</li> <li>Homelessness</li> <li>Joblessness</li> <li>Poverty</li> </ol> |
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## Common High Risk Situations

1. People, Places, & Things That Center Around Alcohol Or Other Drug (AOD) Or Addictive Use
2. Cues or Triggers Related To Past Addictive Use That Activate Craving (Movies, Songs)
3. Problems, Losses, Traumas in Recovery
4. Anything That Causes Personal Survival Threat By Challenging Survival Beliefs (I must/ Can't Or Else I Will Die!)

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## Identifying & Managing HRS

1. Identify The High Risk Situation  
Are There Any Situations That Could Make You Want To Use AOD's Or Addictive Behaviors In Spite of Your Commitment Not To?
2. Describe It (Write A Description)  
Tell Me What Happened or Could Happen?
3. Label It (Give It A Title)  
Let's Name The Situation With A Word Or Short Phrase To Help Us Remember & Talk About It.

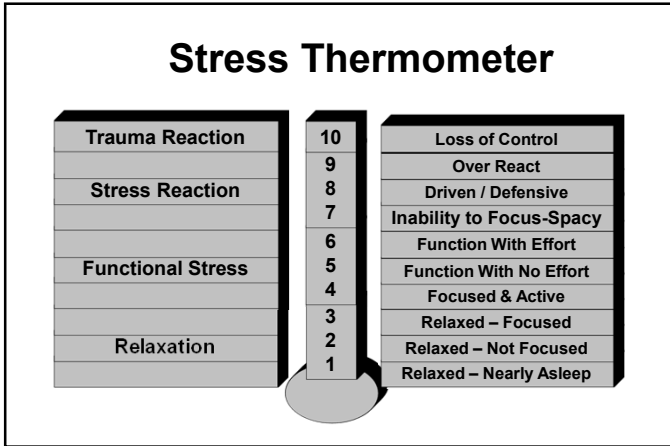
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## Relaxation Response Training

- Understanding the Stress Thermometer
- Integrate thermometer to life experiences
- Keep stress below level 7 at all times
- Set up mutual time out signal
- Teach immediate relaxation response

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- ### Relaxation Response Methods
- Muscle stretching, tensing, relaxing
  - Deep breathing
  - Guided imagery
  - Hypnotic language
    - Count backwards From 10
  - Identify focal points for relaxation
    - Relax jaw or notice warmth in fingers
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- ### Mapping High Risk Situations
- What situations should be mapped?
    - Immediate future high risk situation
    - Past high risk situations that are similar to the identified HRS
    - One that ended in inappropriate use.
    - One that was managed without using.
    - One that could happen in the near future.
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- ### How To Create A Situation Map
- Describe the exact sequence of events & behaviors.
    - Visualize it – See it in your mind
  - Clarify all aspects of the situation.
    - Who? What? When? Where? Why? How?
  - What did you want to accomplish?
    - Getting into bad situations for good reasons
  - Did you get what you wanted?
    - What did it cost you?
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## Clarifying The Big Picture

- What did you want to accomplish by managing the situation the way you did?
- Did you get what you wanted?
  - Yes or No. To what degree? (0 – 10)
- What was the price you paid?
- What could you do differently to get those needs met in a healthy way?

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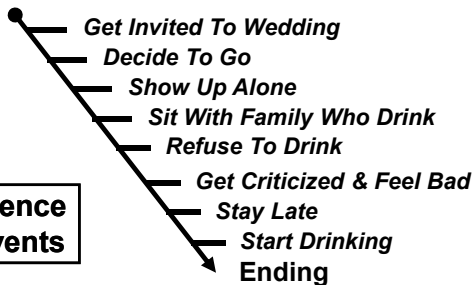
## Testing The High Risk Situation

- It occurs at a specific time.
- It has a beginning, middle & end.
- It is time limited (usually 24 hours or less).
- It involves specific people, places or things.
- It activates craving or addictive use.

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### Example #1: Wedding Situation Map

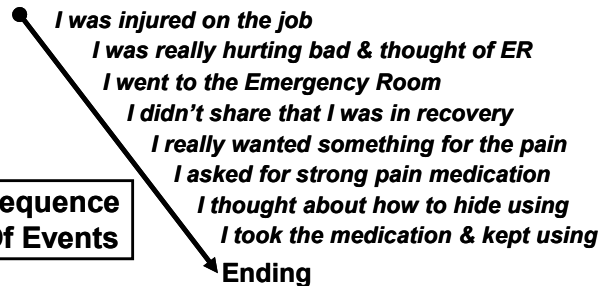
**Beginning**



**Sequence  
Of Events**

### Example #2: The Injury

**Beginning**



**Sequence  
Of Events**

## Situation Management

1. Identify 3 Decision Points Where More Effective Strategies Could Be Used
  - Near The Beginning
  - Near The Middle
  - Near The End
2. What Can You Do Differently At Each Decision Point
3. How Will That New Behavior Change The Outcome (Best? Worst? Most Likely?)

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## Situation Management

4. Explore How To Responsibly Avoid The Situation.
5. Explore How To Stop Addictive Use Quickly Should It Occur As A Result Of The Situation

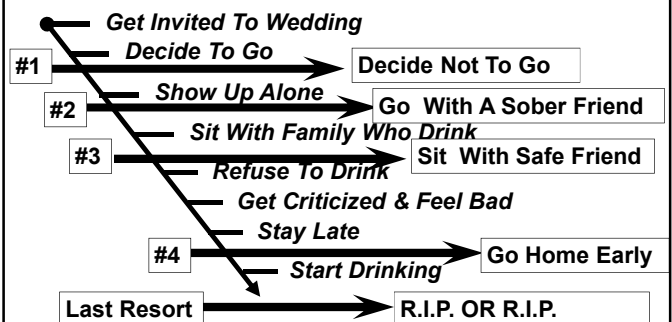
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## Situation Management Summary of The Components

- How Can You ...
  - Avoid The Situation?
  - Change Something Near The Beginning?
  - Change Something Near The Middle?
  - Change Something Near The End?
  - Stop Addictive Use Quickly Should It Occur?

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## Managing High Risk Situations





- TFUARs That Promote Addictive Use At Each Decision Point**
- Thoughts → That Support Addictive Use
  - Feelings → Deprivation Anxiety (F.E.A.R.)
  - Urges → Craving That Make You Want To Use In Spite of the Negative Consequences
  - Actions → Drug Seeking Behaviors That Lead You Closer To Addictive Use
  - Reactions → Social & Situational Responses To Addiction Seeking Behavior That Support Your Movement Toward Your Addictive Use
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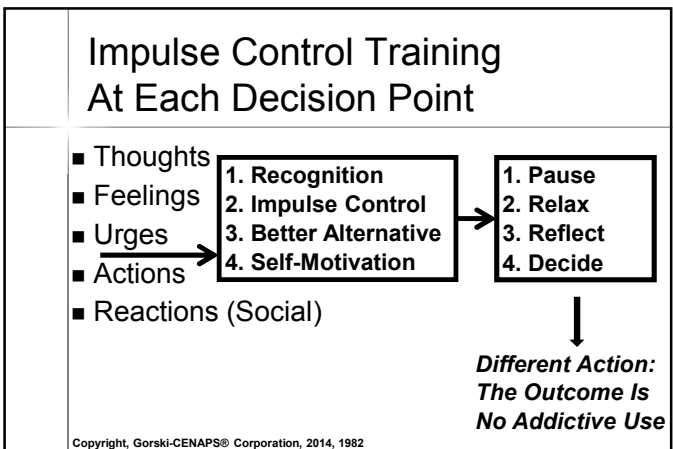
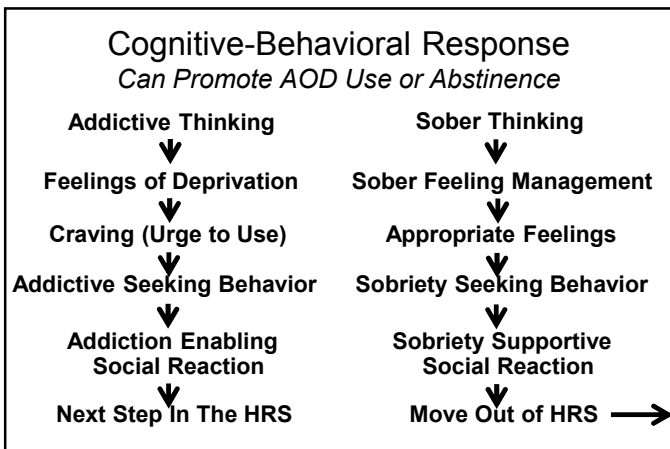
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## Making Sober Decisions

- **Pause** and notice the urge without doing anything about it;
- **Relax** by taking a deep breath, slowly exhaling, and consciously imagining the stress draining from your body;
- **Reflect** upon what you are experiencing by asking yourself: “What do I have an urge to do? What has happened when I have done similar things in the past? What is likely to happen if I do that now?”; and then...

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## Making Sober Decisions

- **Decide** what you are going to do about the urge. Make a conscious choice instead of acting out in an automatic an unconscious way.
- **Do It!** When making the choice about what you are going to do, remind yourself that you will be responsible for both the action and its consequences.

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## Challenging Addictive Beliefs

### Addictive Beliefs

1. AOD's Are Safe & I'll Never Get Addicted
2. Using AOD's Is Good For Me
3. It's OK To Use AOD's Regularly, Heavily, And Abusively

### Sober Challenges

1. AOD's Are Not Safe, It's Best Not To Use
2. Using AOD's Can Be Bad For Me Even If It Feels Good
3. It's Not OK To Use AOD's Regularly, Heavily, And Abusively

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## Challenging Addictive Beliefs

### Addictive Beliefs

4. Using AOD's Makes Life Worth Living
5. It's Good To Center My Life Around AOD's
6. I Must Use AOD's To Have A Good Life

### Sober Challenges

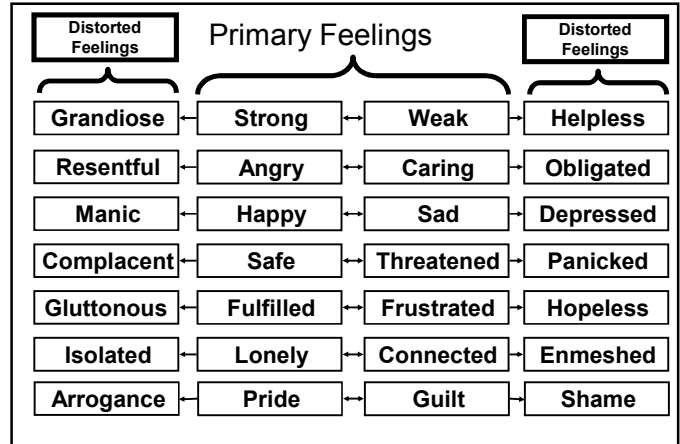
4. Pursuing Higher Values Makes Life Worth Living, AOD's Can Detract
5. Life Is Best When It Is Centered Around A Higher Purpose
6. I Can Have A Good Life Without Using AOD's

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## Challenging Addictive Beliefs

Addictive Beliefs	Sober Challenges
7. I Need AOD's To Survive & Thrive	7. I Can Survive & Thrive Without AOD's
8. People Who Support My Use Are Friends	8. People Who Support My Higher Values Are Friends

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## Decision Point #1: Decide Not To Go Addictive Thought Management

Addictive Thinking	Sober Thinking
1. I have to go or my family will hate me!	1. My family loves me & wants me sober so they'll Understand.
2. I should be able to go without wanting to drink!	2. At this stage of my recovery its normal to have cravings around people who are drinking.
3. If I do have a drink or two it won't be that bad.	3. Once I start, I'm not sure I'll be able to stop before I have serious problems.

## Decision Point #1: Decide Not To Go Addictive Feeling Management

Unmanageable Feeling	New Management Strategy
1. Feeling: Fear	1. Feeling: Fear.
2. Activating Thought: My Family Will Hate Me!	2. New Thought: My Family will understand & support my decision.
3. Activating Behavior: Always Having To Do What My Family Wants	3. New Behavior: Respectfully refusing to do what's expected & negotiate acceptable alternatives.

# Taking The Mystery Out Of Relapse

## Decision Point #1: Decide Not To Go Addictive Behavior Management

<b>Old Behavior</b> 1. Doing what I'm told, pretending to like it, feeling angry inside	<b>New Behavior</b> 1. Refusing to do what I'm told. 2. Honestly telling people why 3. Negotiating new alternatives for meetings the needs of all involved, including me.
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## Decision Point #1: Decide Not To Go Managing Addictive Social Reactions

<b>Old Social Reactions</b> 1. I trained people to ignore my feelings & not take me seriously <ul style="list-style-type: none"> <li>• Not stand up for myself</li> <li>• Not expecting people to take me seriously</li> <li>• Being silent when I didn't get it</li> </ul>	<b>New Social Reactions</b> 1. Insist that others take me seriously by ... <ul style="list-style-type: none"> <li>• Standing up for myself</li> <li>• Expecting others to take me seriously</li> <li>• Telling them how I feel &amp; asking them to change</li> </ul>
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## Decision Point Management Questions

### What Are The Lessons Learned ...

1. What's The Most Important Thing You Learned From This Situation Mapping?
2. What Other High Risk Situations Are You Facing?
3. How Can You Apply What You Learned To These Other Situations?

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## TFUAR Management Keep It Simple

Problem	Solution
Thinking	—————→
Feeling	—————→
Urges	—————→
Actions	—————→
Reactions (Social)	—————→ R.I.P. or R.I.P.

## One Day At A Time

My Favorite Sanskrit Proverb

Today well lived makes every yesterday  
a dream of happiness and  
every tomorrow a vision of hope

## Web Site & Contact Resources

[www.freedomfromsufferingnow.com](http://www.freedomfromsufferingnow.com)

[www.cenaps.com](http://www.cenaps.com)

[www.terrygorski.com](http://www.terrygorski.com)

[www.addiction-free.com](http://www.addiction-free.com)

[www.relapse.org](http://www.relapse.org)

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