Robby's Voice

SHATTER ADDICTION AND THRIVE

Relapse Workbook

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A LETTER FROM OUR FAMILY TO YOURS

If you're reading this, you most likely have a loved one dealing with addiction. Or maybe it is you. In either case, it is imperative that you understand relapse. It may be the difference between life and death.

Relapse sucks. It is like a punch in the gut, deflating, angering, and frustrating. Relapse crushes hope. There are no other words to convey the emotions that bombard families when relapse occurs.

We remember the first time Robby relapsed. We were so hopeful, and maybe naïve. Well, yes, definitely naive. Robby did so well in intensive outpatient therapy (IOP). He got sober, felt great, looked great and was so determined. He was going to meetings, hanging out with people from his sober group, doing all the right things. "I will never do this again…"

We beat the devil. We were safe.

We knew relapse was a possibility, but come on, things were going so well. Then it happened – relapse.

How? Why? ***Why didn't they tell us somewhere between 70% and 90% of addicts relapse?*** Why didn't they prepare us better? How, why, how, why, what now?

So many emotions. The memory of that day is still crystal clear. It is indelibly etched into our consciousness.

In-patient treatment, sobriety, relapse.

Once again, the memory of that day is permanently carved into our memories. So many emotions. No room for anger, fear or frustration. These were replaced by sadness, sorrow and grief. Emotions that have no definition and no way to define how they really feel. This relapse was an overdose death.

> *The numbers tell us that relapse is not a possibility but a probability. But it doesn't have to be if we had just understood relapse, then just maybe….*

Maybe relapse doesn't have to be part of your journey through addiction. Maybe by understanding relapse, preparing and becoming

aaa more aligned as a family, you become a part of changing the odds, of reducing the percentages.

Maybe, just maybe, you keep them alive as they become who God made them to be and maybe, just maybe, you will beat the devil. We pray for this every day.

We are proud and excited to provide this resource. We believe that it provides information that we didn't have. We give it to you. Consider this one more light for the road as you journey through addiction and into sustained recovery as a family.

Because your family matters.

Robby's Voice
SHATTER ADDICTION AND THRIVE

THE GIFTS OF THIS GUIDE

Our goal is to leave you with three things:

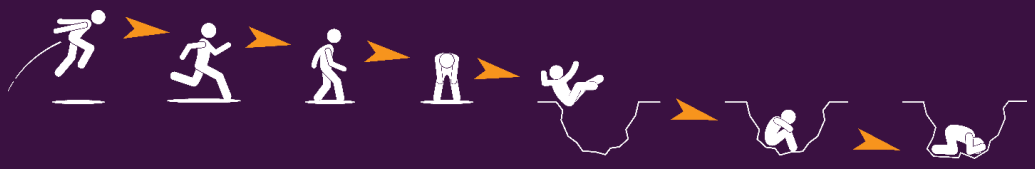
1. An understanding of relapse and ability to recognize the signs.
2. A heightened awareness of warning signs so you don't ignore them or pretend relapse is not happening.
3. How to plan and act before a relapse happens. Afterwards may be too late.

DEFINING RELAPSE

re•lapse

verb: (of suffering from a disease) Suffer deterioration after a period of improvement. Get ill, get better, get worse again

We chose to use the verb tense of the word because verbs are action *words.*



Relapse is not an event; it is a process.

Understanding this is critical. To help prevent a relapse, we must be able to identify the early stages of the process.

What relapse is ***not:***

- A failure of the person in recovery
- A failure of the family
- A sign of weakness
- The sign of a bad person
- Owned by us, but we *may* recognize it

What relapse ***is:***

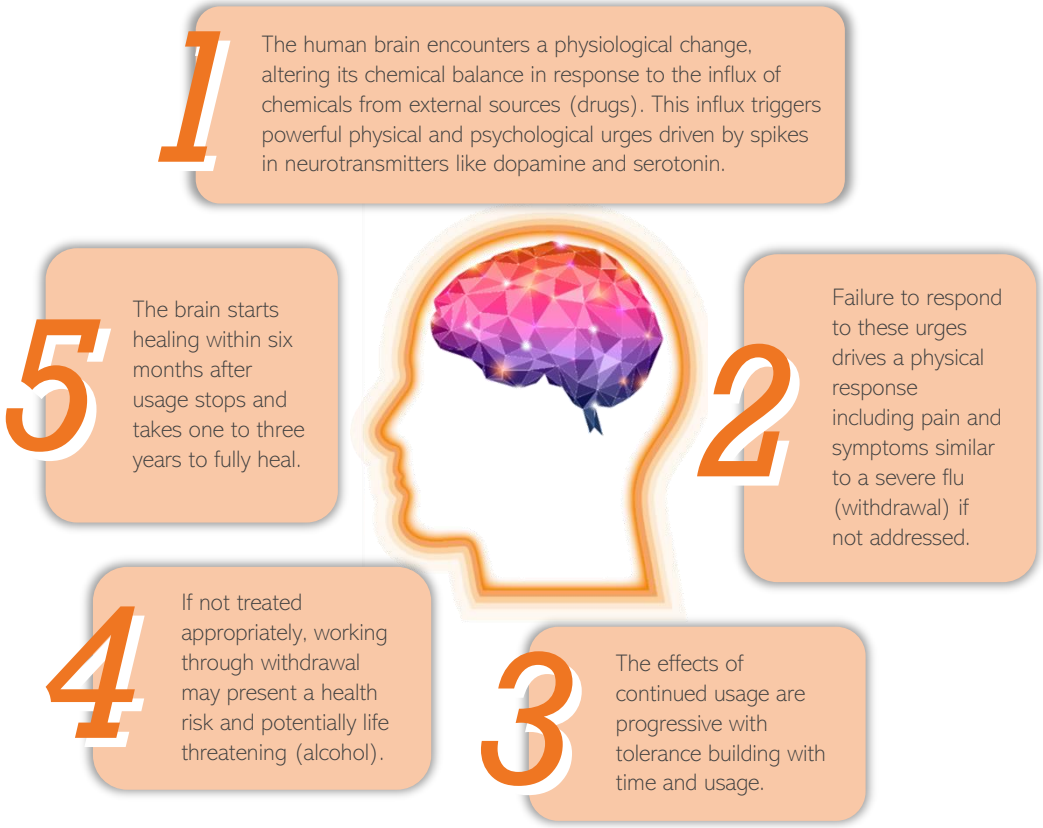
- A process, not an event
- Part of the addictive/ recovery process
- Addiction is an "again" word, a repeat, a recurrence. Everything that went along with the first active addiction holds true, but in most cases, is more severe in relapse.
- Owned by the person in recovery…which means *not* owned by us.

A DISEASE OF THE BRAIN

Addiction is a chronic disease of the brain. As such, relapse is also driven by the brain's response to certain stimuli. Understanding this will help to not only manage through a relapse but help get out in front potentially avoiding the actual relapse.

Why addiction is brain disease

Addiction meets all the clinical markers of a disease. It impacts an organ – the brain. It is progressive. It is caused by some type of poison or malfunction of the body, and drugs are pretty much a poison! Here is the short version of how it works:



One important element of the disease is its connection to memory. Even after the brain heals, the memory of the euphoric high can trigger a relapse. Therefore, even in recovery, addiction is a disease that requires life-long treatment to help remain in recovery. That treatment includes things like working a recovery program (12-step is most popular), counseling and potentially the use of medication-assisted recovery.

For a more scientific understanding of relapse, the brain and science, see the Appendix at the end of this guide.

re•cov•er•y

noun: a return to a normal state of health, mind or strength

WHAT DOES RECOVERY LOOK LIKE?

What does recovery look like?

This is a powerful question indeed.

In his book *Rediscover the Saints*, Matthew Kelly recounts a conversation with a friend who spent a life helping those seeking recovery. He noted two simple things about recovery:

Authentic Desire

The person genuinely wants to get better. No ulterior motives or hidden agendas, no deception toward self or otherwise. Simply recovery.

Surrender

Not compliance, or just following the steps like building IKEA furniture, but willingly giving into the program of recovery with all that it asks and all that it offers. This does not mean perfection. It does mean that our loved one pursues recovery, uses the tools that are available to them and works at it each day – no excuses. It becomes their life mission.

We can personally relate as we have seen the gamut of people who say they want to recover but also said they don't need a program. Others had "their own" program, just saying the words without the true intention of sustained recovery.

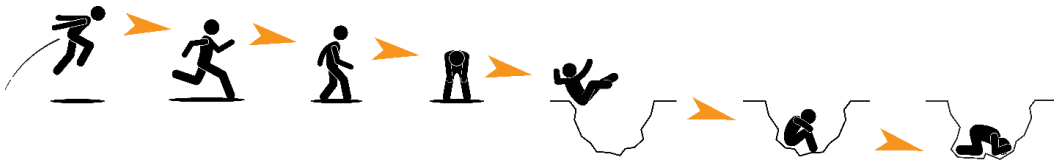
Yet the questions about recovery intrigued us, so we asked the professionals. Simply put, they all answered, "You know it when you see it: attitude, actions."

They all noted their ability to spot those that were not serious about recovery based on those two factors. "They can try and fool us. They even try and fool themselves or their families, but it becomes obvious very quickly when they are not serious."

Those who want recovery make it obvious in how they live recovery.

They don't fight it. They embrace it. Those that are not serious are easy to spot.

RELAPSE



A process, not an event.

Why is it so important to understand the process of relapse? The answer is simple: *life or death*.

Given the gross expansion of fentanyl into opiates and other drugs, a single event – a one-time stumble – may be fatal. Even the use of NARCAN® may not be enough to reverse the deadly power of fentanyl. The only safe course is avoidance.

IMPORTANT: Relapse moves faster than the first-time addiction, often igniting the brain in a way that drives explosive use. With opiates it is even more dangerous. Those with opiate addictions are capable of using as much of the drug in a single event that it would be fatal to several people. This is tolerance. However, with opiates, tolerance is reduced by half within 72 hours of no use and to zero in about 30 days. In relapse, our loved ones often use as much of the drug as they previously did during their last experience, creating a fatal event, even in the absence of fentanyl.

Because relapse is a process, not an event, we as loved ones may be able to detect the signs of relapse and intervene before the relapse actually happens. This saves lives.

THE SCIENCE OF RELAPSE

Understanding the disease of addiction, the brain and triggers helps us understand the event of relapse as the process is identical.

Addiction and relapse occur because of an interaction between neurological, psychological, and social dynamics.

At a high level, here is how the connection works.

Risk and consequences don't stand a chance against the power of the impulse! And if you wonder if they ever learn, the answer is no! The impulse doesn't allow the lessons of the past to impact the choices of the present.

While the initial addiction is a process driven by many factors (ultimately by the science of the brain), so is relapse. However, relapse, unlike the initial addiction, is

pushed harder and faster by the deep seeded memories of euphoria built during active addiction.

This creates a slippery slope that moves faster. Relapse MUST have early detection and it is preventable with early detection.

UNDERSTANDING TRIGGERS – THE KEY TO RELAPSE

Triggers are core to relapse. Triggers create the use impulse in the brain, causing the brain to recall the euphoria of the high and thus "triggering" the desire to use or use again. ***In short, triggers cause the desire to use.*** They are what our loved ones battle against each day.

Most recovery programs have the addicted person identify their triggers so they may learn how to avoid them or cope with them, if unavoidable. As families, understanding these triggers helps us spot danger signs and may even lead to very positive conversations about recovery.

Those in long-term recovery have learned these skills while those new to recovery or those struggling with their sobriety find avoiding and coping with these powerful triggers more difficult.

YOUR ROLE IN UNDERSTANDING TRIGGERS

Triggers are unique to each person and can include people, places, smells, sounds, sights, songs, stress and anxiety. Triggers are extremely dangerous as they unlock memories and urges inside the brain which lead to that internal fight between coping or using. When family and friends understand the factors or situations that can lead to a loved one abandoning their coping skills, this important network can then help prevent a potential relapse.

Think about walking into a bakery.

Smell that freshly baked bread.

Imagine creamy, melting butter covering the bread.

Next thing you know that loaf of bread is in your hands, ready to be consumed.

This is called being ***triggered***, except with drugs it is much more powerful.

PRE-TRIGGERS

There are even ***pre-triggers***. It's not always a single event but a series of small experiences that can lead someone to the trigger. For example, an argument with a family member (pre-trigger) causes stress and possibly taps into fewer developed coping skills. This leads our loved one to the corner bar for a glass of water and a conversation with some friends. However, being in the bar or around those "friends" (trigger) causes them to relapse… whiskey instead of water.

Understanding an addicted loved one's triggers or pre-triggers allows us to take an active part in identifying potentially dangerous situations. Having a conversation with them about what we see may be the key to them reconnecting with their support system or engaging their coping tools to head off a relapse. Knowing and recognizing triggers is also very important to the action steps outlined later in this guide.

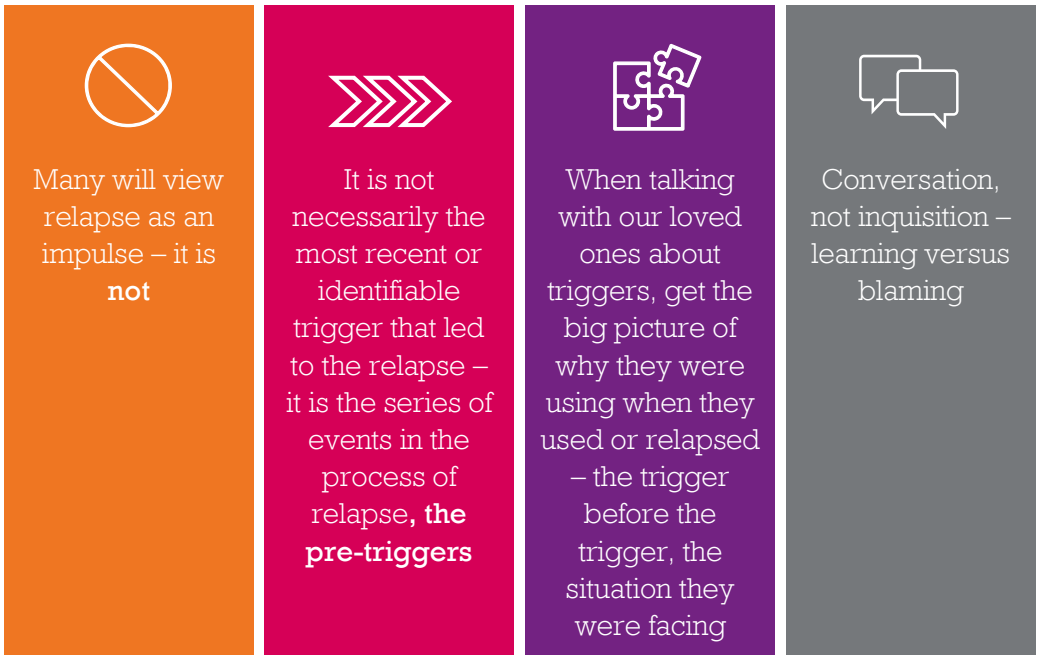
In summary:

1. Know your loved one's specific triggers (see worksheet REFLECTIONS: TRIGGERS).
2. Communicate – make sure everyone understands the triggers and pre-triggers that can lead to relapse.
3. Have an honest family conversation about the things you may be doing that are triggers or pre-triggers. We all must adapt.

4. Be careful. Don't be manipulated. Make sure the conversation is calm, open, honest and focused on understanding – not defending.
5. Let your loved one know that you care and are paying attention.

IDENTIFYING AND DOCUMENTING KNOWN TRIGGERS

As we explained above, understanding triggers is an important factor in heading off a relapse event. Ask your loved one to share their triggers and coping mechanisms with you so that you may support them. Pay attention to their responses (and body language) as this conversation will reveal perspective on their recovery plan and process. It is important to remember:



Ask your loved one to fill out the three sections below thoughtfully and honestly. The support group needs to know what the triggers are AND the plan for how to cope with them.

REFLECTIONS: TRIGGERS

What are your triggers? _____

Have you identified any pre-triggers?

What is your plan to avoid them? How will you cope with them? _____

HARM REDUCTION

THE FOCUS OF HARM REDUCTION

Harm reduction covers everything from overdose prevention to mental and physical health.

Harm reduction means WE must acknowledge that use and overdose are possibilities, so the availability of Naloxone and awareness of needle exchange programs are important. We also must acknowledge that dual diagnosis – addiction and mental health challenges – are possible. If we want to see a reduction in stigma surrounding addiction, we must also need to be part of reducing the stigma surrounding mental health challenges. They are real (about 50% of all addictions are dual diagnosis) and are often a driving factor in substance use.

HARM REDUCTION TOOLS

Recovery doesn't just happen. Harm reduction strategies allow us to expand the tools we have to prevent or survive relapse. These tools include the items and information listed on the right.

In the end, harm reduction is all about thinking ahead, planning and simply being prepared for every eventuality. There are no guarantees, but harm reduction does provide options and opportunities to save a life. And that is what we all want.

YOUR ACTION PLAN

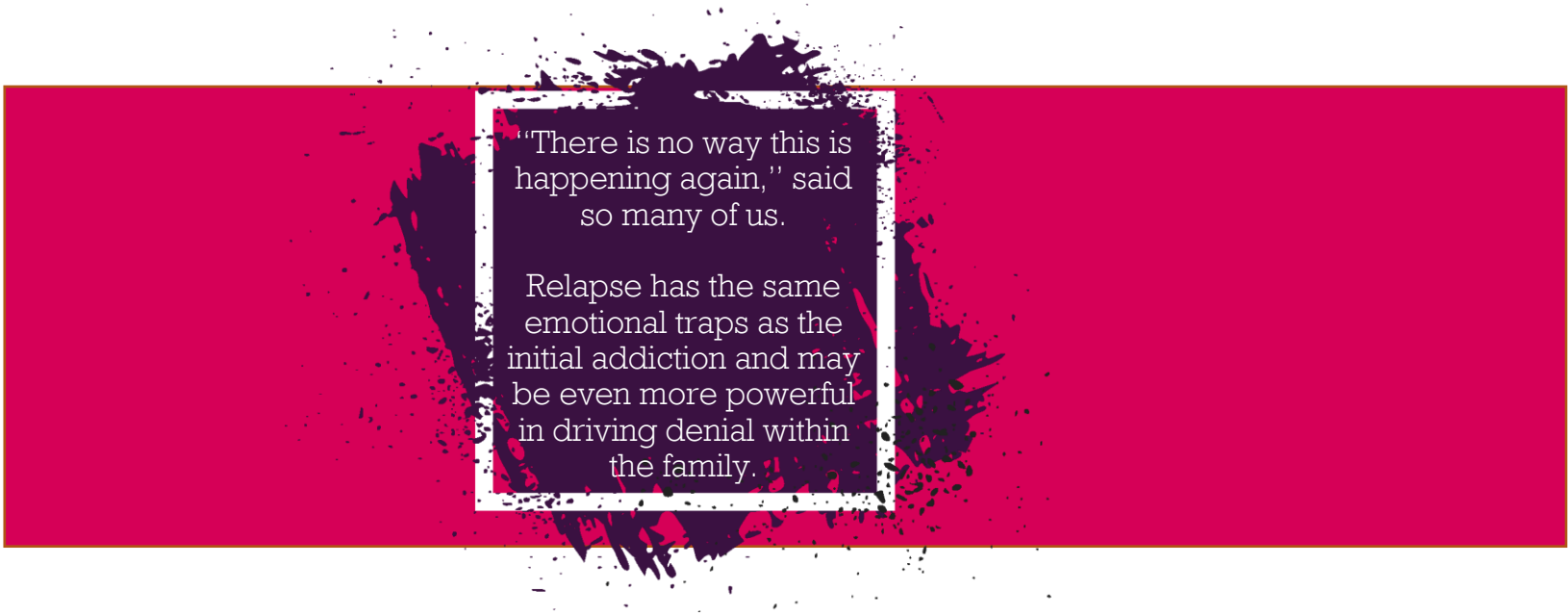
Now that we have the how and why, it is time for the most important piece: ***action!***

The action plan has five steps:

1. **Build your harm reduction plan.**
2. **Understand your loved one's triggers.** And even more importantly, let them know that *you know* their triggers.
3. **Establish your boundaries.** Boundaries are foundational to recovery. They protect the family and may even help your loved one get to their turning point faster.
4. **Relapse agreement.** Get the family on the same page by coming to a mutual agreement on what the action steps will be if the process of relapse begins. The agreement is made when everyone is in their best state of mind.
5. **Build your checklist.** We have chosen to build on the Gorski Model to understand and validate the process of relapse, leading to an objective measure of where they are in the relapse process.

Work through these steps together when emotions are low and the wave of recovery is at its highest. If your loved one or any member of the family refuses to participate, it is an indication of how the road to recovery will play out. At those times, where appropriate, implement your defined boundaries to help protect the family.

Remember, just like the initial addictive journey, some family members may be in denial or just lacking awareness to the signs of addiction happening right in front of them. This could be in addition to enabling and manipulation. Relapse is no different and may even be more of a challenge to the family.



Recovery is filled with relief and hope. Nobody wants to return to the emotionally draining environment of chaos and fear. This mode of self-preservation and desire for normalcy makes it easy to fall back into denial that a relapse is happening right in front of our eyes.

These action steps raise our personal awareness and assist in removing emotion by objectively defining relapse. And with the specter of fentanyl growing each day, it is more important than ever to head off a relapse as early as possible.

boun•dar•y

noun – a line that marks the limit of an area

BUILDING BOUNDARIES

Robby's Voice believes that boundaries are the cornerstone for family recovery that can potentially impact helping our loved ones experience their turning points for recovery.

Often, boundaries are often not set or adhered to. Our loved ones dealing with addiction challenge our resolve to stick to boundaries through their actions, guilt or manipulation.

One thing we know for sure is that without boundaries it is more difficult to keep families in a safe (mentally/emotionally/physically) and strong place. These boundaries not only help the loved one but support family members in their own recovery from the addictive journey.

HOW TO BUILD BOUNDARIES

The following guide is based our personal experience. Building solid, lasting boundaries takes time and thought. We recommend working with a support organization like Robby's Voice or seeking help from a professional versed in building boundaries that work.

Boundaries help keep us safe and focused on our own recovery which is equally important in this journey. Recognize that family recovery is for each member of the family just as our loved one's recovery is his/her individual journey. We don't have control over another's recovery. We cannot control or cure their addiction. Their recovery is ***theirs*** and our recovery is ***ours***.

Boundaries are not punishments. They are conditions that keep set and maintain parameters affecting individuals' health.

Boundaries are personal and based on what each person is willing to accept. No other individual can determine if a personal boundary is right or wrong. Of course, thoughts and feedback are important but ultimately, we own our own boundaries.

Building boundaries – Begin with this question: What am I willing to live with? For example, am I willing to allow them to:

- Be in the house while high?
- Live in the family home?
- Not work?
- Not work a program?
- Have "active users" in the house?

Building boundaries – Other questions to consider:

- If I do not enforce these boundaries, what impact might it have on the family? Is it worth the risk? In other words, am I able to live with the potential consequences?

If not everyone in the household is willing to support the boundaries, adherence will be difficult. Therefore, we recommend working with those skilled at helping families establish their boundaries. What do I/we need our living situation to look like? What are the things that exist today that prevent us from having this? Be honest and understand the difference between what you can control and are not able to control. For example, saying addiction is the difference does not work. You are not able to make it go away. This is an uncontrollable and very real part of your situation. However, identifying which parts of the addictive journey that are causing the difference is fair (for example, manipulation, violence, theft).

DISCUSS WITH YOUR ADDICTED LOVED ONE

The last step in establishing boundaries is to share them with your loved one. Informing them will offer fair opportunity to discuss, accept and adhere to them. This is not easy so here are a few recommendations.

Prepare for the Conversation

What might their response be to your boundaries? Expect and prepare for the different emotions or responses they may have. Don't expect them to be excited or on board with all of them.

Right Frame of Mind and Timeframe

Avoid having the discussion at emotionally charged times. This will not go well! If they are going to be coming out of treatment or incarceration, have the conversation early enough for them to digest it. Work with their counselors on how to prepare and set expectations. Springing things on them a day before they are released is very ineffective while also not fair to them.

Expect Their Boundaries

It is natural for them set boundaries for the family as well. Mirror the behaviors you desire in them. Listen, stay calm and respect their thoughts. However, be aware of manipulation. If they have expectations that you are not able or willing to accept, protect your recovery as well as your family's by stating your boundaries. Engage an experienced professional to help mediate the process.

BE FIRM!

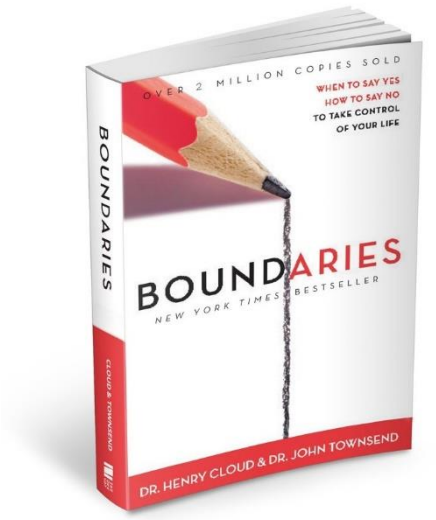
Once boundaries are established, stick to them. Otherwise, boundaries are worthless and future efforts will meet with even greater resistance. Adhering to boundaries helps to:

- Eliminate enabling behaviors
- Dismantle the power of manipulation (guilt/intimidation)
- Empower the family
- Help our loved ones work through their turning points into a positive direction

While boundaries are important for the family, they also offer insight into recovery. Is your loved one respectful of what you need? If not, what does that tell you about their approach to the family and their recovery?

Boundaries may gradually change as the recovery process matures. Just remember, it is always about what you are willing to live with. Trust builds over time.

One resource we utilize at ROBBY'S VOICE is the book *Boundaries* by Drs. Henry Cloud and John Townsend. We have found this book helpful for our families battling addiction but also just for everyday life.



RELAPSE PREVENTION AGREEMENT

The following is being defined to provide an agreed upon family approach to either preventing a relapse or heading off relapse in its earliest stages.

We, the _____ family (family name), are all committed to recovery and recognize that addiction and relapse often prevent clear thinking and action by both our recovering loved one and the family. Therefore, we are working together to define our action steps and boundaries as a guide to help *all of us* through the recovery process.

We have reviewed each phase of relapse and we have agreed to the action steps needed to move from that phase back into a strong recovery position. We have also agreed on the family boundaries should the actions required not be taken by either the family or _____ (recovering loved one).

Recovering Loved One's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*
Family Member's Name	*Signature*

GUIDE: THE GORSKI RECOVERY MODEL

The Recovery Agreement is based on the Gorski Model of Recovery. It is not a guarantee of recovery or of relapse prevention. It is a guide for the family and the recovering loved one to help stay on the path of recovery as the challenges of long-term recovery present themselves. Its purpose is to assist in the identification of relapse signs, provide understanding of the severity of those signs, and a predetermined remedy if our recovering loved one is showing the signs of relapse as outlined in the Gorski Model.

We always recommend professional support, family groups, peer support and all other resources available to families and recovering loved ones. This guide is an adjunct to all these resources. If members of the family or the recovering loved one do not wish to adhere to the agreement or the defined actions and boundaries, and a revised action plan is not agreed to, then the risk of relapse may increase.

Below are additional resources from Dr. Gorski:

www.relapse.org

www.gorskibooks.com

www.cenaps.com

www.facebook.com/GorskiRecovery

Straight Talk About Addiction by Terence T. Gorski

The Gorski Model of Recovery

The Gorski model is a combination of 43 steps that fall within ten phases. We have broken this guide down into those ten phases.

As you work through the guide, you will notice two very important things. First, the relapse process is very similar to the state of addiction in its warning signs and how it actually presents in behavior. Many of the behaviors that are displayed during the process are a direct result of what is happening in the brain and connect closely with that section of this guide. Second, you will notice the downward spiral as one moves through the ten phases. Why is this? ***Because relapse in not an event; it is a process.*** If we can identify it early and take action, we have a better chance of heading off the actual final event.

As you enter this phase of the addictive journey, remember you are not alone. Many families and organizations are ready to support you and your family – all you need to do is ask.

HOW TO USE THIS CHECKLIST

1. Agree as a family, and with the recovering loved one, that a relapse prevention plan is an important tool for long term recovery.
2. Define the boundaries that the family needs in order to function in a mentally, emotionally and physically safe environment.
3. Define the action steps that will be taken in each phase, based on the actions and attitudes of the Recovering Loved One. These are not punitive but *affirmative* steps focused on preventing relapse.
4. All members sign the agreement.
5. If any member of the family identifies steps of relapse, the family will review the checklist, and removing as much emotion as possible, objectively validate the potential risk and collectively implement the defined action plan.
6. Review the plan with members of the family team.
7. Review with the recovering/relapsing loved one the family's perspective. Request they take the necessary steps to head off the relapse.
8. The family acknowledges that the recovering/relapsing loved one may not be emotionally able or willing to take their agreed upon actions and thus will move forward based on their action plan and defined boundaries.

STAGE 1: RETURN OF DENIAL

Our loved ones are usually highly committed to recovery and that often leads to not being able to recognize and honestly tell others what they are thinking or feeling (can't let them down).

The most common symptoms are:

- ❑ **Concern about well-being:** They feel uneasy, afraid and anxious. They are afraid of not being able to stay drug-free. This uneasiness comes and goes, and usually lasts only a short time.

- ❑ **Denial of concern/anxiety:** To get through these periods of worry, fear and anxiety, they ignore or deny that they are having these feelings just like they did in active addiction. The denial may be so strong that they are not even aware it is happening. Even when they are aware of their feelings, they forget them (pretend they didn't exist) as soon as the feelings pass. It is only if/when they think about the situation at a later time that they are able to recognize the feelings of anxiety and the denial of those feelings.

Family

ACTION STEPS

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

FAMILY BOUNDARIES

STAGE 2: AVOIDANCE AND DEFENSIVE BEHAVIOR

Again, during this phase, our loved ones are still highly committed to recovery. They don't want to think about anything that will cause the painful and uncomfortable feelings to return. As a result, they begin to avoid anything or anybody that will force an honest look at self. When asked direct questions about how they are feeling or how they are doing, they tend to become defensive.

The most common symptoms are:

- **Believing "I'll never use again:"** They are convinced that they will never use again, even saying it to others but usually keeping it to themselves. Many are afraid to even tell their counselors or other fellowship members. When this is happening, they question the need for a daily recovery program. We wonder why would you stop if it is working?

- **Worrying about others instead of self:** They become more concerned with others' recovery than their own. They privately judge the recovery programs of others. This is called "working the other guy's program."

- **Defensiveness:** They tend to be defensive when talking about personal problems, feelings or their own recovery program even when no defense is necessary. They feel threatened by any perceived personal weaknesses as opposed to addressing them honestly and openly.

- **Compulsive behavior:** They become compulsive (stuck, fixed or rigid) in/and over again without a good reason. There is a tendency to control conversations (talk too much or stay silent). They work more than needed, become involved in many activities and may appear to be the model of recovery because of heavy involvement in 12-step work, such as chairing meetings. They often lead in counseling groups by "playing therapist." Casual or informal involvement with people, however, is avoided.

- **Impulsive behavior:** Sometimes the rigid behavior is interrupted by actions taken without thought or self-control. This usually happens at times of high stress. Sometimes these impulsive actions cause them to make decisions that seriously damage their life and recovery program.

- **Tendencies towards loneliness:** They spend more time alone, coming up with reasons for avoiding people. These periods of being alone begin to occur more often and their loneliness intensifies. Instead of dealing with the loneliness by being around people, they become more compulsive and impulsive.

Family

ACTION STEPS

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

FAMILY BOUNDARIES

STAGE 3: CRISIS BUILDING

The energy surrounding their personal recovery starts to drain. During this phase, our loved ones begin experiencing a sequence of life problems caused by denying their personal feelings, isolating themselves and neglecting their recovery program. Even though they want to solve these problems and work hard at it, for every one problem that is solved, two new problems pop up to replace it.

The most common symptoms are:

- **Tunnel vision:** Tunnel vision is seeing only one small part of life and not being able to see "the big picture." They look at life as being made up of separate, unrelated parts focusing only on one part. This may create the mistaken belief that everything is secure and going well. At other times, this results in seeing only what is going wrong. No balance. Small problems become big problems and they come to believe they are being treated unfairly and have no power to do anything about it.

- **Minor depression:** Symptoms of depression begin to appear and persist. The person feels down, listless, void of feelings. Oversleeping becomes common and they are not able to distract self from these moods by getting busy with other things and not talking about the depression.

- **Loss of constructive planning:** They stop planning each day and the future often mistaking the statement "one day at a time" to mean that one shouldn't plan or think about what they are going to do. Less attention is paid to details. They become listless and plans are based more on wishful thinking than on reality.

- **Plans begin to fail:** Because they make plans that are not realistic and don't pay attention to details, plans begin to fail. Each failure causes new life problems. Some of these problems are similar to the problems that had occurred during using. They often feel guilty and remorseful when the problems occur (cycle of addiction)

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

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FAMILY BOUNDARIES

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STAGE 4: IMMOBILIZATION

During this phase, enthusiasm and energy around recovery continue to fall. As a result, they struggle to initiate action. They just go through the motions of living, being controlled by life rather than controlling their own life.

The most common symptoms are:

- **Daydreaming and wishful thinking:** More difficult to concentrate. The "if only" syndrome becomes more common in conversation. They begin to fantasize about escaping or being rescued from it all through an event unlikely to happen.
- **Feelings that nothing can be solved:** A sense of failure begins to develop. The failure may be real or imagined. Small failures are exaggerated, short term thinking sets in and the belief that "I've tried my best and recovery isn't working" begins to develop.
- **Immature wish to be happy:** A vague desire to be happy or to have things work out develops without identifying what that means. "Magical thinking" looks like wanting things to get better without doing anything to make them better.

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

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STAGE 5: CONFUSION AND OVERREACTION

The next six phases not only see a continued decline in the energy toward recovery, but we also start to see more reactive behaviors and more obvious signs of potential problems. However, our loved ones are still functioning. During this period, they can't think clearly, become upset with themselves and others, become irritable and overreact to small things.

The most common symptoms are:

- **Periods of confusion:** Periods of confusion become more frequent, last longer and cause more problems. They often feel angry with themselves because they are not able to figure things out.
- **Irritation with friends:** Relationships become strained with friends, family, counselors and fellowship members. They feel threatened when these people talk about the changes in behavior and mood that are becoming apparent (defensive). Conflicts continue to increase in spite of their efforts to resolve them. They feel guilty and remorseful about their role in these conflicts.
- **Easily angered:** They experiences episodes of anger, frustration, resentment and irritability for no real reason. Overreaction to small things becomes more frequent. Stress and anxiety increase because of the fear that overreaction might result in violence. The efforts to control themselves add to the stress and tension. They lose self-control.

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

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STAGE 6: DEPRESSION

During this period, they become very depressed and have difficulty keeping to normal routines. There may be thoughts of suicide, using or drinking as a way to end the depression (see the section on the brain). The depression is severe and persistent and isn't easily ignored or hidden from others.

The most common symptoms are:

- **Irregular eating habits:** They begins overeating or undereating (weight gain or loss). They stop having meals at regular times and replace a well-balanced diet with junk food.

- **Lack of desire to take action:** There are periods when they are unable to get started or get anything done. They are unable to concentrate, feel anxious, fearful and uneasy, and often feel trapped with no way out.

- **Irregular sleeping habits:** They have difficulty sleeping or are restless and fitful when sleep does occur. They may have strange and frightening dreams and may sleep for 12 to 20 hours at a time because of exhaustion. These sleep marathons may happen as often as every six to fifteen days.

- **Loss of daily structure:** Daily routine becomes haphazard. They stop getting up and going to bed at regular times. Sometimes they are unable to sleep resulting in oversleeping. Regular mealtimes are discontinued and it becomes more difficult to keep appointments and plan social events. They feel rushed and overburdened at times and then have nothing to do at other times. They are unable to follow through on plans and decisions, and experience tension, frustration, fear or anxiety that keep them from doing what needs to be done.

- **Periods of deep depression:** They feel depressed more often. The depression becomes worse, lasts longer and interferes with living. The depression is so bad that it is noticed by others and cannot be easily denied. The depression is most severe during unplanned or unstructured periods of time. Fatigue, hunger and loneliness make the depression worse. When they feel depressed, they isolate, becomes irritable/angry with others and often complain that nobody cares or understands what they are going through because of exhaustion.

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

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STAGE 7: BEHAVIORAL LOSS OF CONTROL

During this phase, they become unable to control or regulate personal behavior and a daily schedule. There is still heavy denial and are not aware of being out of control. Their life becomes chaotic, and many problems are created in all areas of life and recovery. The most common symptoms are:

- **Irregular attendance at fellowship and treatment meetings:** They stop attending meetings regularly (not working their program) and begin to miss scheduled appointments for counselling or treatment. They find excuses and justify this not recognizing the importance of fellowship and treatment. They develop the attitude that meetings and counseling aren't making them feel better so why should they make it a number one priority. Other things are more important.
- **Development of an "I don't care" attitude:** They act as if they don't care about problems that are occurring. This is to hide feelings of helplessness and a growing lack of self-respect and self-confidence.
- **Open rejection of help:** The addicted loved one cuts themselves off from people who can help through fits of anger, criticizing, putting others down or by quietly withdrawing from others.
- **Dissatisfaction with life:** Things seem so bad that they begin to think that they may as well use because things couldn't get worse. Life seems to have become unmanageable since using has stopped.
- **Feelings of powerlessness and helplessness:** They develop difficulty getting started; have trouble thinking clearly, concentrating, and thinking abstractly; and feel they can't do anything, concluding there is no way out.

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

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STAGE 8: RECOGNITION OF LOSS OF CONTROL

Their denial breaks and suddenly they recognize how severe the problems are, how unmanageable life has become and how little power and control they have to solve any of the problems. This awareness is extremely painful and frightening. By this time, they become so isolated that there is no one to turn to for help.

The most common symptoms are:

- **Self-pity:** The addicted loved one begins to feel sorry for themselves often using self-pity to get attention at Fellowship meetings or from members of family.
- **Thoughts of social using:** They believe that drinking/using would help them feel better and begin to hope they can drink/use normally again and be able to control it. Sometimes these thoughts are so strong they can't be stopped or put out of mind. There is a feeling that drinking/using is the only alternative to going crazy or committing suicide. Drinking/using actually looks like a sane and rational alternative. In this phase there is a return to using behaviors, thoughts and feelings.
- **Recognition:** They begin to recognize the lying, denial and excuses but are unable to interrupt them.
- **Complete loss of control:** They feel trapped and overwhelmed by the inability to think clearly and take action. This feeling of powerlessness causes the belief that they are useless and incompetent. As a result, there is the belief that life is unmanageable.

ACTION STEPS

Family

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

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STAGE 9: OPTION REDUCTION

During this phase they feel trapped by the pain and inability to manage life. There seems to be only three ways out – insanity, suicide or use. They don't believe anyone or anything can help them.

The most common symptoms are:

- ❑ **Unreasonable resentment:** They feel angry because of the inability to behave the way they want to. Sometimes the anger is with the world in general and other times with someone in particular. Often anger is with self.
- ❑ **Discontinuance of fellowship attendance and all treatment:** They stop attending fellowship meetings. When a helping person is part of treatment, tension and conflict develop becoming so severe that the relationship usually ends. They drop out of professional counseling even though they need help and know it.
- ❑ **Overwhelming loneliness, frustration, anger and tension:** They feel completely overwhelmed, believing there is no way out except using, drinking, suicide or insanity. There are intense fears of insanity and feelings of helplessness and desperation.

Family

ACTION STEPS

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

FAMILY BOUNDARIES

STAGE 10: ACUTE RELAPSE PERIOD

During this phase, the wheels have fallen off and functioning becomes severely impaired. They may use drugs/alcohol or may become disabled with other conditions that make it impossible to function.

The most common symptoms are:

- **Loss of behavioral control:** They experience increasing difficulty in controlling thoughts, emotions, judgments and behaviors. This progressive and disabling loss of control begins to cause serious problems in all areas of life affecting health and well-being. No matter how hard they try to regain control, it is impossible to do so.

- **Acute relapse period:** The addicted loved one experiences periods of time when they are totally unable to function normally. These periods become more frequent, last longer and begin to produce more serious life problems.

Family

ACTION STEPS

When we see these behaviors, we will: _____

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Recovering Loved One

When this is happening, I will: _____

FAMILY BOUNDARIES

APPENDIX

ADDICTION, RELAPSE, THE BRAIN AND SCIENCE

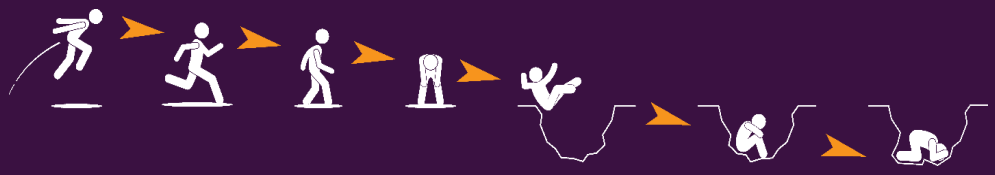
The following is a high-level, more scientific summary of addiction, relapse and the brain. We would like to thank Mr. Tom Stuber for sharing this with our families and giving us permission to reprint it.

TOM STUBER, MS, MBA, LPCC-S, LICDC-CS

Tom Stuber earned his BA at Kent State University, his MBA at Ashland University and his MS at Wright State University, also completing a three-year post-graduate program at the Gestalt Institute of Cleveland. Tom has spent his professional career in the field of treatment and recovery, starting his career as a hands-on provider where he developed his passion for the field and for the people on all sides.

Tom moved into leadership roles, supporting different facets of treatment and developing programming and providers to address substance use disorder. Most recently, Tom has served in prestigious leadership roles including Chief Operating Officer of Recovery Resources (Cleveland, Ohio), President/Chief Executive Officer of The LCADA Way (10 sites and 40 clinical locations/Lorain, Ohio), and currently as President and Chief Legislative Officer at The LCADA Way. Tom also serves as a member of the Adjunct Faculty at the Lorain Community College.

WHY ADDICITIVE PERSONS RELAPSE



Relapse is a process, not an event. The individual does not relapse solely because of one thing or one event. Generally, changes in behaviors, attitudes, emotional functioning and the recovery program will be seen before the actual relapse occurs. These are called **relapse behaviors or signs.** Because they occur prior to the relapse, there is an opportunity to prevent the relapse from occurring. To prevent the relapse the individual, the family, and any other concerned persons need to recognize and have a plan to intervene should relapse signs or behaviors occur. This can be difficult. When the family sees only one sign and knows their loved one is trying, they often don't bring it up or they avoid discussing their concerns because they don't want to upset their recovering loved one.

Equally difficult is when the loved one begins to compromise the management of their illness such as cutting back on recovery support group meetings or prioritizing other things over their recovery. When a client says to me, "Things are going well and I think I can cut down on my AA meetings or talking to my sponsor," my response is, "Why do you think things are going well?" Their response is usually, "Probably because I am going to AA meetings and having regular contact with my sponsor." I then ask, "What would it look like if things were not going well?" After they answer, I ask, "Is it worth the gamble?" At that point, I suggest that we have the discussion about cutting back on meetings in about six months rather than deciding today.

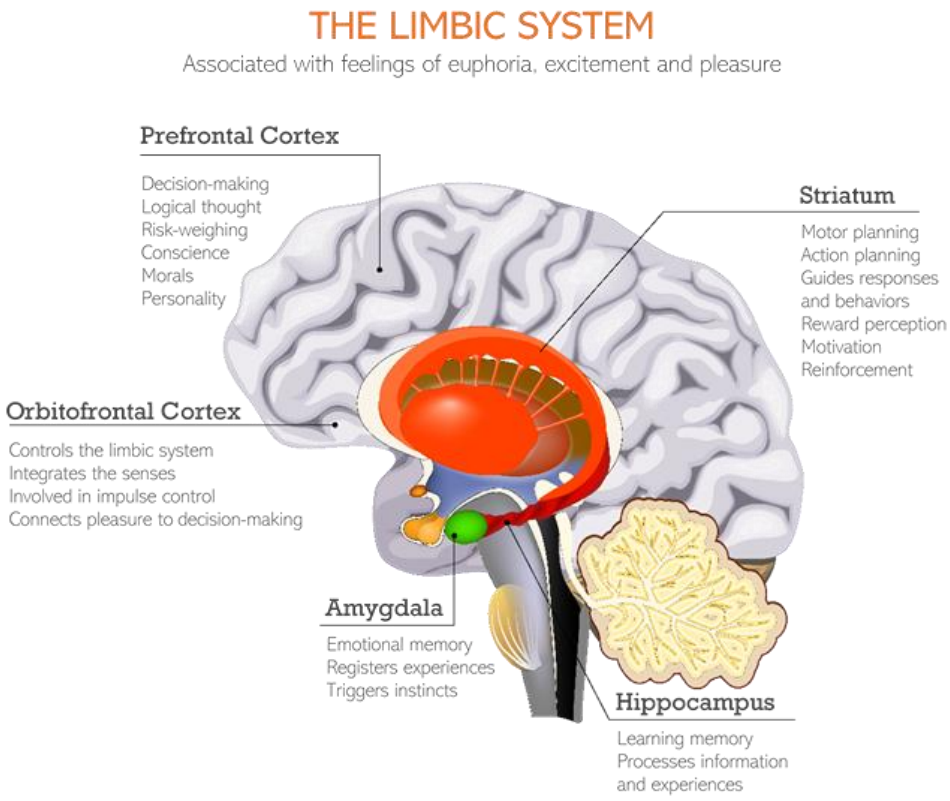
Relapse occurs because of an interaction between neurological, psychological and social dynamics. Neurologically, multiple parts of the brain are involved from the beginning of addiction through relapse. To understand relapse, it is important to understand the neurology of addiction.

NEUROLOGICAL PROCESS OF ADDICTION

Addiction occurs following the ingestion of alcohol or other drugs. This ingestion results in a flooding of neurotransmitters into the **limbic system or pleasure center** of the brain, resulting in an intense euphoria. This euphoria is many times more powerful than the euphoria created by other pleasurable events, including sex. This euphoria is an extremely high level of electrical/chemical stimulation of the neurons of the brain. The limbic system houses the hypothalamus and the nucleus accumbens which is where the excess stimulation occurs. The primary neurotransmitters that come into play are dopamine and serotonin.

The brain cannot function with that level of electrical/chemical stimulation created by the flooding of dopamine/serotonin over a period of time. It responds by reducing the production of these very necessary chemicals. This leaves the brain deficient in the chemicals needed to respond to normal stimulation. Humans cannot live without stimulation. Thus, the individual will crave the things that led to the stimulation and in this case the association is with the drug. Those who have given up coffee or caffeine can relate to this experience because for several days following cessation of the coffee/caffeine they were most likely highly irritated or anxious, and most thoughts centered on coffee. Now magnify this experience by applying it to drugs of abuse.

Not only is the level of neurotransmitters reduced in the limbic system (pleasure center) but it is also reduced in other areas of the brain that are equally involved in the progression of addiction: the prefrontal cortex, the orbital frontal cortex is the braking system between the prefrontal cortex and the limbic system. The hippocampus is the learning memory, and the amygdala is the emotional memory. The striatum is also involved in relapse but is not impacted by the reduction of neurotransmitters.



- **The limbic system is the pleasure center** and is responsible for feelings of euphoria, excitement and pleasure. The initial intensity created by the alcohol or other drug is registered in the emotional memory (amygdala) and will

never extinguish. This creates preoccupation or drug-seeking behavior that often is stronger than other basic instincts including the maternal instinct or even the survival instinct. Almost all individuals addicted to heroin know a peer who has died of an overdose and yet they continue to use.

- **The prefrontal cortex is the executive center of the brain.** This is where all alternatives are weighed and decisions are made. This is the center of logical thought. It helps us evaluate potential risks and rewards of our actions in determining a course of action. This is also where our conscience and morals are housed.
- **The hippocampus is the learning memory.** This is where short-term memory becomes long-term memory. It helps us learn from processing experiences and information that will be useful in making decisions in the future.
- **The amygdala is the emotional memory center.** This registers experiences and becomes the trigger for our instincts. Again, this registers the initial high. This becomes the high that those with addiction will continue to seek but never achieve again (seeking the initial high).

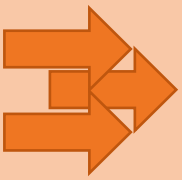
The reduction of necessary neurotransmitters in these parts of the brain will result in the following consequences. The limbic system will have a diminished response to normal stimuli and will be reminded by the amygdala of the euphoria that is created by the drug. Thus, it triggers drug seeking and preoccupation. The prefrontal cortex's functioning is diminished. As a result, it is not able to process the risks of use by weighing possible consequences, nor is it able to access our value system (conscience) in helping us make this decision. The hippocampus did not effectively register the information from past use episodes, so the information for making a good decision is not available and the consequences create by that use are not accurately remembered. Lastly the **orbitofrontal cortex**, which provides the controls over the limbic system by the prefrontal cortex, is ineffective and thus the individual is driven by impulse rather than logic.

In short, the addicted individual:

Overvalues the reward (**limbic system** and **amygdala**)

Undervalues the risk (**prefrontal cortex**)

Is not learning from past mistakes or consequences (**hippocampus**)



Is led to impulse-driven behaviors and use (**orbitofrontal cortex**)

NEUROLOGICAL COMPONENTS OF RELAPSE

The striatum is also involved in relapse. The striatum is the part of the brain responsible for our continuous scanning of the environment for information to guide our responses/behaviors. It looks for environmental cues, scans the environment for emotional and sensory conditions and then triggers a reaction that is more driven by habit than by logical thought. This is the process when we go to using places, see using friends or engage in activities that are associated with using that trigger or heightens craving.

Post-acute withdrawal is a primary cause of many relapses. Individuals will go through a physical withdrawal upon cessation of alcohol and drug abuse. All organs affected by drug use will rebound and attempt to return to normal functioning. How they rebound will be based on the nature of the drug they were abusing. If they were using a sedating drug like alcohol or opioids, all organs will go into overdrive resulting in hyper-functioning of the organ. An example would be the digestive organs will begin cramping and cause nausea, vomiting and/or diarrhea. The body's thermal regulating organs will respond with vacillating fever and chills. Muscles and joints will experience pain. If the drugs were stimulant drugs such as cocaine or methamphetamine, then the body rebounds with depression, anhedonia and low energy.

In all these cases the body's organs (except the brain) and their functioning will generally return to normal in 3-11 days. The brain will go through episodes of readjustment that could last anywhere from several months to two years. This is called post-acute withdrawal, in other words withdrawal that will be experienced following the acute medical phase of withdrawal. It is during these episodes that the individual will experience intense craving and intense anxiety, often without knowing the cause. They may be sober several months and doing everything they can to effectively manage their illness, and then they wake up one morning to intense craving and anxiety and feeling like they were using the night before. This is a very dangerous time when they are highly susceptible and risk relapse. This will pass with time but could take up to two years. It takes the brain a minimum of 35 weeks ***just to stabilize and begin to heal.***

PSYCHOLOGICAL PROGRESSION OF ADDICTION

The psychological progression of this illness is what keeps the condition hidden from the individual's and family's awareness. The person who becomes addicted will experience episodes of loss of control. Loss of control is based on neurological conditions triggered by use but are the start of the psychological progression. When the individual experiences loss of control of their use (this could be amount or duration of use), they will ultimately engage in some behaviors that violate their values. Everyone has values and these usually correspond with basic values in society. No one said to themselves in high school, "I want to grow up and be an addict." Rather, most established values include wanting to grow up and be a good spouse, a good parent, a good employee and a good citizen. Unfortunately, as loss of control episodes continue to happen the individual begins violating all these values.

When we do something that violates our values, we usually pay an emotional price. We feel guilty, shame, embarrassment, etc. We will feel this emotional pain until we do something to make amends and change so that we do not engage in this value violation again. Unfortunately, this would mean not using the alcohol or drug again since this is what triggers loss of control. At a subconscious or preconscious level, we begin developing emotional defenses to block us from that emotional pain. The defenses distort our reality. When you talk to others who are concerned about someone's addictive behaviors, they will question, "Can't he see what he is doing to himself and others?" The fact is he cannot because to drop the defense means he will have to deal with the emotional pain that he is carrying and then be responsible to address his drinking or drugging. At this point, the pain has continued to grow, and he sees the alcohol or the drugs as the solution rather than the problem. It helps medicate his pain.

PSYCHOLOGICAL COMPONENTS OF RELAPSE

Unresolved emotional pain: Psychologically, the addicted individual will carry emotional pain. This may be the result of value violations from his use, may be from past traumas that have not been addressed, or may be due to dealing with consequences created by his use but are now affecting him even though he is in recovery. Treatment/therapy is very important in helping an individual develop appropriate coping skills to deal with this emotional pain as well as being a tool to help bring this pain to resolution. Without bringing resolve or developing the tools, the individual is left with medicating the pain and, of course, this has been through drug use.

Compromising the management of my illness: A second psychological dynamic that contributes to relapse is the tendency for all of us as human beings to want to be "normal," meaning like everyone else. All chronic conditions can only be controlled by an individual managing their illness, which means we must do certain things to keep the condition in balance.

An example would be diabetes. If I have diabetes, then to manage my illness I need to change my diet, take my medications and exercise. If I do these things religiously, my diabetes will stay in control and not become intrusive or disruptive in my life. If I only do some of these things and not others, then my diabetes will again become intrusive/disruptive in my life. If I take my medications, watch my diet and exercise, then my conditions stabilize. But if I continue to take my medications, exercise but occasionally eat a doughnut then it probably won't be long before I again end up in the emergency room in a diabetic crisis.

If I am addicted, I must manage that illness. I will be taught in treatment what I need to do to manage this illness. But if I begin to compromise the management of my condition such as cutting back on my meetings, not following through with my aftercare or religiously practicing my recovery, I will probably experience a relapse. Going to using places, engaging in relationships with using friends or rationalizing that I can use other drugs such as marijuana or alcohol will ultimately lead to a return to use.

SPECIAL THANKS

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Contributors

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