## Subject Eight:
### Subject Review & Training/Teaching Guide

## Coping with Crisis, Preventing Relapse, and Maintaining Recovery

Subject Review Developed By:
Rhonda McKillip, LLC
Text: THE BASICS, Second Edition:
A Curriculum for Co-Occurring Psychiatric and Substance Disorders
 rhondamckillipandthebasics.com; Review Revision May 2021
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Foreword: Kenneth Minkoff, MD

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### *Purpose of the Subject Review & Teaching Guide*

1. Cross-train staff on Co-Occurring Psychiatric and Substance Disorders using *THE BASICS, Second Edition* as the text. Training, study, or review by treatment providers of the curriculum/subjects in *THE BASICS, Second Edition* either individually or by the entire staff.
2. Provide discussion and teaching format for Universities and Colleges using *THE BASICS* as their course work text.
3. Assist professionals in Subject Review for Credentialing Exams offered by the International Certification & Reciprocity Consortium (IC&RC) and other national boards.

❖ **NOT**: These PowerPoint presentations are **NOT** the officially endorsed "Study Guides" for the IC&RC and other National Exams recommending *THE BASICS, Second Edition* as material to be studied for their exams. *THE BASICS, Second Edition – the two volume set* – **IS** the recommended Study Guide for the credentialing exams. These Subject Reviews are overviews that I created to give professionals a way of reviewing subject material or training presentations *on THE BASICS*. These are not sufficient or intended to be the sole credentialing preparation for any credentialing, CEU, or licensing exams as they are only an overview.



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### *Bibliographies/References/Resources*

- *THE BASICS, Second Edition* is supported by thousands of professional research studies, references, and resources…over 1,600 of these are listed in the curriculum.
- In each of the eight subjects and six appendices there are sources/references listed within the subject text itself.
- At the end of each of the eight subjects and six appendices you will find extensive bibliographies of the references and resources.
- An enormous gratitude is extended to the treatment participants who – while being taught the psychoeducation in this curriculum – commented and shared what was helpful. They contributed through their responses (without knowing I had written the curriculum) what I needed to add, eliminate, or explain differently.
- Much appreciation to the thousands of professionals who contributed to the psychoeducation found in *THE BASICS, Second Edition* through their trainings, research studies, books, mentoring, collegial support, and sharing their vast experience and knowledge with me.

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### Putting Evidence Based Practice (EBP) into Action

1. ***PURPOSE**: THE BASICS eliminates the "gap" between the system and the professionals providing the services; between the evidence based practices and the person seeking services. THE BASICS is a compendium of materials designed to help clinicians teach the evidence based practice skills to persons with co-occurring disorders. It is designed to ensure the continuity of care.*
2. ***EBP:** Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptoms Management; Best Practices Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and much more…*

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### *Scope of the SUBJECT REVIEWS & DSM-5 UPDATE INFO*

1. The Subject Reviews for each of the eight subjects in *THE BASICS, Second Edition* is meant to provide bullets of the curriculum content and examples.
2. It is *not*, of course, intended to present the entire curriculum in this PowerPoint format.
3. Please refer to the actual curriculum for the complete list of the examples, explanations, and psychoeducation on all the topics in these Subject Reviews.
4. Also please take a look at the *LESSON PLANS* located on my website for detailed group lesson plans to put the curriculum into action.
5. *THE BASICS* was never written with the intention of making a diagnosis either by professionals or treatment participants. It was purposely written without sufficient information available to make a diagnosis possible. There are other forms, evaluations, and specifically trained professionals to make diagnoses.
6. Yet symptom identification and discussion is extremely important.
7. During the printing of *THE BASICS, Second Edition* the format of the *Diagnostic and statistical manual of mental disorders*, originally published by the American Psychiatric Association in1952, was the DSM-IV-TR, 2000.
8. So this was my dilemma as the author of the curriculum…

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9. Do I publish a *Third Edition* for the sole purpose of updating the limited amount of diagnostic criteria to align with the DSM-5? Or do I find a way to update the material that would be available at no cost on my website?
10. I chose the latter…no additional cost to current owners and purchasers.
11. The limited references to the DSM on the symptoms of psychiatric disorders are primarily located in *Subject Two: Psychiatric Disorders Within A Co-Occurring Diagnosis*. This subject, of course, does not cover all of the psychiatric disorders. It includes only the ones typically found among co-occurring psychiatric and substance use orders like Depression, Anxiety, Mood Disorders, Thought Disorders, Personality Disorders, etc.
12. The limited references to the DSM on Substance Disorders are located in *Subject Three, Substance Disorders Within a Co-Occurring Diagnosis*.
13. The updates from the DSM-IV-TR to the DSM-5 (American Psychiatric Association, 2013) are located in Subject Two & Subject Three of these Reviews.
14. You will find extensive lists of symptoms from other sources on Psychiatric Disorders in APPENDIX II and Substance Disorders in APPENDIX III.
15. These Appendices are worded in everyday language and are by far the very best way for individuals to understand their symptoms or identify those they may wish to discuss further with their group or individual counselor.

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**SUBJECT EIGHT** Coping with Crisis, Preventing Relapse, and Maintaining Recovery

### Overview of Topics

**Coping with Crisis** ("Crisis Making" Process; Unmanaged Crisis; Physical Response to a Crisis; Response Grid; Coping with Crisis) · **Suicide Prevention · Survival Tips for the Suicidal · Challenges & Solutions· Basics About Relapse Prevention · Fear of Relapse· Relapse or Recurrence of Symptoms· "Process" of Relapse · Substance Disorder Relapse Warning Signs · Psychiatric Disorder Recurrence of Symptoms Warning Signs** (Schizophrenia; Bipolar Disorder; Manic Episode; Depressive Episode; Anxiety Disorder) · **Culture, Family, Gender, & Relapse· Specific Triggers & Interventions · Coping with Relapse · Relapse Prevention Plan · Maintaining Recovery · Goals & Decisions · Problem Solving Skills · Conflict Management · Vocation & Employment Skills · Money & Time Management · Domestic Violence · Childhood Sexual Abuse · Moving from "Victim" to "Survivor"…more**

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**Subject Eight Presentation Guide**
**Coping with Crisis, Preventing Relapse, and Maintaining Recovery**
**Presentation Subject Guide Example Located at the Beginning of Each Subject**

| PRESENTATION GUIDE SEGMENTS | | | |
|---|---|---|---|
| A | *Prepare* | Professionals | Goal, Objectives, and Methods |
| | | | Subject Sections |
| | | | Appendices |
| | | | Handouts |
| | | Group | Beginning: Reading, Phrase, or Relaxation |
| | | | Introductions |
| | | | Overview of Format & Subject |
| B | *Present* | Subject Material | Time Frames Separate Sections |
| | | | Sections of Subject |
| | | Appendices | Appendices Related to Specific Subject |
| C | *Practice* | Handouts | Subject Handouts & Discussion |
| | | Group Closure | Group Closure & Support |

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## Subject Eight Goal and Objectives

**Goal:**
Explore skills and techniques to cope with crisis, prevent relapse, and maintain recovery.

**Objectives:**
1. Identify the components of a crisis and ways to cope with a crisis.
2. Identify triggers to relapse, outline specific coping strategies, and develop a relapse prevention plan.
3. Identify specific areas, such as time management where learning skills will help achieve the overall goal of maintaining recovery, as well as addressing any areas, such as violence or sexual abuse, that need too be worked through in the ongoing recovery process.

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## Today's Subject and Why It's Important

*Information abounds. Information captured and personalized becomes knowledge* (Personal conversation with Ken Hickey, March 23, 2001)

With time, recovery becomes a gift of a new life. A gift that must be *protected* and *maintained* or quite frankly it will be lost. Just as a residence or a garden requires upkeep, so does a sound recovery program. Protecting recovery involves coping with crisis, preventing relapse, and maintaining recovery, each involving specific skills. The goal of this subject is to cover the basics in these three areas.

First, coping with crisis includes identifying the crisis response and developing ways to cope with times of crisis whenever they arise. Preventing relapse includes exploring triggers that put you at risk of a recurrence of symptoms or a relapse and developing a personal plan to cope with these specific situations. Maintaining recovery involves developing specific skills, such as time management, that will help you maintain recovery. From THE BASICS, Second Edition, Page Subject 8-1

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## Coping with Crisis

### "Crisis Making" Process

1. Perception
2. Cognitions
3. Emotions
4. Personality
5. Behaviors

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## Unmanaged Crisis

- When crisis goes unmanaged, it damages the body through repeatedly activating pituitary and adrenal glands.
- The body goes through three stages of the general adaptation syndrome in its efforts to adapt or adjust to a state of constant unmanaged crisis.

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## Stage I: Alarm Reaction

1. As a result of perceived crisis or shock from a severe physical or emotional trauma, the body sounds the alarm system.
2. Like a smoke detector that is set off all senses are put on alert until the danger is over.
3. Two Phases of Alarm Reaction:
   a. Shock Phase: rapid pulse rate, decreased temperature, and increased blood pressure…
   b. Counter Phase: rebound reaction in which the adrenal cortex becomes enlarged.

(refer to THE BASICS for additional information on this topic)

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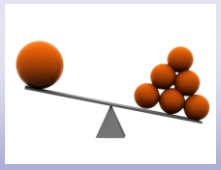
## Stage II: Resistance

1. Body struggles to overcome and *adapt* to the stress or crisis as it tries to revert back to a state of balance.
2. Complete balance is never reached because the perception of a threat still exists.



(refer to THE BASICS for additional information on this topic)

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## Stage III: Exhaustion

1. Continually trying to adapt will eventually cause loss of energy.
2. The systems of the body crash and the immune system is affected as illness sets in.
3. The body breaks down.

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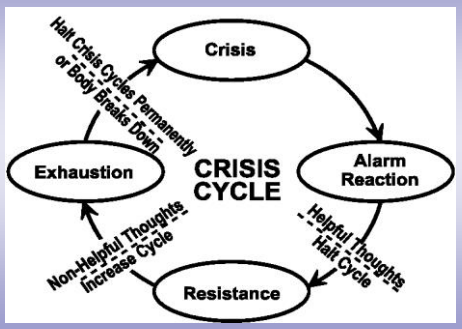
## Crisis Cycle

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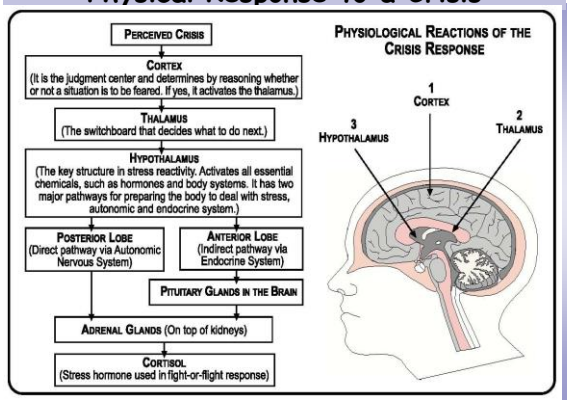
## Physical Response to a Crisis

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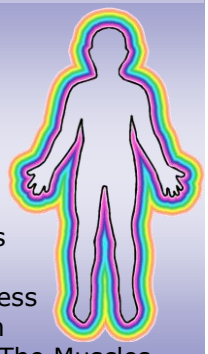
## Crisis Response = Physical Changes



1. Dryness of the Mouth
2. Sweating
3. Heart Rate Increase
4. Urinary Changes
5. Decreased Blood Flow to the Heart, Lungs, and Brain
6. Oxygen Depletion Affects Ability to Think Straight
7. Increased Release of Stress Hormones in The System
8. Increased Blood Flow to The Muscles

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## Crisis Response Grid


**CRISIS *RESPONSE* GRID**

| FOCUS | PHYSIOLOGICAL | COGNITIVE/THINKING/PERCEPTION | BEHAVIORS |
|---|---|---|---|
| **PROBLEM FOCUS**<br>Examples:<br>Car Problems<br>Money Problems<br>Housing Problems | **Anxiety, Fear, Nerves**<br>(Racing Heart;<br>Sweaty Palms; Agitation;<br>Anger) | **Self-Defeating Thoughts**<br>"I'm stupid."<br>"I always screw up."<br>"It's never going to get better." | **Self-Defeating Behaviors**<br>Get drunk.<br>Attempt suicide.<br>Binge and purge.<br>Cut or self-mutilate. |
| **EMOTIONAL FOCUS**<br>Examples:<br>Relationship<br>Not Achieving Goals | Same as above. | "I'm responsible for all the bad things."<br>"I make my friends angry."<br>"Everyone hates me."<br>"I'm no good." | **Self-Defeating Behaviors**<br>Let down boundaries.<br>Self-blame.<br>Self-abuse. |

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## Coping With Crisis – Hardiness Factors

1. Internal locus of control.
2. Strong commitment of self and a sense of meaningfulness.
3. Enthusiastic, energetic, and optimistic view of life.
4. Ability to be decisive in taking action.

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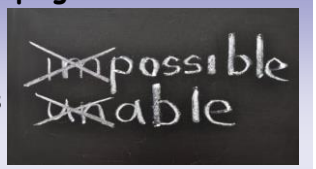
## Crisis Coping Skills




- Label your self-defeating or helpful thoughts behaviors.
- Observe and rehearse new, more appropriate self-statements.
- Reinforce and support yourself.
- Make use of systematic problem solving.

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**Crisis *Coping* Grid continued**


**CRISIS *COPING* GRID**

| FOCUS | PHYSIOLOGICAL | COGNITIVE/THINKING/PERCEPTION | BEHAVIORS |
|---|---|---|---|
| **PROBLEM FOCUS**<br>Same as in Crisis Response Grid<br>(Examples:<br>Money Problems<br>Housing Problems) | **The Same as in the Crisis Response Grid**<br>**Anxiety, Fear, Nerves**<br>(Racing Heart; Sweaty Palms; Agitation; Anger) | **Perception Checks**<br>"What are my options?"<br>"What resources can I utilize?"<br>**Thought Stopping**<br>"I will succeed if I try."<br>"I am in control." | **Problem Solving Behaviors**<br>Assert self.<br>Solicit help.<br>Utilize resources. |

**CRISIS *COPING* GRID**

| FOCUS | PHYSIOLOGICAL | COGNITIVE/THINKING/PERCEPTION | BEHAVIORS |
|---|---|---|---|
| **EMOTIONAL FOCUS**<br>Same as in Crisis Response Grid<br>(Examples: Relationship<br>Not Achieving Goals) | Still the same as above. | **Challenge Negative Thoughts**<br>Don't expect to change others.<br>Evaluate expectations.<br>Establish your needs.<br>Use "I" statements. | **Problem Solving Behaviors**<br>Confront old behaviors.<br>Use recreation.<br>Learn to enjoy time outs.<br>Socialize with others. |

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## Self-Instruction to Cope With a Crisis

1. Before the feared event…
2. Just before the event…
3. During the event…
4. Right after the event…


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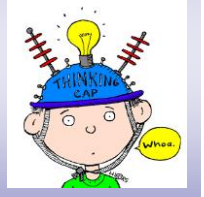
## Evaluating Crisis and Coping Skills

1. Cognitive/Thinking Distortions
2. Perception of the Event
3. Emotional Response
4. Coping Strategies
5. Behavioral Response

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## Suicide Prevention

### Survival Tips For the Suicidal

| Challenge | | Solution |
|---|---|---|
| Thinking about suicide is an exercise in problem solving. When people are overwhelmed by problems they believe cannot be solved, thinking of suicide is like looking for an exit, a way to escape those problems. | 1 → | If and when thoughts of suicide enter your mind, accept the fact that you have more problems than solutions, and that you need a little help from friends, family, or your therapist. So talk to them, tell them what's wrong, and get a little help until solutions are found. |

| Challenge | | Solution |
|---|---|---|
| When psychological pain and suffering become intolerable, thoughts of suicide and the relief death promises may appear. In fact, no one dies by suicide who is feeling good, calm, happy, and in control. | 2 → | When psychological pain feels unendurable and a drink, drug, or death seem the surest way to stop the suffering, you need a guide not a gun, and a pal not a pint. Your therapist, case manager, and doctor cannot help you through a rough time if they don't know you're in pain, so you must tell them. |

Written by: Dr. Paul G. Quinnett, 2003. Spokane, Washington; https://www.qprinstitute.com

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### Survival Tips For the Suicidal …continued

| Challenge | | Solution |
|---|---|---|
| There is no safety without sobriety. Many people only think about suicide when they are under the influence and, once sober, their thoughts of suicide disappear. Unfortunately, the majority of people who die by suicide in America are intoxicated at the time of death. Therefore, relapse prevention is suicide prevention. | 3 → | You can save your own life by staying clean and sober. You can save the life of a friend or parent or child by helping him or her stay sober. Even *if* in the past when you were drinking or abusing drugs and never experienced suicidal thoughts, feelings, or made a nonfatal attempt, any relapse is like inviting death in for another dance. So, work your program!   |

| Challenge | | Solution |
|---|---|---|
| The majority of people who die by suicide in America use a gun. The three most dangerous things in the world are: (1) alcohol on board, (2) a firearm, and (3) an upset person. | 4 → | If you own a gun or have one in your home, either lock it up, disable it, or get it out of the house. Out of the house is best. Houses need to be detoxified just like people and by getting rid of the whisky, gunpowder, and anger, many lives can be saved. |

Written by: Dr. Paul G. Quinnett, 2003. Spokane, Washington; https://www.qprinstitute.com

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### Survival Tips For the Suicidal …continued

| Challenges | | Solutions |
|---|---|---|
| More than 90% of people who die by suicide suffer from a brain disorder, and the majority of these are suffering from Depression. About one in five persons with Bipolar Disorder will die by suicide *if* they don't receive competent treatment. | 5 → | Understand that Depression, Alcoholism, and other brain disorders are potentially fatal illnesses and that, if you suffer from one or more of these, you must share in the responsibility to take good care of yourself and that includes taking good care of your brain. A good place to start is to follow medical advice and work with your counselor or therapist to obtain and maintain your recovery and optimal health. |

| Challenge | | Solution |
|---|---|---|
| Your therapist wants you to live! So do your family, friends, and the other people working with you in your recovery and treatment program. If you become suicidal, they want to help you! If they don't know, they can't help. | 6 → | If you experience thoughts of suicide, understand that such thoughts are common, not rare, and that we humans sometimes try to solve our problems by solving them all at once. What we don't realize is that when we do this, we create big problems for those we leave behind. So, understand that hope is a shared thing. You may be running low on hope, but please understand that those around you are not. They've got hope to spare, so just ask to borrow a cupful until you get through the crisis. |

Written by: Dr. Paul G. Quinnett, 2003. Spokane, Washington; https://www.qprinstitute.com

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## The Basics About Relapse Prevention


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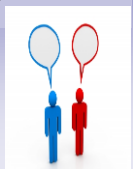
## Terms for "Setbacks" Used By Mental Health and Addiction Fields



Chemical Dependency Field: Setback or return of symptoms is more frequently called a "relapse."

Psychiatric Field: A return of symptoms is more frequently called a "recurrence of symptoms."

### Relapse Defined

Relapse of a Substance Disorder

Relapse of a Psychiatric Disorder

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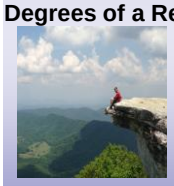
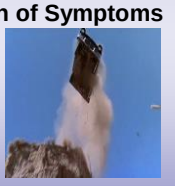
## Co-Occurring Disorders and Relapse

- The most common cause of relapse back to substance use or abuse is an untreated psychiatric disorder.
- The most common cause of a psychiatric relapse is the use of alcohol, marijuana, cocaine, or other substances.

**Degrees of a Relapse or The Return of Symptoms**





Concerns About Calling a Drink or a Drug a "Slip," Instead of a Relapse

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## Myths & Facts About Relapse

Myth: *Relapse is a part of the recovery process.*
Fact: It's part of the *disease* process.

Myth: Relapse is inevitable.
Fact: While some do experience one or more relapses before achieving continuous sobriety, it is also true that many never experience a relapse at all.

Myth: Relapse means failure.
Fact: It is a setback, yet also a great teacher.

(refer to The Basics curriculum for additional examples)

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## Fear in Recovery and Fear of Relapse

Motivation and Relapse or Setbacks

**Relapse or Recurrence of Symptoms and Chronic Illnesses**

Relapse Is a *Process*…Not an *Event*

**Changes Signal The Risk of Relapse**

| BEHAVIOR CHANGES | ATTITUDE CHANGES | THOUGHT CHANGES | CHANGES IN MOOD OR FEELINGS |
|---|---|---|---|

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## Percentages of Particular Relapses

| | SPECIFIC TRIGGER | % | EXAMPLES |
|---|---|---|---|
| 1 | NEGATIVE EMOTIONS | 35% | Primarily anger and frustration. This could be negative emotions, such as boredom, jealousy, depression, or anxiety. |
| 2 | SOCIAL PRESSURE | 20% | Being in a social situation where people are using or being directly encouraged to use by someone. |
| 3 | INTERPERSONAL CONFLICT | 16% | This can be a conflict with a parent, spouse, child, boss, or friend. |
| 4 | POSITIVE EMOTIONS | 12% | Something positive happens and the person wants to celebrate. This can be a promotion, wedding, birth of a child, or graduation. |
| 5 | TEST PERSONAL CONTROL | 5% | Using to find out if they can control the alcohol or drug again. |

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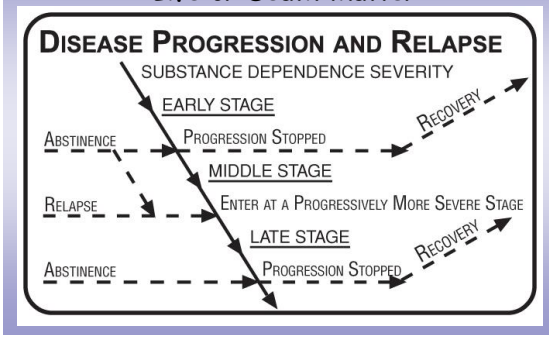
## Substance Disorder Relapse Can Be a Life or Death Matter

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## Psychiatric Disorder Relapse Can Be Extremely Serious

Psychiatric Disorder Progression and Relapse

**Why Do People "Go Back Out?"**


Causes of Relapse

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## Preventing a Recurrence of Symptoms

When did Noah build the Ark?
Before the flood! *Before* the flood!
(Universal Studios, Robert Redford, Spy Game, 2001)


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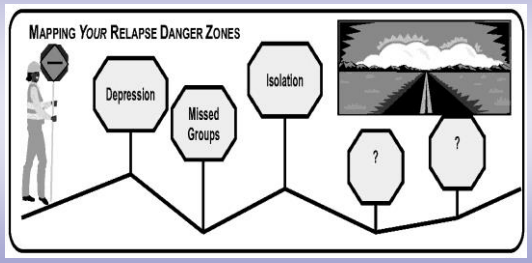
## Mapping the Danger Points

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## Identifying Substance Dependence Relapse Triggers

### Internal Triggers

Can come from different internal factors, such as feeling anxious, angry, or depressed. Triggers also come in the form of feelings, thoughts, or physical sensations.

### External Triggers

Include people, places, events, things, objects, rituals, or experiences that remind you and your brain or using or being high.

### State of Mind

Begins with a state of mind, which can either be thoughts or attitudes.

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## Signs of Slipping in Thoughts and Attitudes

| | |
|---|---|
| 1 | When I begin to dislike A.A. conversation and company... |
| 2 | When I deliberately stay away from meetings... |
| 3 | When I am beginning to take another person's inventory instead of my own... |
| 4 | When I'm more afraid of being known as an A.A. member than as a drunk... |
| 5 | When I begin to remember the good times I had drinking and overlook the bad ones… |
| 6 | When I condemn in others that which I tolerate in myself... |
| 7 | When I say I forgive, but I don't forget... |
| 8 | When I shrink from self examination... I'M SLIPPING. |

### Signs of Slipping With Favorite Bad Feelings

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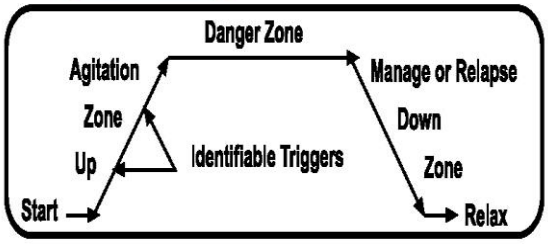
## Changes Can Be Warning Signs

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*Changes Can Be Warning Signals…continued*

| | | | |
|---|---|---|---|
| 1 | Changes in Structured Daily Activities | 8 | Changes in Personal Habits |
| 2 | Changes in Residence | 9 | Significant Losses or Any Major Life Event |
| 3 | Changes in Physical Health | 10 | Holidays or Vacations |
| 4 | Changes in Finances | 11 | Environmental Changes in Current Residence |
| 5 | Changes in Mental Health | 12 | Notable Personal Achievements |
| 6 | Changes in Family | 13 | Legal Problems |
| 7 | Changes in Relationships | 14 | Changes in Transportation Resources |

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## Not *All* Changes Are Relapse Risk Factors

### Persistent Psychiatric Symptoms *Are Not* a Relapse

Break through of persistent symptoms or mood swings may occur from time to time…even though the person is following their treatment plan.

### Strategies to Cope With Persistent Symptoms

1. Sleep Disturbances
2. Negative or Unpleasant Emotions
3. Positive or Pleasant Emotions

(refer to THE BASICS for additional information on these topics)

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## Identifying Substance Dependence Relapse Warning Signs


| Physical & Emotional Triggers | Attitudes | Thoughts | Actions Or Behaviors |
|---|---|---|---|
| Exhaustion Or Fatigue | Negative Attitude About Sobriety Or Life | Euphoric Recall Of Using Alcohol Or Other Drugs | Being Around People, Places, Or Things Associated With Drugs |
| Cravings To Use | Reactivation Of Denial | Distorted High Risk Thinking Patterns About Alcohol And Other Drug Use | Recovery Loses Its Number One Priority |
| Nervousness Or Jitteriness | Secret Thoughts And Plans To Use | Buildup Of Stress Caused By Either Negative Or Positive Life Events | Letting Up On Disciplines That Maintain And Protect Sobriety |
| Unpleasant Or Uncomfortable Emotion | Negative Attitudes About Others | Complacent Thinking Patterns | Unmanaged Stress |
| Forgetting Gratitude | Wanting Too Much | | Argumentative |
| Omnipotence Or Feeling Personally Powerful | Expecting Too Much From Others | | Risky Situations And Stress Increase Risk For Relapse |

(refer to THE BASICS for additional information on these topics)

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## Identifying Psychiatric Relapse Warning Signs Schizophrenia Relapse Triggers or Warning Signs of a Recurrence of Symptoms

| Physical Sensations | Cognitive/Thinking Symptoms | Behavioral Symptoms | Psychotic Symptoms |
|---|---|---|---|
| Changes In Sleeping Patterns Or Eating Habits | Flight Of Ideas | Letting Up On Disciplines | Positive Symptoms |
| Reduction In Attention To Grooming | Cognitive Distortions | Isolation | Delusions |
| Physical Sensations Or Difficulties | Suspiciousness | Reduced Functioning Ability | |
| Depressive Attitude | | Inappropriate Decisions Or Acting In Odd Or Peculiar Ways | |
| Emotions | | Self-Destructive Behaviors | |

(refer to THE BASICS for additional information on these topics)

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## Bipolar Disorder Relapse Triggers or Warning Signs of a Recurrence of Symptoms

| Attitude, Thought, Or Mood Changes | Behavioral Changes | |
|---|---|---|
| Negative Thinking | Neglecting To Maintain Emotional Or Psychiatric Recovery | Letting Up On Disciplines To Protect Recovery |
| Lowered Ability To Cope With Upsetting Emotions Or Feelings | Major Disruption To Routine Resulting In Marked Lack Of Sleep | Self-Destructive Or Self-Defeating Behaviors |
| Euphoric Recall | Severe Or Prolonged Stress | Lack Of Structure |
| Increased Thoughts About Drinking Or Drugging Again | Childbirth | Life Stressors |
| | Noncompliance With Treatment | Dishonesty |
| | Being Complacent Or Overly Confident With Recovery | Recovery Loses Priority |
| | | Self-Medicating |
| | | Relapse To Addiction |

(refer to THE BASICS for additional information on these topics)

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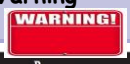
## Manic Episode Relapse Triggers or Warning Signs of a Recurrence of Symptoms




| Physical Sensations | Cognitive/Thinking Symptoms | Emotional Symptoms | Behavioral Symptoms |
|---|---|---|---|
| Feeling Full Of Energy | Cognitive Impairment | Depression | Markedly Increased Activity And Energetic Behavior |
| Intense Fatigue | Depressive Thinking And Emotions | Anxiety | |
| Sleep Disturbances | Flight Of Ideas | Anger | Excessive Involvement In Pleasurable Activities With High Potential For Painful Consequences |
| Speech Disturbances | Grandiose Thoughts Or Visions | Periods Of Abnormally And Persistently Elevated Mood | |

(refer to THE BASICS for additional information on these topics)

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## Depressive Episode Relapse Triggers or Warning Signs of a Return of Symptoms

| Physical Sensations | Emotional and Cognitive/ Thinking Symptoms | Behavioral Symptoms |
|---|---|---|
| Fatigue | Helplessness | Low Motivation |
| Sleep Disturbances | Hopelessness | Enjoying Activities Less Than Usual |
| | Depression | |
| | Excessive Fears | Decreased Efficiency |
| | Low Self-Esteem Or Self-Worth | |
| | Suicidal Thoughts | |

(refer to THE BASICS for additional information on these topics)

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## Anxiety Disorder Triggers or Warning Signs of a Recurrence of Symptoms

| Physical Symptoms | Emotional Symptoms |
|---|---|
| Changes In Appetite | Excessively Fearful |
| Restlessness | Anger |
| | Anxiety |


(refer to THE BASICS for additional information on these topics)

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## Culture, Family, Gender, and Relapse

Educating the Family About the Relapse Process

Relapse Prevention Means Engaging the Family in the Process

Don't Let Your Family Get To You

Asking Family and Other Supportive People For Feedback

Celebrating Recovery with Your Family

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## Women and Relapse

- Common thread connecting chemically dependent women in treatment – guilt and shame over "unladylike" actions while drinking or using drugs.

- Even when a woman manages to accept and deal with her addiction and forgive herself, she often runs into the problem of her family's *lack* of acceptance.

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## Lack of Support For Women Compared To Men

- In comparison to women, men are more likely to find that parents, spouses, girlfriends, friends, children, and employers forgive them once they show remorse.
- This is not generally the same for women.

### Relationship Challenges

- 9 out of 10 wives stay with the drinking husband.
- Only 1 in 10 husbands remain with the drinking wife.

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## Sexual Abuse and Relapse

Relapse Triggers Specific to Women

| | | | |
|---|---|---|---|
| 1 | Abortion | 4 | Children Taken Away |
| 2 | Miscarriage | 5 | Disliking Motherhood |
| 3 | Children Given Up | | |

### Relapse Prevention and Women

- When drinking most women will say they didn't even like or trust other women very much or at all.
- Yet, almost all female relapses occur when there is a weak, detrimental, or absent support system.
- However, as women build a strong support system among their "sisters" in recovery, they realize they share strong common bonds.

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## Specific Triggers and Interventions

**Avoiding Triggers Is An On-Going Process**

### Using Other Drugs

- Many people begin to think they can use other drugs that weren't the primary drug that caused them problems.
- Addiction is addiction and a drug is a drug.

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## Using Other Drugs continued


Other substances that can contribute to the risk for relapse include:

| | |
|---|---|
| Smoking Cigarettes | Taking Over-The Counter Medications Containing Alcohol |
| Drinking Non-Alcoholic Beverages | Prescribed Medications |

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**Specific Triggers and Interventions continued**

Coping with Holidays or Special Occasions

Handling Money

Nutrition and Relapse

Sex and Relapse

| Situational Triggers | | Sexual Triggers | | | |
|---|---|---|---|---|---|
| 1 | Bars | 1 | Sexual Desire or Arousal | 3 | Certain Sex Partners |
| 2 | Your Home | 2 | Sexual Thoughts or Fantasies | 4 | Prostitutes |

Over-Stimulation and Excitement

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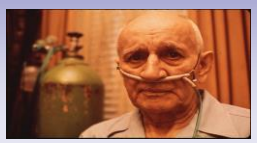
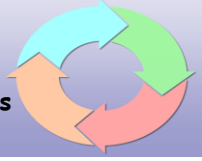
**Relapse and Stress**



**Effects of Stress on Physical Health**

**Co-Occurring Psychiatric and Substance Disorders & Stress**

**Vicious Cycle of Stress, Symptoms, and More Stress**



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**Effects of Stress on Depressive and Anxious Symptoms**

| Depression and Anxiety Symptoms of Mood Disturbances Resulting From Stress | | | |
|---|---|---|---|
| 1 | Apathy or "The Blahs" | 10 | Excessive and Exaggerated Worries |
| 2 | Feeling Worthless | 11 | Irritable or Frustrated |
| 3 | Feelings of Rejection | 12 | Grouchy and Irritable |
| 4 | Belief "No One Cares" | 13 | Restlessness and Impatience |
| 5 | Sadness, Little Joy, and Depression | 14 | Anger or Hostility |
| 6 | Emptiness and Insecurity | 15 | Arrogant or Inflexible |
| 7 | Unrealistic Fears | 16 | Numbed Emotions |
| 8 | Sense of Dread or Fear of Dying | 17 | Feeling Out of Control |
| 9 | Constant Feelings of Uneasiness | 18 | Feelings That Things are "Unreal" |

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**Effects of Stress on Depressive and Anxious Symptoms continued**

| Cognitive/Thinking Symptoms of Mood Disturbances Resulting From Stress | | Behavioral Symptoms of Mood Disturbances Resulting From Stress | |
|---|---|---|---|
| 1 | Mentally Distracted or Preoccupied | 1 | Easily Startled |
| 2 | Forgetfulness | 2 | Social Isolation |
| 3 | Repetitive Upsetting Thoughts | 3 | Reckless Behaviors |
| 4 | Difficulty Concentrating | 4 | Reckless Driving |
| 5 | Negative Self-Talk | 5 | Overeating |
| 6 | Suicidal Thoughts | 6 | Easily Discouraged |
| 7 | Cynicism and Negativity | 7 | Poor Hygiene |
| 8 | Mentally Fatigued | 8 | Suicidal Gestures |

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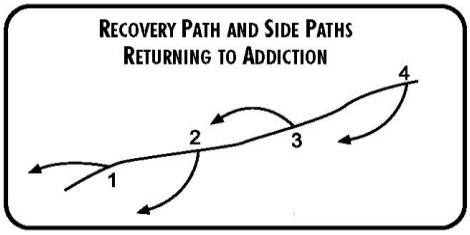
**Importance of Avoiding Stress**

Avoid or Manage Stress

**The Paths to Relapse or Recovery**

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**Coping With a Relapse**

First thing is stop using alcohol or the drugs immediately.

The second thing to do is to call someone right away.

| | |
|---|---|
| 1 | Lessen the shame and "secrecy" of a relapse. |
| 2 | Get feedback on how to strengthen your recovery program so you're less likely to relapse again. |
| 3 | Gain support so you can get back on track. |

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## Reactions to Relapses

Put the Hammer Away

**Don't Turn a Slip Into a Full-Blown Relapse**

Turn a Relapse Into a Learning Experience

| | |
|---|---|
| 1 | Examine what led up to the return to alcohol, other drugs, or addiction like gambling. |
| 2 | Make a commitment to apply what they have learned. |
| 3 | Get back into the recovery process. |
| 4 | Apply this hard-won knowledge to strengthen their recovery program. |

**Identify What Led Up to Using**
**From the Unconscious to the Conscious**

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## Autopsy of a Relapse

1. What triggered or led to my relapse?
2. What happened when I relapse?
3. What types of thoughts was I thinking prior to my relapse?
4. What feelings was I experiencing before I began using chemicals again?
5. What kinds of behaviors was I exhibiting before I started using chemical again?

...continued

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## Autopsy of a Relapse…continued

6. What types of control did I attempt to use to prevent further use after I started drinking or using?
7. Was peer pressure or family pressure a factor leading to my relapse?
8. What areas of my life were unmanageable before I relapsed?
9. What type of feelings or emotions did I try to manage with the use of chemicals?

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## Identifying What Needs to Be Learned

1. Were there suggestions from others that I did *not* follow?
2. How did I fail to be responsible for my *own* behavior?
3. What could I have *done* differently?
4. What will I *do* differently next time?
5. Why do I *think* I should forgive myself for relapsing?
6. How do I *plan* to avoid future relapses?


**Validating What Has Been Learned**

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## Relapse Prevention Plan

A relapse prevention plan first involves identifying your triggers or high risk situations and second, devising a plan to cope with these whenever they arise.

The plan involves looking at specific times, specific triggers-people, places, things, and situations…


as well as specific thoughts, feelings, and behaviors that may make you vulnerable to relapse.

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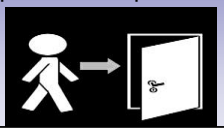
## Relapse Prevention Plan continued

Most important part of a prevention plan is that you give yourself permission to leave ***any*** situation that gives you discomfort.



| | |
|---|---|
| 1 | Don't Take the First Drink or the First Drug |
| 2 | Learn to Relax to Reduce Stress and Prevent Relapse |
| 3 | Build Structure into Daily Routines |
| 4 | Remember the Basics…The Link Between Psychiatric and Substance Disorders |
| 5 | Deepen Contact with Your Spiritual Side and Your Higher Power |
| 6 | Never Let Up on the Disciplines Recommended for the Ongoing Recovery of Your Disorder |

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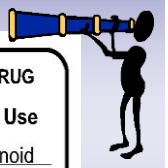
## Don't Take the First Drink or The First Drug

*See* Through the First Use



**GETTING PAST THE FIRST DRINK OR DRUG**

| Goals of Early Use | Results of Later Use |
|---|---|
| 1. Confident | 1. Insecure & Paranoid |
| 2. Euphoric | 2. Suicidal |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |

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## *Think* Through the First Drink or Drug

| DOES THINKING SUPPORT THE ILLNESS OR YOUR RECOVERY FROM THE ILLNESS? | |
|---|---|
| ADDICTION OR ILLNESS WINS ⟷ | YOU AND YOUR RECOVERY WIN |
| I can't sleep and I have to sleep so it might be okay to have a drink, just to get some sleep. | I really don't *have* to sleep. Not getting sleep right now won't kill me. I only need to stay sober. |
| I'm at risk when I go to the grocery store, but I *have* to go to the store. | I don't *have* to go to the store. My sister can pick up my groceries for now, especially if it keeps me sober. |
| I'm still depressed, I felt better on cocaine than I do on this medication. | One of the reasons I am so depressed is because of the cocaine. I need to give the medications a chance. |
| I don't need a sponsor. I can do this on my own. I don't want anyone telling me what to do. | A sponsor is someone who probably thought at one time that they could and should do it on their own too. I can learn from them and they can guide me. |

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## *Protect* Yourself From the First Drink or Drug

**RELAPSE PREVENTION CARD**

| LOCAL | PHONE NUMBERS |
|---|---|
| Sponsor | |
| Best Friend | |
| A.A. Friend | |
| Family Member | |
| Significant Other | |
| Treatment Friend | |
| Co-Worker | |
| Local Treatment Center | |
| Local Counseling Center | |
| Local Crisis Line | |
| Local Support Group | |

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## Yes, It's Hard – You Bet It Is!

### Learn to Relax to Reduce Stress and Prevent Relapse

1. Practice Deep Breathing
2. Relax Your Thoughts & Mind
3. Progressive Relaxation
4. Use Positive Self-Talk
5. Rethinking or Reframing
6. Daily & Weekly Breaks
7. Have Physical Contact
8. Change Your Perspective
9. Make Time to Play
10. Develop a Healthy Lifestyle
11. Talk to a Supportive Person
12. Schedule Frequent Leisure Activities
13. Have a Positive Lifestyle
14. Find Spiritual Inspiration

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## Build Structure Into Daily Routines

**DAILY SCHEDULE**

WEEK OF _____

| TIME | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| AM 6 | Grooming & Thought for the Day | Grooming & Thought for the Day | Grooming & Thought for the Day | Grooming & Thought for the Day | Grooming & Thought for the Day | Grooming & Thought for the Day | Grooming & Thought for the Day |
| 7 | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | Snack | Snack | Snack | Snack | Snack | Snack | Snack |
| 11 | | | | | | | |
| PM 12 | Lunch | Lunch | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1 | | | | | | | |
| 2 | Snack | Snack | Snack | Snack | Snack | Snack | Snack |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | Exercise | | Exercise | | Exercise | |
| 6 | Dinner | Dinner | Dinner | Dinner | Dinner | Dinner | Dinner |
| 7 | Twelve Step | Relaxation | Twelve Step | Relaxation | Twelve Step | Relaxation | Relaxation |
| 8 | Family Time | Family Time | Talk to Sponsor | Family Time | Talk to Sponsor | Family Time | Family Time |
| 9 | Snack | Snack | Snack | Snack | Snack | Snack | Snack |
| 10 | Bedtime | Bedtime | Bedtime | Bedtime | Bedtime | Bedtime | Bedtime |

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## Relapse Prevention Strategies for Chemical Dependency

1. Actively combat loneliness by taking responsibility for creating meaningful relationships.
2. Learn what works for stress reduction and practice it daily.
3. Learn to cope with anger and depression and find healthy ways to express these to others.
4. Talk about fears of relapse openly with others who are supportive, whenever they pop up.
5. As soon as you notice any early warning signs that symptoms may be returning, tell your counselor, therapist, or psychiatrist.
6. Work the Twelve Steps and stay close to sponsors to gain strength in your recovery

…continued

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**Relapse Prevention Strategies for Chemical Dependency …continued**

7. Be conscious of nutrition to help the brain and body heal, as well as manage blood sugar to reduce cravings and balance mood swings.
8. Be alert to denial's new disguises of using other drugs in place of your drug of abuse.
9. Take any medications exactly as prescribed and consult with your doctor whenever concerns, questions, or problems arise.
10. Monitor moods so you can better predict your own fluctuations in emotions or feelings and decrease the likelihood of relapse.


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**Relapse Prevention Strategies for Chemical Dependency …continued**

11. Connect with Self-Help Groups, which are potent relapse preventers, by enhancing self-efficacy (a person's sense of their own capacity to master challenges and achieve goals) and motivation, and increasing efforts of coping a long period of time.
12. Discover a spiritual path and try to stay on it by connecting with a Higher Power of your understanding.

**Remember The Basics – The Link Between Disorders**

1. Alcohol
2. Opiates (Narcotics)
3. Cocaine or Amphetamines
4. Marijuana
5. Hallucinogens

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**Deepen Contact With Spiritual Side and Higher Power**

The Presence of Truth Is Spiritual Practice

- Relationships:
  - With Oneself
  - With Others
  - With Higher Power
- Working the Steps (in order, all of them, the best you can)
  - Step One
  - Step Two
  - Step Three

**Divine Interventions and Relapse**

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**Identify High Risks**


**Don't Let Up on Disciplines**

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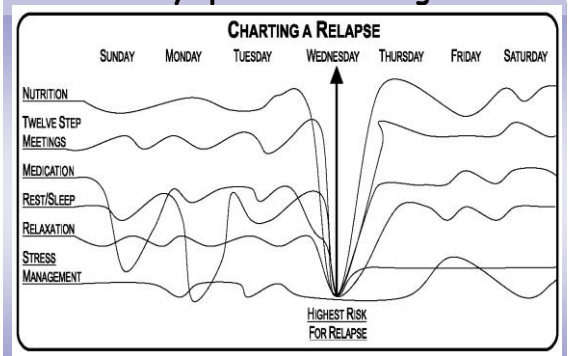
**When Symptoms Come Together**




**Daily Relapse Prevention Inventory**

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**Maintaining Recovery**

Knowledge practiced becomes wisdom.


***Living* the Program**

- Just for today my thoughts will be on my recovery…
- Just for today I will have faith…
- Just for today I will have a program…
- Just for today I will try to get a better perspective on my life…
- Just for today I wil be unafraid…

(refer to THE BASICS for more extensive coverage of this topic)

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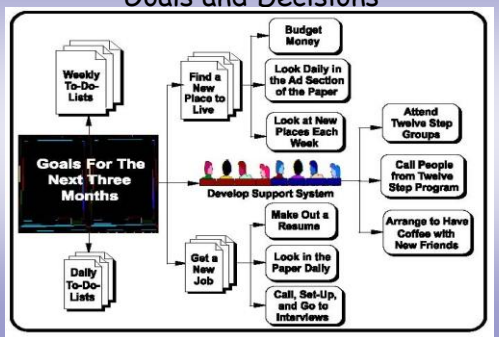
## Developing Advanced Skills to Maintain Recovery

### Goals and Decisions

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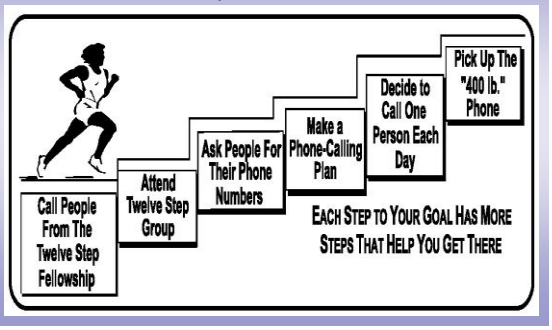
## Setting Goals and The Steps to Get There

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## Conflict Management

### Communication Helpful to Resolving Conflict

| | |
|---|---|
| 1 | USE "I" STATEMENTS |
| 2 | AVOID "I FEEL THAT YOU…" |
| 3 | SLOW DOWN |
| 4 | WATCH TIMING |
| 5 | BE PATIENT & ACTUALLY HEAR |
| 6 | NEGOTIATE THE RELATIONSHIP |
| 7 | DELAY YOUR RESPONSE |
| 8 | AFFIRM THE OTHER'S FEELINGS |
| 9 | AGREE ON THE BEST TIME TO TALK |
| 10 | TAKE YOUR THOUGHTS & FEELING INTO CONSIDERATION |
| 11 | LISTEN, CLARIFY MAJOR POINTS, & ASK FOR FEEDBACK |
| 12 | DON'T ASSUME OR PREDICT |
| 13 | STAY ON ONE ISSUE |
| 14 | ALWAYS CONSIDER COMPROMISE |
| 15 | ALLOW FOR TIME-OUTS WHEN NEEDED |
| 16 | DON'T FIGHT DIRTY |
| 17 | FORGET THE PAST, STAY IN THE PRESENT |
| 18 | CLOSE WITH RESTATEMENT & CHECK-IN |

(refer TO THE BASICS for examples)

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## Vocation and Employment Skills

### What Employers Really Look For in Employees

| | |
|---|---|
| 1 | **ATTITUDE:** Capable resourceful person who can learn from others, offer something valuable, and be willing to be held accountable or take responsibility. |
| 2 | **INTERPERSONAL SKILLS:** Ability to get along and communicate with others. |
| 3 | **PROBLEM SOLVING SKILLS:** Ability to identify what needs to be done. |
| 4 | **COLLABORATIVE:** Ability to cooperate and work with others in a team approach. |
| 5 | **WORK RECORD:** Work experience and employment history. |

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## Problem Solving Techniques

### Problem Solving Styles

| | STYLE | ATTITUDE OR THINKING |
|---|---|---|
| 1 | **AVOIDANCE** | "If I don't see the problem, it's not there." |
| 2 | **DISCOURAGED** | "I can't do anything about this problem anyway, so why try?" |
| 3 | **TAKEOVER** | "I'm in charge around here and people should do what I tell them." |
| 4 | **TALKING** | "If I talk about the problem long enough it will get solved." |
| 5 | **ACTIVE** | "If there is a problem, there must be a solution." |

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### Guidelines For "Before" Problem Solving

| | |
|---|---|
| 1 | Develop a positive, optimistic mood when dealing with the problem. |
| 2 | Respect everyone's point of view. |
| 3 | Avoid blaming and fault-finding. |
| 4 | Be willing to compromise. |

### Steps Toward Effective Problem Solving

| | |
|---|---|
| 1 | Identify and define the problem. |
| 2 | Generate possible solutions. |
| 3 | Evaluate the pros and cons of each solution. |
| 4 | Choose the best solution. |
| 5 | Plan how to carry out the best solution. |
| 6 | Set a date to evaluate if the plan worked. |

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## Money Management

| | |
|---|---|
| 1 | DEALING WITH DEBTS |
| 2 | GETTING HELP |
| 3 | MAKING A BUDGET |


### Time Management…

Spending Your Time

| | |
|---|---|
| 1 | Set your priorities. |
| 2 | Use calendars and lists. |
| 3 | Observe how you spend your time. |
| 4 | Make a master schedule of fixed activities. |
| 5 | Schedule your "free" time. |
| 6 | Make your schedule flexible. |
| 7 | Break larger tasks into smaller ones. |
| 8 | Take a break when you need one. |
| 9 | Reward yourself. |

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## Quitting Smoking

| | |
|---|---|
| 1 | BENEFITS OF QUITTING |
| 2 | GETTING READY TO QUIT |
| 3 | ONE THE DAY YOU QUIT |
| 4 | STAYING QUIT |


There are many programs designed to help people quit smoking including:

| | | | | | |
|---|---|---|---|---|---|
| 1 | Twelve Step Program | 3 | Hypnosis | 5 | Nicotine Gum |
| 2 | Nicotine Patches | 4 | Acupuncture | 6 | Relaxation Tapes |

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## Addressing Violence Past and Present

Present…Domestic Violence

Past…Childhood Sexual Abuse

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## Domestic Violence

- The use of intentional verbal, psychological, or physical force by one family member including an intimate partner, to control another.
- The most significant percentage of the population seeking treatment as "batterers" are heterosexual men.
- The most common "victims" or "survivors" are women who are abused by men.

ST.OP DOMESTIC VIOLENCE

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## Link Between Substance Abuse and Domestic Violence

- Domestic violence and addiction frequently occur in tandem (at the same time).
- Yet, alcohol or other drug use does not *cause domestic violence*.
- Can be confusing since alcohol use has been implicated in 40-89% of cases involving violent behavior.
- However, most people in treatment, especially men, can recall an embarrassing time when they humiliated, overpowered, or actually beat up someone when they were loaded – something they would never do when sober.
- This type of violence if not at all the same thing as domestic violence.
- That is because substance related angry outbursts, even violent ones, don't recur when the batterer becomes abstinent, but domestic violence does.

(note: any person is, of course, responsible for any violent or angry acts toward another…this is just explaining the difference as related to the topic of "domestic violence.")

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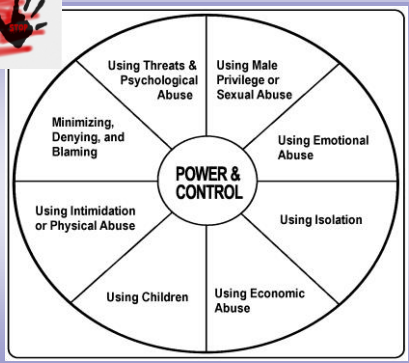
## Identifying Domestic Violence




(refer to THE BASICS for a much more extensive coverage with examples of the Power & Control Wheel)

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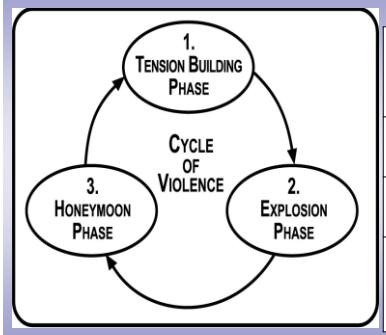
## The Cycle Theory of Violence




**First Stage:** Tension Building Phase

**Second Stage:** The Explosion

**Third Stage:** The Honeymoon

**Cycle Starts Again:** Tension Builds

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## Myths and Facts About Domestic Violence

| | | |
|---|---|---|
| 1 | **Myth** | Alcohol use, abuse, or dependence causes men to batter. |
| | **Fact** | Majority of battering men are not high-level drinkers; majority of high-level men drinkers do not abuse their partners. Alcohol provides a ready and socially acceptable excuse for the violence. |
| 2 | **Myth** | The batterer is out of control. |
| | **Fact** | 1. Domestic violence is not a loss of control, it is about power and control. Batterers who appear "uncontrollably drunk" during a physical assault routinely "sober up" remarkably fast if there is an outside interruption, such as a police intervention.<br>2. Batterers are in control because they make choices over the nature and extent of the physical violence. Some assault parts of the body that are covered by clothing. Others target faces to force isolation so "no one else will want them."<br>3. Batterers talk about their own personal limits regarding physical abuse. Some say they have slapped with an open hand but would never punch them with their fists. Others hit and punch but would never use a weapon. |

continued…

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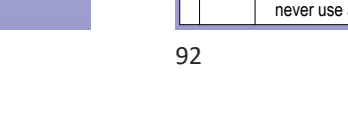
## Myths and Facts About Domestic Violence continued

| | | |
|---|---|---|
| 3 | **Myth** | Domestic violence escalates over time so that means it's an addiction like alcoholism. |
| | **Fact** | Violence gets worse over time because increasing intensity of the abuse is an effective way for batterers to maintain control over their partners and prevent them from leaving. |
| 4 | **Myth** | The perpetrator of domestic violence has trouble controlling anger. |
| | **Fact** | 1. Domestic violence is not about or caused by anger.<br>2. Some battering episodes occur when the perpetrator is not angry or emotionally charged, and others occur when the perpetrator is emotionally charged or angry.<br>3. Some abusive conduct is carried out calmly to gain the victim's compliance.<br>4. Displays of anger or rage by the perpetrator are merely tactics to intimidate the victim. Again, they can be quickly altered when the abuser thinks it's necessary, such as upon the arrival of the police. |

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## Treatment for Batterers

| | |
|---|---|
| 1 | To stop the violence. |
| 2 | To accept an honest appraisal and responsibility for one's behavior. |
| 3 | To recognize vulnerable feelings and express them in non-abusive ways. |
| 4 | To understand dysfunctional family patterns and cycles of on-going arguments, abuse, or violence. |
| 5 | To gain insight into how childhood and developmental years may affect current behavior. |
| 6 | To interrupt patterns of abuse. |
| 7 | To develop relaxation skills and techniques. |

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## Treatment for Survivors

| | |
|---|---|
| 1 | BEING VALIDATED & BELIEVED |
| 2 | IDENTIFYING OPTIONS |
| 3 | EMPOWER WITH RESOURCES |
| 4 | SUBSTANCE ABUSE TREATMENT |
| 5 | FOCUS ON SELF-CARE |
| 6 | VALIDATE STRENGTHS |
| 7 | RECOVERY |

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## Childhood Sexual Abuse… The Worst Betrayal

- Shame, Guilt, Despair
- Self-Doubt & Low-Self-Esteem
- Anxiety & Depression
- Aggressive or Very Passive
- Sexual & Relationship Difficulties
- Disassociation or Mentally "Going Away"
- Difficulty Trusting Others
- Suicidal Tendencies

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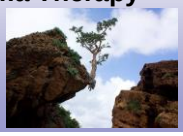
## Treatment of Childhood Sexual Abuse

- Benefits of Group Therapy
- Validating Relationships
- Emotional Recovery
- Safe Environment
- Establishing Healthy Boundaries & Trust

**Specialized Trauma Therapy**

**Moving from "Victim" to "Survivor"**



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**Group Closure**

| | | |
|---|---|---|
| 1 | MY RECOVERY GOAL FOR TODAY IS | Stay drug free, stay alcohol free, take my medication as prescribed, attend group, and… |
| 2 | HOW I WILL START MY DAY | Quiet time, drink a glass of juice, decide to stay clean just for today, do some reading, and… |
| 3 | HOW I WILL LIVE MY DAY | Focus on "one day at a time," stay in the here and now and … |
| 4 | HOW I WILL END MY DAY | Reflecting on all positive aspects of the day, addressing gratitude in my journal, and… |

**Recovery Reinforces Itself**
Twelve Steps of Dual Recovery Anonymous
***The "Principles" of Each Step***

| | | | |
|---|---|---|---|
| One *Honesty* | Four Courage | Seven *Humility* | Ten *Perseverance* |
| Two *Hope* | Five *Integrity* | Eight *Brotherly Love* | Eleven Spiritual Awareness |
| Three *Faith* | Six *Willingness* | Nine *Justice* | Twelve *Service* |

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## Inspirational Handout Example – *This* is Recovery?

Just about the time I think I have a handle on it all – a new issue arises. A memory too painful to recall, a problem previously ignored, a behavior I chose not to change.

It's so much work. I don't remember anything requiring so much consistent effort as "Recovery" does.

Don't let people walk on me, speak up, be assertive. Don't let that clerk or this serviceman, or that friend take advantage of me. No more games of lies.

If I don't want to go there – say so.
If I do – say so.
If I'm hurt, angry or frustrated – say so.

Constantly taking risks; risking disapproval, rejection – even love!
Feeling the pain along with the joy.
Working through feelings, instead of stuffing them.
Feeling them rather than feeding them – chocolate, sugar, caffeine.

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Allowing myself to cry – knowing it will make others uncomfortable; getting angry – making them more uncomfortable; loving them – making them terrified.


Making myself slow down, making myself get up, learning to be good to myself, accepting that others may see that as "bad."
Learning new, more accurate perceptions; I'm pretty, I'm also fat, I am smart, I still do dumb things; I have feelings now, they hurt; I've come so far, I still have so much to work on.
I had hoped to grow beyond the pain, I didn't know I'd outgrow friends.


I have a future now, but I have to give up the past.
I'm learning that I'll never have it all – just the important things.
I have a family now, but not my mom.
I have unconditional love now, and "Conditional Recovery" – I have to work like hell for it.
Do I wish I could go back to being sick and not feeling?

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## Subject Eight Handouts

**Worksheet Handout**

1. Personal Identification of External Relapse Triggers
2. Personal Identification of Internal Triggers That Can Lead to Relapse
3. *My* Personal *Relapse and Crisis Prevention Plan*

**Inspirational Handout**

1. This Is Recovery?
2. Certificate of Accomplishment…A Good Beginning

Extensive Bibliographies for Every Subject Are Located in The BASICS at the End of Each Subject

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## THE END: Subject Eight Review and Training/Teaching Guide

- I am deeply honored to have worked with hundreds upon hundreds of the millions of individuals who have struggled and continue to struggle with Co-Occurring Psychiatric and Substance Disorders.
- Their courage and strength in pushing ahead toward health, in spite of seemingly insurmountable obstacles, is nothing short of amazing.

- I am sometimes asked why this is the *Second Edition*.
- The first printing (250 pages) was distributed without charge to agencies to receive feedback from treatment participants – many of which I sat in or taught across the country without them knowing I was connected to the curriculum in any way.
- When we listen and ask – treatment and therapy participants will tell us what is working, what is not helpful, and what they need.
- Thank you for your input which is the heart of this curriculum.

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