Relapse Prevention
For Crime and Drugs:
The Sequenced Steps

A Cognitive Behavioral Therapy Manual

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Acknowledgements

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INTRODUCTION

14-Step Cognitive Behavioral Relapse Prevention Group Treatment:

- This manual was designed for use by substance abuse counselors and mental health clinicians who work with substance abuse clients with concurrent substance abuse problems and a history of criminal behavior. The manual provides effective group guidelines to clients who experience substance abuse problems and crime relapse risk. It describes a 14-step cognitive behavioral relapse prevention group treatment. Each step may take longer than one session to complete, depending on the size of the group and the amount of participation. Each session should be limited to 1 ½ to 2 hours.

- Both content for group discussion and activities to promote interest and interaction are outlined. Handouts are included in this manual and should be reproduced and used in conjunction with this manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions.

- Please note that this relapse prevention program is not for those still in the pre-contemplating stage. This group is not for those wondering whether they do have a problem with substance abuse. This program is designed for participants who are in the contemplating stage, wanting to know what they can do to live a life of sobriety.

- This relapse prevention program was compiled by the Center for Criminality & Addiction Research, Training & Application (CCARTA) in the Department of Psychiatry at the University of California, San Diego. Research has demonstrated the effectiveness of relapse prevention approaches among a variety of alcohol and other drug abusing populations; research also supports the use of these approaches with offenders (Marlatt, G. 1988 & Gordon, 1985). This publication is compiled from information that has had better than average results in treating chemically dependent criminal offenders (Gorski, 2002).
A Brief History of Relapse Prevention:

- Relapse prevention is a cognitive behavioral treatment program designed to teach individuals self-management skills to effectively cope with situations that could provoke setbacks or relapse.

- As early as 1978, Allan Marlatt began to propose a behavioral skills and cognitive restructuring approach as a result of studying the reason for alcohol relapse. He utilized material from Bandura (1977) about efficacy and how low efficacy prompted the tendency to “give in” to temptation.

- In the 80s (1987), he and others noted that when a setback occurred, people could be more vulnerable to the “abstinence violation effect.” Examples of the abstinence violation effect include self-blame and loss of perceived control. This idea was also prompted by many 12 step notions. Often, when people experienced a setback, they would say, “I’ve failed, so I might as well really let go.”

- Since then, many people have studied relapse prevention opportunities and found significant efficacy. In 1996, Carroll looked at 24 random studies dealing with cocaine, tobacco, alcohol, and marijuana, and found that relapse prevention is more effective than no treatment and as effective as other treatment such as supportive therapy and interpersonal therapy.


Formation of Group:

- In order to promote a safe learning environment that is beneficial to the participants, it is best to begin the relapse prevention group when there are sufficient numbers of participants (6-15).

- In situations where there are insufficient numbers of participants, it is recommended that you begin the process with the group you do have. Another alternative for a fluctuating number of new participants is to break the relapse prevention group treatment into 3 stages. Stage one is steps 1-4, stage two is steps 5-9, and stage three is steps 10-14. For participants completing each stage, we would encourage their participation in facilitating and teaching what they have learned to new participants for purposes of identification with new participants and reinforcement of what they have learned.

- Finally, an alternative for participants joining the group at different times is to use the video included in this relapse prevention program along with a staff member familiar with the material to help the participants catch up to an existing group. For all of these suggestions, you will need the participants to follow up with the homework assignments and activities outlined in each of the sections they may have missed.

Activities are adapted from:

Butler, Carol A. (2001) *100 Interactive Activities for Mental Health and Substance Abuse Recovery*.


Silverman, Mel. (1996) *Active Learning 101 Strategies to Teach Any Subject*.

Additional Resource available from:
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
[www.samhsa.gov](http://www.samhsa.gov) 1 (800) 729-6686
*Counselor’s Manual for Relapse Prevention with Chemically Dependent Criminal Offenders*
Technical Assistance Publication (TAP) Series 19
STEP 1:
The Addicted Brain

Instruction to Group Facilitators:

- Before taking the first step, group facilitators need to present the purpose, overview, group rules, conceptual framework, and rationale for the relapse prevention group. Group facilitators should introduce themselves and have participants introduce themselves to the group as well.

- Keep in mind this Relapse Prevention program is designed for individuals who are already in the contemplation stage. Remind participants this group will require everyone to actively participate.

- You will now talk to your group about what we know about brain science.

- In the last 15 years, with advances in brain imaging and neurochemistry, we know brain dysfunction is more complex than we believed. In the last ten years, scientists are getting closer to the notion that dependence is NOT a voluntary act.

- The problem with dependence is not the drug itself, but rather the brain chemistry where use of the substance becomes uncontrollable. The key ingredient is focusing on how drugs hijack the brain through the reward system...meaning that what gave you pleasure before, no longer does. Even drugs start to no longer give you pleasure. You may want to use videos and handouts to enhance participants’ understanding of the brain.
STEP 1:
The Addicted Brain

- You are now going to give someone a sense of how powerful the brain is and how it can stimulate physical conditions. You’re discussing how the brain gets hijacked by drugs and how the brain can hold memories that produce cravings. You are now going to give them a little hint on how imagery affects biochemistry.

- The Lemon Experiment: Ask participants to close their eyes for a couple of seconds. Picture you, the facilitator, standing in the front of room holding a great big juicy yellow lemon. Now...Bite It!! (Allow participants to fully experience.) Ask what happened? (Wait for participants to respond.) Some people probably felt it in their stomach, mouth, and some had to swallow! The mind is funny and can be triggered by lots of things. We know we are not biting an actual lemon, but we were triggered by the memory of our experiences with lemons. Ask participants to briefly start thinking about triggers (people, places, things, events, feelings, etc.). Keep in mind that this is affective and cognitive work and a lot of emotions may surface.

- Now go onto becoming addicted, dependent, or (we prefer) “Stuck” -stuck in the drug taking and all the activities associated with it. Begin conversation and get acquainted about whatever the participants are “stuck” on.

See Step 1 Activity on the following page: Get Unstuck

At the End of Step 1: Have participants think and mull over some experiences that made them hungry for drugs, sex, or anything that they are stuck with.
**RELAPSE PREVENTION**  
Step 1 Activity  

**Get Unstuck**

**Purpose:** To move forward despite adversity and to identify areas of relapse vulnerability to crime and addiction.

**Materials:** Board, marker, masking tape, paper, crayons, pencils.

**Attention Grabber:**
Volunteer walks into group with circular piece of masking tape stuck to bottom of shoe with sticky side out (to stick to the floor). Show it and ask, “What will happen when he or she tries to walk?” then “What does it mean to be stuck in one spot?” Elicit that past trauma, regrets, future fears, untreated emotional and substance abuse problems can immobilize us. Write “Get Unstuck” on board.

**Activity:**
1. Each identifies an issue or problem they “can’t get past.”
2. They write key words on the tape and affix it to their shoes. For example, “Drugs (be specific), alcohol, chocolate, tobacco, sex, high risk behaviors”, etc.
3. They draw, write, or think about the things that they are no stuck on.
4. Symbolize getting unstuck by removing tape from shoes and throwing it away. (Remind them that the process will take time and is more difficult than just removing tape from shoe.)

**Follow-Up:**

Brainstorm ways to get unstuck from the PAST:
Examples: Recognize it’s over, it cannot be changed. It can’t ruin the present unless we let it. We can change our thoughts about it. We are avoiding similar problems today. We can join support groups or work towards awareness regarding the issue.

Brainstorm ways to get unstuck from the PRESENT:
Examples: Many things we worry about never happen. We cannot control other people or circumstances. We can think and/or act in a healthy and safe manner today. We can work towards future well-being through medication, therapy, productive activity, nurture positive thoughts and relationships and detach from destructive ones.
**STEP 2: Triggers**

- **Instruction to Group Facilitators:**
  - Remind participants what they remember and learned from the last sessions. Have them recall the Lemon Experiment and Triggers.
  - Begin talk about their life and triggers for cravings on whatever their “stuckness” is. List a few triggers on the board, for example, music, broken heart, boredom, weather, movies, etc. Discuss what the triggers have in common? They can be a result of *not knowing what to do*: “I don’t know much about doing anything else other than drugs, crime, etc.” Ask participants what they do when they suddenly get a lot of money? Probably feed their addiction?!

- **See Step 2 Activity on the following page: Triggers Worksheet**

- **Trigger-gories Game:** Participants write their triggers using worksheet, then share with group and play Trigger-Categories or “Trigger-gories.” Each team combines list from participants and write down 5-10 triggers in each category. Answers must be specific. Set a time limit. Teams read each answer and if any other team also listed the same answer, it must be crossed off all lists. The team with the most original answers at the end of the round wins.

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**At the End of Step 2:** Give homework: My Story Handout. Our recommendation is to have clients do this individually and not in a group. They need to be able to reflect for this assignment. Ask participants to look at why their earlier attempts of recovery failed. What contributed to it? Also begin looking at how they made friends in the past.
RELAPSE PREVENTION
Step 2 Activity

What are your triggers?
Things that produce memory and cravings

People:

Places:

Things:

Physical Feelings:

Moods:

Events:

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GUIDELINES FOR YOUR STORY

- Why did your earlier attempts to stay clean fail?

- What contributed most to the beginning of real change?

- Regarding your first year or two of being clean during your real recovery – what was it like? We are most interested in how you handled:
  - Making new friends.
  - Intimate relations.
  - Learning to have fun without using.
  - Structuring your time and energies.

- What about wanting to get high? Have you ever relapsed?
RELAPSE PREVENTION
Step 2 – 3 Activity

GUIDELINES FOR YOUR STORY

- How about coping with stress and physical pain?

- What have been your most dangerous situations?

- Have you been secretive or open about your past? How have people responded to you?

- How do you see yourself in recovery?

- What do you most value that being clean has made possible?
**STEP 3: My Story**

**Instruction to Group Facilitators:**

- Begin with review of last sessions.
- Hold an in-depth discussion of My Story in groups. Ask everyone to take out their story and ask them how they felt in trying to write their story (report in clusters). Now we want subjective/affective states. Use “here and now” and have people identify with each other. *The goal is not to stay here.* We are beginning to start on content.
- Encourage all participants to engage in active listening.

**Learning Check-In:** You can do a learning check-in at this point. Ask participants, “What are some things you’ve learned that you can implement?” Have participants list at least three. Support the clients in being creative. You can have clients discuss with one partner or in group. You also can have clients write it down on post-its and post on a group learning wall/poster.

**At the End of Step 3:** We want the participant to begin thinking about the positives of staying clean and the negatives of relapsing. We will write the positive and negative aspects later in Step 5.
**STEP 4:**

*Urge Surfing*

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**Instruction to Group Facilitators:**

- Discuss physical experiences of cravings. Where do you experience it—in mouth or stomach? Deal with personal “stuckness.” Ask participants what is their most *obvious physical sign* of craving? Sometimes what occurs in the body occurs faster than in the mind.

- You may want to ask participants why it is important to discuss these physical feelings of urges to use. The important idea is that if you can become intensely aware of early warning signs, then you can better handle the situation.

- Have the group give examples. Demand exact and specific sensations. You want participants to start thinking of coping methods.

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*See Step 4 Activity on following page: Body Urge Surfing Worksheet*

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*At the End of Step 4:* Back in Step 3, we planted a seed for thinking about the positives of staying clean and the negatives of relapsing. As participants finish Step 4, we want them to realize we understand there are both positives and negatives to staying clean. Have the group ponder their own reasons as they leave the session.
RELAPSE PREVENTION
Step 4

Body Urge Surfing

Where do you experience the cravings in your body? Please write at least three places that you experience your cravings and circle on the body below.

1. __________________________
   __________________________

2. __________________________
   __________________________

3. __________________________
   __________________________

4. __________________________
   __________________________

5. __________________________
   __________________________

Can you be more specific about what happens at the places you wrote above as craving sites? What is the exact sensation you experience?

1. __________________________
   __________________________

2. __________________________
   __________________________

3. __________________________
   __________________________

4. __________________________
   __________________________

5. __________________________
   __________________________
**STEP 5:**
*Challenge & Change Thoughts*

**Instruction to Group Facilitators:**

- We now want conversation to drift forward. What are the potential risks of staying clean? Discuss fear of new responsibilities, loss of friends/family, etc. It is easy to meet drug friends who have the same goals, shared experiences, and interests. It is very important to emphasize that unless we have this conversation, we cannot be honest.

- Discuss “What can go right?” Getting kids back, being able to pay child support, mom will talk to me again, etc., are examples. Have participants personalize the risks and benefits, then talk it over in groups. Report out and have lists everywhere.

**See Step 5 Activity on following page:**
*Practice Exercise Worksheet with Notecard or Pro & Con Interactive Activity*

**At the End of Step 5:** Make sure to check the level of commitment from each participant. Discuss commitment on a scale of one to ten. Get into what causes doubts and into your vulnerabilities.
RELAPSE PREVENTION
Step 5 Activity

PRACTICE EXERCISE

One way to cope with thoughts about using is to remind yourself of the benefits of not using, the unpleasant consequences of using, and the stumbling blocks or high-risk situations that may make it hard to keep your commitment to abstinence. Use this sheet to make a list of the five to ten reminders in each category, then transfer this list onto a pocket-sized index card. Read this card whenever you start to have thoughts about using.

Positive benefits of not using: ______________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Unpleasant effects or negative consequences of using: _______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Stumbling blocks or high-risk situations, to keeping commitment to abstinence:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Overall level of personal commitment to remain abstinent.

<table>
<thead>
<tr>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Very High</th>
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RELAPSE PREVENTION
Step 5 Activity

Pros and Cons

Purpose: To weigh pros and cons of a situation.

Materials: Board, marker, pencils, container for issues.

Attention Grabber:
Volunteer or facilitator writes PROS and CONS on board and asks, “What do they mean?”

Activity:
1. Facilitator selects a question related to relapse prevention, write question on the board and with help of group, writes pros and cons.
2. Questions can include the following:
   “Should I continue to use drugs?”
   “Should I have just one drink?”

Follow-Up: Each shares their own pros and cons for recovery.

Variation: People write their own substance abuse issues on slips of paper with names or anonymously and deposit into container. Then the facilitator or a volunteer writes these questions on the board to discuss the pros and cons of each issue.
**STEP 6:**

*Practice with Daily Record*

**Instruction to Group Facilitators:**

- Have participants begin to practice using the Daily Record handout of urges. Begin discussion of how they coped with each situation.

- Ask for specifics on the situation, including their thoughts and feelings. “Where did you begin to feel it? Think back to the Lemon Experiment. What happened to you?”

**See Step 6 Activity on the following page:**

*Daily Record of Urges to Use*

**At the End of Step 6:** After carefully looking at the daily record, have participants leave the group with a general idea of their problem areas. The participants should be able to find similarities with their own situations during which they felt intense cravings.
## RELAPSE PREVENTION

### Step 6 Activity

**Daily Record of Urges to Use**

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation (include your thoughts and feelings)</th>
<th>Intensity of Cravings (1-100)</th>
<th>Coping behaviors used</th>
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**STEP 7:**

**Envision Problem Areas**

### Instruction to Group Facilitators:

- Have participants revisit steps 1-2. “These are the things you mentioned as your triggers.” Ask participants to discuss in depth and come up with high risk scenarios.

- *Ask the participants to visualize the scenarios.* For example, if you visit a heroin addict and light a cigarette, what is triggered in the addict? They may remember cooking up from the sight and smell of the match and flame. The reward of just thinking about it could trigger a real flip and activate hunger. Another trigger exposure could be seeing a belt in your closet. Why? It’s the same belt you used to self inject. Expect the craving to be intense, but it will not last if you are able to walk away. Keep in mind that if the availability is not there, the intense craving will be short-lived.

- Have participants come up with scenarios and interventions. Let them know *how to do each intervention*. Show them how to go to a safe place. Is that enough? Do we leave it as a mere thought or do we need to practice it? Counselors are in the DOING business, not academics. They need to role play, get feedback, and role play again. “Go into your head and see yourself doing things the right way.” *Visualize* how to handle situations. *Role play* “how to’s”. Emphasize that the the group is critical. “We benefit from your collective experience of both success and failure.”

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**At the End of Step 7:** Participants should have lists of problem areas. We will move into more detailed emergency plans in the next step.

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**Not to Trainer**

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**See Step 7 Activity on following page:** Why Visualize?
RELAPSE PREVENTION
Step 7 Activity

Why Visualize?

Purpose: Visualize problem areas in recovery and how to handle them.

Materials: Board, marker, paper, crayons, pencils.

Attention Grabber:
Draw a race track and runners. Ask participants: If you are about to run a very important race and you don’t look ahead at the obstacles, what could happen? What could happen if you see yourself falling flat on your face? What should you picture in your head? (See yourself running your best and looking ahead for obstacles so you can be prepared.) Focus on positive behavior, not the outcome.

Activity:
1. Participants draw, in a collage manner, all the problem areas in their recovery and how they will handle it. They may include people, places, times of day, feelings, situations, etc.
2. On the other side, they draw themselves reaching the long term goal of recovery (reunited with family, getting a job, etc.)

Follow-Up: Participants share their drawings and receive feedback. Then, with eyes closed, they practice visualizing and describing their positive behavior related to recovery.

Variation: For the 12-steps of Alcohol Anonymous, Narcotic Anonymous, or other 12-step programs: Group members draw themselves doing each step or each draws one step. Combine the drawings on the board.
**STEP 8:**
Planning for Emergency

*Instruction to Group Facilitators:*

- If the participant is going into a high risk situation, what should they do? Show them how to leave respectfully, etc. Role play and experience it. Don’t just have them talk about it. They need to visualize it also. (Look at Step 7)

- Go over Emergency Plan Handout. They can do choral work in repeating plan or do body vote on whether they feel the planned items would be helpful for them.

**At the End of Step 8:** By the end of Step 8, because participants have addressed and planned for tough situations, they should feel somewhat comfortable in dealing with their problem areas. Encourage clients to use their “Pro’s of Not Using Notecard” along with their list of emergency phone numbers as an integral part of their recovery maintenance.
RELAPSE PREVENTION
Step 8 Activity

Personal Emergency Plan:
High-Risk Situation Reminder Sheet

If I encounter a life event that puts me in a high-risk situation:

1. I will leave or change the situation or environment.

2. I will put off the decision to use for 15 minutes. I will remember that most cravings are time-limited and I can wait it out – not use.

3. I will challenge my thoughts about using. Do I really need to use? I will remind myself that my only true needs are for air, water, food and shelter.

4. I will think of something unrelated to using.

5. I will remind myself of my successes to this point.

6. I will call my list of emergency numbers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>1._______________________</td>
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</table>
STEP 9: Coping with Lapses

Instruction to Group Facilitators:

- To begin the conversation on lapse and relapse, you may want to begin the group with the Step 9 Activity.

- As you play Tic-Tac-Lapse, remind the group what a lapse is and differentiate it from relapse.

- It is important to give language to what often occurs in recovery. Participants are often surprised to learn that one use does not mean they have fallen off the wagon completely and relapsed.

See Step 9 Activity on the following pages: Tic-Tac-Lapse and Reminder Sheet

At the End of Step 9: Participants will take away from this step understanding the difference between a lapse and a full-blown relapse. To prepare them for the next step, have clients begin thinking about the support system they currently have for life in recovery.
**RELAPSE PREVENTION**

Step 9 Activity

**Purpose:** Answer recovery questions and correct misconceptions regarding relapses.

**Materials:** Board, marker, Tic-Tac-Lapse Questions.

**Attention Grabber:**
Volunteer writes Tic-Tac-Lapse on board & draws a Tic-Tac-Toe Game.

**Activity:**
1. Facilitator or volunteer draws Tic-Tac-Toe Game on board.
2. Two teams sit facing each other with facilitator at board in front.
3. At bottom of board, note players’ name under X or O and keep score (number of games won by each team).
4. Facilitator asks alternate teams the questions; a correct answer warrants an X or O; teammates should collaborate on answers and some questions require two or more people to respond.
5. If they answer incorrectly, the opposition tries.
6. Continue until one team wins or all spaces are filled.
7. If a tie occurs, the next question is a tie breaker.
8. Whichever team answers correctly first, wins.
9. Erase board, appoint another volunteer and continue until all questions have been answered.
10. Team with most points win.
11. Can discuss what everyone “won” in terms of learning about lapses.

**Follow-Up:**
Each discusses whether they have held the misconception regarding lapses in the past.

**Variation:** Distribute the questions 20 minutes before game. Allow team to discuss and note answers in advance.
RELAPSE PREVENTION
Step 9 Activity

True or False:

1. Relapse and Lapse are the same.
2. A lapse is permanent and will cause all people in recovery to be unsuccessful and unable to remain clean.
3. Relapse is not an isolated event.
4. No one can recover on their first attempt. Everyone relapses at least once.
5. If I experience a lapse, I should get rid of the alcohol/drugs/equipment and get away from the setting where I lapsed.
6. If I experience a lapse, I should give up and wait until I start another treatment program to try again.
7. If I experience a lapse, I should call for help from someone.
8. If I experience a lapse, I should understand that one use or one day of use means I have relapsed.
9. Behavior, attitude, and changes in moods and thoughts can be relapse warning signs.
10. Both positive and negative feelings can trigger relapse.
11. Using prescription drugs will not trigger people in recovery to relapse.
12. It is safe to get high occasionally.
13. Most relapses occur after one full year of recovery.
RELAPSE PREVENTION
Step 9 Activity

Tic-Tac-Lapse Answers

1. False. A lapse is an initial episode of alcohol or drug use during recovery and a relapse is the failure to maintain behavior change over time.

2. False. A lapse is only a temporary detour on the road to abstinence.

3. True. A relapse is not just one event. It is a process of becoming unable to cope with life in sobriety.

4. False. Studies of life-long patterns of recovery and relapse indicate that not all patients relapse. Approximately one third achieve permanent abstinence from their first serious attempt at recovery.

5. True. Common relapse factors are environmental: places, persons, time of day, etc.

6. False. At my next session, I should examine the lapse with my counselor, discuss the events prior to my lapse, and identify triggers and my reaction to them. I should explore with my counselor what I expected using to change or provide. I should work with my counselor to set up a plan so that I will be able to cope with a similar situation in the future.

7. True. It is helpful to develop a supportive relapse prevention network of family and other social supports.

8. False. One use or even one day of use does not have to result in a full blown relapse. I should not give into feelings of guilt or blame because I know these feelings will pass in time.

9. True. Behavior changes, attitude changes, changes in moods or feelings, and changes in thoughts are all relapse warning signs. When I begin to engage in addictive thinking and make excuses to justify relapse, a return to using alcohol and drugs can occur easily.

10. True. People in recovery often want to enhance a positive feeling by using. They also want to get rid of negative feelings by using.

11. False. Using prescription drugs is a common trigger for relapse.

12. False. Believing it is safe to get high occasionally is another common trigger for relapse.

13. False. Nearly two-thirds (2/3) of all relapses occur during the first six months of recovery.
RELAPSE PREVENTION

Step 9 Activity

Personal Emergency Plan:
Lapse Reminder Sheet

A slip is a major crisis in recovery. Returning to abstinence will require an all-out effort. Here are some things that can be done.

If I experience a lapse:

1. I will get rid of the alcohol/drugs/equipment and get away from the setting where I lapsed.

2. I will recognize that one use or even one day of using does not have to result in a full blown relapse. I will not give in to feelings of guilt or blame because I know these feelings will pass in time.

3. I will call for help from someone else.

4. At my next session, I will examine this lapse with my counselor, discuss the events prior to my lapse, and identify triggers and my reaction to them. I will explore with my counselor what I expected using to change or provide. I will work with my counselor to set up a plan so that I will be able to cope with a similar situation in the future.

REMEMBER: THIS LAPSE IS ONLY A TEMPORARY DETOUR ON THE ROAD TO ABSTINENCE

UCSD CCARTA 27
**STEP 10:**
Support for Friendship

**Instruction to Group Facilitators:**

- Because someone’s social life tells a lot about a person, it is critical to see whether participants have healthy relationships.
- Ask participants to start **identifying supports**. Go over the friendship checklist handout. It is very important to go through the checklist to ensure their support system is going to be in place.
- If the participants do not have current sources of support and functional friendship, make sure there is a group discussion of what can be done.

See Step 10 Activity on the following page:
Support and Friendship Checklist

**Note to Trainer**

At the End of Step 10: As we complete Step 10, you will now ask clients to identify specific relationships they’ve had in the past that have been problematic or highly stressful. Most participants will bring up romantic relationships as a big source of both support and headache. In Step 11, we will focus on romantic relationships.
**RELAPSE PREVENTION**

**Step 10 Activity**

**Support and Friendship Checklist**

Your social life tells a lot about you. With a full and healthy set of relationships, the strength and satisfaction you need to live drug free can be yours. If you are relying on too few people or on people who are not strong themselves, then many of your needs may not be satisfied and drug use is much more likely for you.

What are you receiving from the people in your life? The following checklist may help if you look more closely at your current sources of support and friendship. If you are not able to say yes to all of the items below, that is OK. But they are important for most people and could be vital for you to be working on.

<table>
<thead>
<tr>
<th>Do you have:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People you trust who won’t manipulate you for their own purpose?</td>
<td></td>
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</tr>
<tr>
<td>2. People with whom you can have healthy fun and recreation?</td>
<td></td>
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<tr>
<td>3. People who share your own special recreation interests and hobbies?</td>
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<td>4. People from whom you can learn about:</td>
<td></td>
<td></td>
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<tr>
<td>• Career and work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Everyday life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recovery from drugs?</td>
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<tr>
<td>5. People you can learn with who share support for learning together?</td>
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<tr>
<td>6. Some with whom you have an intimate and loving relationship?</td>
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<tr>
<td>7. People with whom you can discuss personal and serious concerns?</td>
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<tr>
<td>8. People you can count on to help you in a crisis?</td>
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<tr>
<td>9. Sensible people who confront you in a caring way with problems they see in your behavior or mistakes in your thinking?</td>
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<tr>
<td>10. People who participate with you in spiritual or religious activities?</td>
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<tr>
<td>11. Good people you are comfortable with, who are near enough that you can drop by easily when you really need some company?</td>
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</tbody>
</table>
**STEP 11:**
**Issues for Relationships**

**Instruction to Group Facilitators:**

- Now you’ll probably have to return to step 6, 7, and 8. Why? One of the biggest causes for relapse is romantic relationships. For women and men, dealing with the ups and downs of romantic relationships and friendships can be difficult.

- If your group is ready and if it is allowed at your workplace, you are then going to have a very frank discussion about sex. All drug use has an effect on both men and women. Ask clients “How are you going to take care of your fears? Or are you going to act out of that fear? What may happen if you are stressed out about it?” You want participants to think about these real issues ahead of time.

See Step 11 Activity on following page: Heart Toss

**At the End of Step 11:** As we conclude the focus on relationships, we will be looking into the possibility of work. Have participants begin looking into their feelings and attitudes toward obtaining a job for the future.
Purpose: Stimulate interest and begin discussion of how relationships can cause relapse.

Materials: Any stuffed animal or object to pass around.

Attention Grabber:
Ask participants whether they think relationships can cause relapse?

Activity:
1. Have participants come up with short scenarios or situations in relationships that can pose a high risk to recovery.
2. Toss the object to a participant and have them share one scenario or situation.
3. After that participant shares, ask that they gently toss it to another participant.

Follow-Up: Discuss all areas of concern and how to handle each situation.

Variation: Role play several scenarios.
**STEP 12:**

**Work**

**Instruction to Group Facilitators:**

- Work is a big portion of most people’s life. If they are not working, what are they doing with themselves with all that time? Have everyone explore their experiences and whether they are ready for a job or not.

See Step 12 Activity on the following pages:
- Ready-for-Work Checklist
- Right Job Checklist
- Open Sharing Scenario
- Sample Resume

- Make sure participants discuss honestly Number 4 on the Ready-for-Work Checklist (Money for basic needs only). Pay attention to Number 11—work environment is very important. Let participants decide on their answers because it is effective only if it comes from their value system.

- In the Right Job Checklist, go through pros and cons of Number 12. What do you tell potential employers about being an ex-addict who may have a criminal history? Spend some time in groups because it is crucial material. Use Open Sharing and Sample Resume.

**End of Step 12:** Participants may want to create their own resume as a part of this step. Encourage the participants to share their work experiences with the group as it may be a powerful learning tool for the group.
**RELAPSE PREVENTION**  
*Step 12 Activity*

**The Ready-for-Work Checklist**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

1. Are you really free of any active drug problems?    
2. Do you have a stable living situation and/or good support from other people who care about you?  
3. Do you sincerely want to be self-supporting?    
4. Are you willing and able to live off of a steady income that for the near future may only meet your basic needs and a little more?  
5. Can you maintain a regular schedule?  
6. Can you handle everyday disappointments without resorting to using or losing control of your emotions or your actions?  
7. Can you put up with stretches of tedious and boring work, which almost any job (especially at entry level) occasionally requires?  
8. Are you able to accept supervision and direction you may not always agree with?  
9. Do you have reliable information about the job market as it might apply to you?  
10. Do you consider work as an opportunity to do something worthwhile in addition to being a way to stay out of trouble and earn money?  
11. Are you clear about the kinds of situations that are dangerous for you and could lead you to use and to give up on yourself?  
12. Do you believe you can do a good job for an employer and be appreciated for it?
## RELAPSE PREVENTION
Step 12 Activity

### The Right Job Checklist

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Will the job offer a take-home salary adequate for your current needs?</td>
<td>___</td>
<td>___</td>
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<tr>
<td>2. Will you have adequate transportation?</td>
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<td>___</td>
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<td>3. Do you have a clear idea of what the work involves?</td>
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<td>4. Do you have or can you soon learn the skills the job will require?</td>
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<td>5. Is the work environment safe and reasonably pleasant?</td>
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<td>6. Will the work be steady, year-round, and will you be paid regularly?</td>
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<td>7. Will the job involve adequate supervision and evaluation to support your performance?</td>
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<td>8. Will it provide opportunities to enrich your skills and/or offer you advancement?</td>
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<td>9. Will you have coworkers who are people you could respect and who could become positive friends?</td>
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<tr>
<td>10. Will you have what you need (the friends, the recreational outlets, the free time, etc.) to handle the stress of this job?</td>
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<tr>
<td>11. Do you think the job will challenge you?</td>
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<td></td>
<td>The Right Job Checklist (continued)</td>
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<td></td>
<td>12. Would your position remain secure if your past were known to coworkers and/or your employer?</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>13. Will the work be free of situations, places, and the people that in the past have strongly tempted you to use?</td>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>14. Will you have a good person or counselor at the Worksite to which you could go if you develop problems at work?</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>15. Is the kind of work and the way it is to be done consistent with your personal values and beliefs?</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>
Imagine that you are going to apply for a job that sounds right for you. You feel you have the skills and you really want to get this job and do it well. You badly need work because you have been out of residential treatment for a while, and now it is time to make a living. One problem, however, is that you have not held a steady job for several years due to drug use. How are you going to deal with this gap and demonstrate that you will be a responsible employee?
A Sample Resume

Georgos (a fictitious person) has a poor work record and not much education or formal training, but he makes the most of the past. Imagine what his resume would look like if he did not admit to being a recovering addict.

_________________________________________________________
Georgos Inaki
10 Raki Street
Athens, Greece
DOB 4/21/61

Vocational Interests
Housing construction, remodeling and home appliance repair.

Skills and Experience
Good aptitude for carpentry, mechanical work and numbers.
Have mastered various precision machines for a major manufacturer.
Served capably as clerk shipper and retail Sales representative. Possess Class II drivers license.

Personal Data
Before I completed intensive drug treatment, my employment and education were damaged by 8 years of addiction. I am now drug free and committed to abstinence and am highly self-aware and responsible. I want very much to prove myself as a valuable employee.

I keep my commitment to recovery strong by participating actively in the New Day Aftercare Program, a drug-free learning and fellowship organization.

I volunteer part-time as a carpenter at the YMCA, where I also help coach a boys’ basketball team. I also have learned to help other people overcome their drug and alcohol problems, which is something I deeply care about.

References
The following people can give you full and honest reports about me:
Anna Kiorki, MD: 922-5471
Yoros Athelos, M.ED. (New Day Director): 848-5531
Kanna Stephanopolis (former probation officer): 767-9947
**STEP 13:**
AIDS/HIV

Instruction to Group Facilitators:

- Finally, before we move on to our action plan, we have to discuss the AIDS checklist. These are real issues the participants will have to face. Drug use and high risk behavior go hand in hand.

See Step 13 Activity on the following page:
HIV/AIDS Checklist

At the End of Step 13: Ensure that a referral list with names, address, hours of operation, phone number, and fee scale is given to the group. This list can be compiled by the group as a group assignment. The participants should be knowledgeable about where to get tested, etc.
RELAPSE PREVENTION
Step 13 Activity

The AIDS Virus: Am I at Risk?

Check Yes or No

1. Have you shared needles/syringes or any “works”? ___ ___

2. Have you used needles/syringes or any “works” without disinfecting them with bleach or alcohol? ___ ___

3. Have you engaged in the past, or are you currently engaging in high-risk sexual activities? ___ ___

These include unprotected sex (no latex condom) with:
- IV drug users, active or recovering
- Multiple sex partners
- Gay or bisexual men
- Prostitutes or those who have been sexually active with prostitutes
- Recovering people who have engaged in sexual activity with IVDUs

4. Do you have any of the symptoms possibly indicating HIV infection? ___ ___

(Symptoms include fatigue, unexplained fever, night sweats, weight loss, swollen glands, and diarrhea. These symptoms are recurrent and are not due to a cold or the flu; they come back repeatedly or last more than 2 weeks.)

If you answered yes to any of the above questions, you are at elevated risk of infection. The amount of risk varies depending upon how many times and with how many high-risk persons you have engaged in these behaviors, though all of the above behaviors place you at higher risk for HIV infection.
**STEP 14:**

*Action Plan*

Instruction to Group Facilitators:

- Conclude Relapse Prevention Group by having participants complete a Living and Social Arrangements Action Plan.

---

**Sequence Step 14**

Living and Social Arrangements Action Plan

1. Where do I live?
2. With whom do I live?
3. What do I have to avoid?
4. How much do I need to earn to pay the rent?
5. How much will it cost for food, cleaning, entertainment?
6. Child Support? If yes, what is the plan?

---

See Step 14 Activity on the following page:

Action Plan Worksheet

**At the End of Step 14:** Have participants read their action plan to the group. Encourage clients to seek some sort of after care support, whether it is an A.A. group or an on-going treatment group. Thank participants and reemphasize the importance of relapse prevention. Remind participants that recovery maintenance is a life long process.

---

Relapse Prevention Groups
Foundation for Getting Unstuck

1st = Awareness Building
2nd = Strategy Building

Recovery maintenance is a life long process!
RELAPSE PREVENTION
Step 14 Activity

Living and Social Arrangements Action Plan

1. Where do I live?

2. With whom do I live?

3. What do I have to avoid?

4. How much do I need to earn to pay the rent?

5. How much will it cost for food, cleaning, and entertainment?

6. Child support? If yes, what is the plan?