

Help Them Succeed At Rehab *and* Prevent Relapse

**A GUIDE FOR PARENTS AND PARTNERS OF
PEOPLE LEAVING ADDICTION BEHIND**

USDrugRehabCenters.com

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Cover and page layout design by www.mdesigns.ca

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ISBN-978-0-9809376-3-3

FIRST EDITION

Printed from January 2007 to 2009

DIGITAL EDITION

Produced from January 2011 to present



*This book is dedicated to
all the people with the experience of addiction
who have the courage to change their lives for the better.*





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Table Of Contents

Chapter One

Introduction To Becoming An Effective Helper 13

- Do Some People Just Stop Using? 14
- Addiction Treatment Effectiveness 15
- Are Some Programs More Effective Than Others? 15
- How Can I Motivate Them To Attend A Program? 16
- Reasons They May Not Accept Treatment Can Be Overcome 16
- Changing Negative Self-Talk..... 16
- Finding A Program They Can Believe In..... 17
- Punishment Doesn't Work..... 17
- Help Them Find A Positive Reason To Change 18
- If Your Loved One Decides To Attend Rehab, What Next? 18
- What Keeps People From Being Effective Helpers? 18
- What Do You Really Want to Accomplish? 19

Chapter Two

Supporting Your Loved One To Receive Adequate Detox And Withdrawal Management 23

- Alcohol 24
- Benzodiazepines And Other Sedative/Hypnotics..... 25
- Stimulants: Cocaine, Amphetamines And Derivatives 26
- Opiates/ Heroin 26
- PCP/Psychedelics..... 27
- Take Inventory..... 27
- Things To Know And Actions To Take 28

Chapter Three

Choosing A Rehab Program.....	31
What Does My Family Member Have To Do To Succeed In Leaving Addiction Behind?	33
Leaving Addiction Behind Requires Your Loved One To Set A New Life Course ..	33
Living A Balanced Life Reduces The Risk Of Relapse	34
What Does Your Loved One Need To Learn To Do?	34
Improve Physical And Mental Health.....	34
Manage Cravings And Cues To Use	35
Use Coping Skills To Reduce Stress And Negative Emotions	35
Set Boundaries With Other People.....	35
Develop A Positive Social Support Network.....	35
Develop Communication Skills.....	36
Put Positive Structure Into Their Life	36
Getting Ready To Help Your Loved One Succeed	36
Things To Know And Actions To Take:	36
» Rehab Research Checklist	38

Chapter Four

Getting Your Loved One Off To Rehab	41
First Find Out The Rules:	42
Identify And Address Health Needs Before They Go:	42
Be Clear About Expected Behaviors:	43
Expected Behaviors:.....	43
Prohibited Behaviors:	44
Time To Start Packing:	44
Remember To Agree On Cigarettes And Money:.....	45
Why Is This Important?	46
Agree On Who Gets What Information And Who Is The Family Contact:	46
Time For Leaving	47
Things To Know And Actions To Take:	48
» Our Rehab Contract	49

Chapter Five

Whose Fault Was It?.....	51
Why Did They Drink Or Take Drugs In The First Place?	52
People Are A Powerful Influence On Choices.....	53
Your Loved One Had Positive Reasons For Drinking Or Using	53
What Did They Learn When Using?	55
Why Did Your Loved One Continue to Use?.....	57
Why Are People Afraid To Quit Using?.....	58
Why Do People Eventually Decide To Quit Using?	59
Leaving Addiction Behind Requires Learning To Live And Think Differently	60
Abstinence Allows Them Time To Learn.....	60
Abstinence Is Like Breathing.....	61

Things To Know And Actions To Take 61

Chapter Six

Those First Days In Rehab; Things You Need To Know About Withdrawal And Recovery 63
 Negative Emotions & Return To Drug And Alcohol Use 67
 Where Do All Those Negative Emotions Come From?..... 67
 You And Your Loved One Assign Meaning To Events..... 68
 Stopping Automatic And Dysfunctional Thinking 68
 Negative Thoughts Affect Our Total View Of The World 69
 Things To Know And Actions To Take 70

Chapter Seven

Working On Mind & Body To Get Them Healthy 73
 Sleep, Healing, And Relapse Prevention 75
 Food & Relapse Prevention 76
 Exercise & Relapse Prevention 77
 Things To Know And Actions To Take 78

Chapter Eight

Beat The Big Four Behind Relapse: Anger, Depression, Anxiety & Stress 81
 Managing Anger 83
 Depression And Anxiety Go Hand In Hand With Alcohol And Drug Abuse..... 86
 Managing Depression 87
 What Causes Depression? 88
 Managing Anxiety 89
 Panic Disorder:..... 89
 What Is The Treatment For Panic Attacks? 90
 Generalized Anxiety Disorder: 90
 Anxiety Disorders And People With Addiction 90
 Become Knowledgeable..... 91
 Managing Stress To Reduce The Risk Of Relapse 91
 Relapses Are Often Preceded By Poorly Managed Stressful Events..... 91
 So Who Decides If An Event Is Stressful? 92
 Becoming Stress Resilient By Holding On To Your Values 92
 Take Time To Help Your Loved One Rediscover Their Own Values..... 93
 Develop Positive Habits 93
 Things To Know And Actions To Take 94

Chapter Nine

Relationships And Relapse..... 97
 Families Impact Addiction Behavior 98
 Negative Family And Friend Support 98
 Positive Family And Friend Support 99
 Guilt & Shame And The Addiction Lifestyle..... 101

Guilt	101
Guilt Can Be Good	102
To Get On With Life Families Need To Practice Acceptance.....	102
Simple Actions To Help Them Reduce Guilt & Shame	103
Planning For Healthy Relationships To Prevent Relapse	104
Becoming Mentally And Physically Healthier To Build Healthy Relationships.....	105
Families Need Help Too	105
Social Support & Relapse Prevention.....	106
Support Them To Weed Out People Who Could Trigger Relapse	106
Help Them Identify Family And Friend Supports.....	107
Interpersonal Boundary Setting Reduces Risk Of Relapse	109
Keeping A Safe Home For Your Loved One	110
What Is An Interpersonal Boundary?	110
Living And Enforcing Boundaries	112
Things To Know And Actions To Take	112

Chapter Ten

Managing Cues.....	115
High-Risk Situations For Relapse	117
High-Risk Situations Must Be Avoided	118
What Are Cues?.....	118
Witness Their Commitment.....	119
Reduce Cravings By Eliminating Cues.....	119
Take Action To Remove Things That Are Cues To Drink And Use Drugs.....	120
Replace Old Cues With Positive Cues.....	120
Events Are Also Cues	121
Helping Them Manage Event Cues	122
Location Cues Require Them To Stay Away	122
Common Emotional Cues	123
Cues Do Not Last Forever	124
Things To Know And Actions To Take	125

Chapter Eleven

What If They Use Again?	127
Detecting Their Relapse Setup	129
A Time Out From Using.....	130
What Is Substance Dependence?.....	130
Warn Them To Take Precautions If They Choose To Use Again	131
A Lapse Can Lead To Greater Commitment.....	132
Lapse As A Guilt Inducing Event	133
How About Using Other Drugs & Alcohol Or Using In Moderation?	134
Managing Daily Life Stressors Will Reduce Risk Of Relapse.....	135
Managing Health Problems Will Reduce The Risk Of Relapse.....	135
Maintaining A Balanced Lifestyle Will Reduce The Risk Of Relapse	135

Your Future..... 136
 Things To Know And Actions To Take 136

Chapter Twelve

Getting Ready To Welcome Them Home 139
 Those First Hours And That First Week At Home 140
 Practical Techniques For Managing Stress And Craving 140
 Using Structure To Positively Fill Those First Hours And Days..... 143
 Positive Structure Can Change How Your Loved One Behaves..... 143
 Structure Can Cue Your Loved One To Succeed At Their Life Goals..... 144
 Structure Can Reduce Boredom And Loneliness 144
 Give Them A Positive Cue For Adding Structure..... 145
 Keep Them Safe Those First Hours And Days 145
 Real Structure..... 146
 Morning And Evening Are Particularly High Risk Times 146
 Key Points For Success For You And Your Loved One..... 147
 Structure Reinforces Commitment 148
 Commitments Build Trust 148
 The Commitment Cycle 149
 Making Up For Lost Time 149
 Things To Know And Actions To Take 150

Appendixes

Seeking Further Help 153
 Our Research, Our References 154
 Extra Tools..... 157
 How To Find Professional Help 157
 Getting More Help - Reading List 157
 Helpful Web Links..... 158
Index 160



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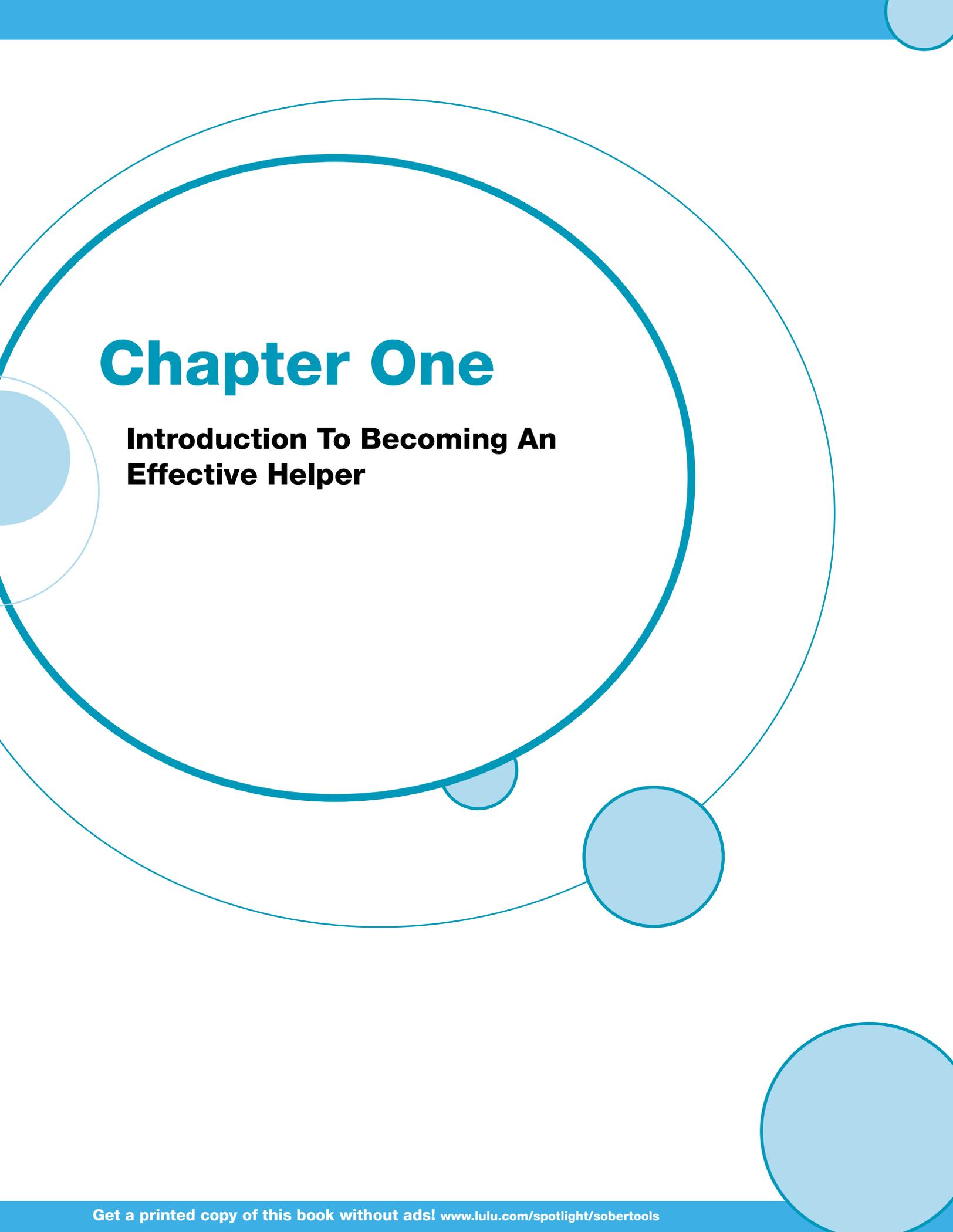
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Acknowledgements

This book is for individuals who want to understand more about addiction and the research available. Some of the ideas in it are not new, while others are totally our own. We have arranged the material in a way to make it readily accessible to the reader. We have benefited from the feedback of clients and their families.

We wish also to acknowledge the extensive body of research available in the area of relapse prevention and health care which was used to create this book. Although the references acknowledge the work of specific experts, I have used common knowledge that has been built over the years through best practices and research carried out by many individuals and groups at universities, health care facilities, and addiction treatment facilities. A quality addiction program stands on the shoulders of the evidence created by the people who dedicate their careers to finding a better way.

I wish to thank the family, partners, and friends of people with the experience of addiction. Without their continuous support and love, no person suffering with addiction would find their way home.

The background features a large, thin blue circle that frames the central text. Several smaller, solid blue circles of varying sizes are scattered around the page, some overlapping the large circle. A solid blue horizontal bar is at the top, and another is at the bottom.

Chapter One

Introduction To Becoming An Effective Helper

Chapter 1

Introduction To Becoming An Effective Helper

Although the concept of addiction as a progressive disease that continues for life may apply to some people, it does not apply to most people (Thombs, Dennis L. 2006).

The first question family and partners often ask is, "How do I motivate my loved one to stop using and to get treatment?" If there were a simple answer to this question, there would be very few people continuing to experience addiction. The following information is provided as a brief background to help you in working with your loved one to increase their motivation to enter treatment.

Do Some People Just Stop Using?

Studies that examine large populations and not just those people who are addicted to alcohol who present themselves for treatment indicate that alcoholism and other addictions do not follow a predictable series of stages in which the user inevitably deteriorates. Although the concept of addiction as a progressive disease that continues for life may apply to some people, it does not apply to most people (Thombs, Dennis L. 2006).

The evidence shows natural remission increases with age. Particularly for drinking, young people tend to reduce the amount of their drinking as they progress through their twenties. Marriage and a stable relationship also results in a pattern of reduced drinking. So the natural pattern is one of reduced drinking with increased life stability and increased confidence in one's skills to manage life problems (Thombs, Dennis L. 2006).

The concept of "maturing out" or decreased use with age has been shown to be an accurate reflection of the pattern for many alcohol and drug users including heroin users. This is particularly true if the young person is not involved in crime or drug dealing and does not demonstrate antisocial personality characteristics. Individuals who have educational status, post high school vocational training, employment history, and reasonable parental socioeconomic status, tend to mature out sooner and end their heroin use (Thombs, Dennis L. 2006).

Does this apply to every one? No, it does not. Some people continue using and do not stop using on their own. Some people try many times to stop using and are not successful. They require some assistance. For people who have a loved one who has tried to stop and continues using, the next question is often, "Is there effective treatment for addiction?"



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Addiction Treatment Effectiveness

“One of the most enduring myths about addiction is that treatment for addiction is ineffective” (Institute of Medicine 1997). Addiction involves biological, social, and individual factors which complicate treatment, much like the treatment of diabetes or high blood pressure where the individual’s motivation and ability to control diet, exercise, social support and other factors make treatment complex.

One of the most enduring myths about addiction is that treatment for addiction is ineffective (Institute of Medicine 1997)

So how effective is addiction treatment compared to treatment of other disorders? In 1996 a study reviewed literature and compared treatment for addictive disorders and three common medical disorders, hypertension (high blood pressure), diabetes, and asthma. Treatment effectiveness for addiction was defined as a 50% reduction in drug taking after six months. Treatment for alcoholism was found to be successful in 40 to 70% of clients, for cocaine addiction 50 to 60% of clients, and opioids 50 to 80%.

In contrast, for people with diabetes less than 50% followed their medication regimen and less than 30% followed their diet and self care requirements. Less than 30% of clients with asthma or hypertension were found to take their medication as instructed. The result of these non-compliant behaviors was that 50 to 60% of hypertension and 60 to 80% of asthma clients needed to be retreated within a year (Institute of Medicine 1997). No one says that these people should not receive treatment because they had difficulties following the directions provided by their physicians and health professionals.

So the answer to the second most common question from families and partners is, yes, addiction treatment is effective and becoming more effective as new research is applied in new programs being developed in the past decade. It is as effective as many treatment programs for other disorders and in some cases more effective.

Are Some Programs More Effective Than Others?

It is widely know that many individuals relapse. Evidence shows that the longer a person is in treatment, the more likely the treatment will be effective. A critical period is the early days of treatment when the drop out rate is high (Institute of Medicine 1997). When thinking of your loved one, consider programs that have a high retention rate or what is know as a low drop out rate during the first two weeks to a month. There is also strong indication that programs offering a variety of services targeted to the individual’s specific problems tend to be more effective (Institute of Medicine 1997). Consider programs that offer a variety of activities and supports from resume preparation to physical exercise training.

Evidence shows that the longer a person is in treatment, the more likely the treatment will be effective

How Can I Motivate Them To Attend A Program?

A consistent finding in research is that one or two counselling sessions can be effective in reducing heavy or problematic drinking. In general, the more treatment an individual voluntarily takes, the more benefit is seen in behaviour change (Miller, William R. & Rollnick, Stephen. 2002). This may be due to effects on their motivation to change. Considering the research, a brief meeting with a physician whom your family member trusts or a mental health or addiction counsellor may be sufficient to encourage them to consider a change in behaviour and to consider accepting treatment. Hearing that they have an alcohol or drug abuse problem and that they need to quit using can have a higher motivational impact when it comes from an unbiased professional than hearing it from you for the fiftieth time.

Hearing that they have an alcohol or drug abuse problem and that they need to quit using can have a higher motivational impact when it comes from an unbiased professional

Reasons They May Not Accept Treatment Can Be Overcome

The person's belief that they will succeed in making a particular change is a good predictor of the likelihood the actual behaviour change will occur. This effect is called self-efficacy. The effect of faith and hope or believing that one is receiving effective treatment is so powerful, that new medications must now be tested against placebos to see if they are more effective than the placebo effect alone. Placebos are pills that contain no active ingredients and the placebo effect occurs when improvement is seen in individuals who only take the placebo (Miller, William R. & Rollnick, Stephen. 2002).

Whether a person sees treatment as something they will succeed at and will complete depends largely on whether they see a strong possibility that the particular treatment will work. Assisting them to understand the evidence behind a particular counselling or rehab program can make a big difference to their belief in the program and in their own ability to succeed at the program.

Changing Negative Self-Talk

The more a person argues against a change, the less likely it will occur (Miller, William R. & Rollnick, Stephen. 2002). The key to getting your loved one to consider treatment is to avoid frequent confrontational discussions. The cycle of arguing must end. Try using more reflection and a supportive communication style. If your loved one says they are feeling very sick, stay away from negative responses like, "No wonder, given the crap you put inside yourself!" Try, "Yes, you sound and look very unwell." Reflection means you listen carefully,

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clarify their message to you, and sound supportive in tone.

Use listening, empathy, and calm honest communication whenever possible. You are trying to open doors. You may even want to take a brief communication course to hone up on your skills. You can send verbal messages that you believe in them and care about them while still being honest and non-confrontational.

People who believe that they are likely to change do so. People who have family and counsellors who believe that they are likely to change do so. Those who are told they are not expected to improve indeed do not (Miller, William R. & Rollnick, Stephen. 2002). What you say about the possibility of change in their presence makes a big difference. Find an evidence based program that you and your loved one can believe in and that will talk positively about their future success.

People who believe that they are likely to change do so. Those who are told they are not expected to improve indeed do not

Finding A Program They Can Believe In

If they have attended programs and not succeeded, it's time to find one with a different approach and to put emphasis on this program as a new opportunity. There is no point in convincing them to attend something that they have already found not to be helpful. There are a variety of effective approaches to addiction treatment. If people find an avenue for change that they believe will work and that they believe they can do, they will often complete the work required to experience permanent behaviour change. If a person perceives no way to change, they will use defensive communication such as "It's not really so bad. It's not my problem (Miller, William R. & Rollnick, Stephen. 2002)." The time and effort you spend to find a quality program that meets the needs of your loved one and that uses an approach they have not previously tried and failed at, will not be wasted. Remember, blaming your loved one for their lack of success will not help them achieve abstinence. Help them find a program they can succeed at. Then you both win!

Punishment Doesn't Work

Some people believe that if you just make people feel bad enough they will change. Causing your loved one discomfort, shame, guilt, loss, anxiety, humiliation or using threats will not support change (Miller, William R. & Rollnick, Stephen. 2002). The belief that they won't change because they haven't suffered enough is not supported by any research. Give up the punishment. It can push your loved one away and cause them to see change as impossible and not worth the effort. It can cause you to feel frustrated, guilty, angry, and depressed.



Help Them Find A Positive Reason To Change

Constructive behaviour change happens when the person connects it with something of intrinsic value to them, something important, something cherished. Intrinsic motivation for change arises in an

Constructive behaviour change happens when the person connects it with something of intrinsic value to them, something important, something cherished.

accepting, empowering atmosphere that makes it safe for the person to explore their painful present situation in relation to what they really want and value. People get stuck not because they don't realize the down side of their situation, but because they need the support to examine what they are experiencing and to find what truly matters for them (Miller, William R. & Rollnick, Stephen. 2002).

Sound difficult? It is. Working on your own communication skills, remaining empathetic and caring, involving helping professionals when your loved one agrees, and becoming knowledgeable about addiction and the variety of evidence based programs available will increase the likelihood that your loved one will be positively motivated to attend treatment.

So keep on reading to learn more about helping your loved one to leave the addiction experience behind.

If Your Loved One Decides To Attend Rehab, What Next?

You may have worked hard to convince your loved one to enter a program and perhaps you have even participated in a formal intervention with them. Now you have the opportunity and the challenge of helping them have a successful rehab experience.

You can use the information in this book to help them increase the benefits that they will receive from rehab and to help them on their new path to success. Through this book, you will learn how to become an effective supporter for your loved one before, during, and after rehab.

What Keeps People From Being Effective Helpers?

The major problems that prevent families from being successful supporters of their loved one in rehab are:

1. Lack of knowledge
2. Poor communication skills
3. Failure to make necessary changes in their own lives



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4. Lack of trust between the loved one and the family
5. Failure to make a concrete plan

To begin with, families are often uncertain about the need for their loved one to attend detox and rehab. When individuals do enter rehab programs, their families frequently do not have the required knowledge or guidance to assist and support the rehab process.

This is your opportunity to learn how to become part of the solution and part of the key to rehab success for your family member.

And this can improve your life!

Families may be in the dark about the withdrawal effects of drugs which can have a massive impact on the individual's experience in rehab. Families may have unrealistic expectations about the speed of recovery. Perceived slow progress can often result in increased conflict and lack of trust.

Families are often unaware of the changes they need to make to increase their own personal health and well being. This is your opportunity to learn how to become part of the solution and part of the key to rehab success for your family member. And this can improve your life!

Once you have reviewed the material in this book and understand the critical factors and processes that occur before and during rehab, you will greatly increase your loved one's odds of succeeding. You will become knowledgeable and build your own skills so that you will become an asset to the recovery process.

You will learn what to do to support recovery and what to do when the person has a lapse. You will develop the skills to work with them and motivate them to get quickly back on track. You will develop the skills to improve your own health.

The information in this book has been gathered from credible research sources. This means that based on the available evidence, your loved one is more likely to succeed if you complete this book and use the information. So let's get started.

What Do You Really Want to Accomplish?

Even though it's what you wanted, it is heart wrenching to know your loved one is in rehab, perhaps far way from home, facing the struggle of their life without you. You will be learning how to help them and how to help yourself.

Every step of the way, there are hurdles to be crossed, even in rehab. You can learn how to prevent the "old" cycles of failure. Has the





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following been your experience? After detox, when your family member is finally settled in rehab, you heave a sigh of relief. A few days or weeks may pass and you actually begin to relax in the hope of success this time. And then the phone rings. It is not good news. What a sinking feeling, what a feeling of frustration and helplessness when your loved one has made it to rehab, only to demand to leave, to quit or perhaps to be required to leave a program because of their behaviours. How can you help prevent this scenario?

Wouldn't it be great to have your own expert guide you in helping your loved one through the rehab experience? Wouldn't it be great if the advice was based on what has been proven to work rather than personal experiences or hear-say? This book can help you become your own expert guide. By the time you are finished reading, you will have developed a clear direction for your next steps. The information you will learn can help make the experience easier and less of a struggle for you and the person attending rehab.

Think about it for a moment, what are your goals for your loved one's rehab? Your first goal is most likely to have your loved one successfully complete rehab and stay clean for a long time. Taking that a step farther, most likely your goal for the outcome of rehab is really a longer term goal and that is to have your loved one develop the skills to succeed in their life. Now take a moment and think about you. Is your own personal long term goal to succeed in your own life? Your life is more than being a support to someone. Using this book as a stepping off point, you will be able to become an effective support to your loved one. But more than that you will be better able to develop and achieve your own life goals.

Take the time now and write two goals you have for your loved one in rehab and two new goals for yourself and your own life.



Goal One For Your Loved One: _____

Goal Two For Your Loved One: _____

Goal One For Yourself: _____

Goal Two For Yourself: _____

Keep these in mind as you read the following chapters and learn methods for increasing the likelihood of your loved one’s success in rehab. In addition, you will learn simple methods to help yourself. Now for step one, turn to Chapter 2!

.....

References For Chapter One

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Chapter Two

**Supporting Your Loved One To
Receive Adequate Detox And
Withdrawal Management**

Chapter 2

Supporting Your Loved One To Receive Adequate Detox And Withdrawal Management

If your loved one is to succeed at rehab, then they need to be ready to benefit from the program. To be ready means to be both physically and mentally ready.

The side effects of withdrawing from drugs are not only unpleasant but in some cases can be life-threatening. So the first step following a successful intervention is to ensure that your family member has a complete physical exam by a qualified physician. If possible sit through part of the interview with your family member to ensure that the extent of their drug and alcohol problem is presented accurately. Some times individuals choose to minimize their drug use, particularly prior to taking a life changing action.



During detoxification and withdrawal, medication can be prescribed to prevent life-threatening withdrawal complications and to increase the individual's readiness to participate in the rehab program that will need to follow detoxification. Your physician can order laboratory testing to confirm their drug use and to guide the management of withdrawal for your loved one.

To help you to convince your loved one to see a physician and to have a supervised detox you need to become informed about withdrawal from substances.

Alcohol

Management of alcohol withdrawal is based on the history of use and the current health status of the individual. The best predictor of severity of withdrawal symptoms is the individual's previous withdrawal history, that is the presence or absence of seizures or delirium tremens in the past. During severe withdrawal, the individual may experience seizures, but usually only one seizure during the first 24 to 48 hours after the last drink. During withdrawal medication is used to control blood pressure, pulse, degree of agitation, seizure activity, and delirium. Appropriate medication ensures smoother and safer withdrawal (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

Have options ready for your loved one to choose from.

For alcohol, the peak period for signs and symptoms of withdrawal is one to three days after the last drink. Withdrawal may take up to seven days. During the withdrawal, the individual may experience: increased blood pressure, pulse, and temperature, agitation, restlessness, blushing, tremors, sweating, dilated pupils, disorientation, anxiety, paranoid delusions, panic, illusions, visual

and auditory hallucinations (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

It is important for you to ensure that your family member understands the importance of being honest about the amount they drank, the frequency of drinking, and the timing of their last drink. Ensure the physician reviews with your family member the effects of withdrawal from alcohol. Honesty is the best policy to ensure comfort and safety during withdrawal from alcohol. For some individuals, medical detox is required to ensure they are safely monitored during withdrawal from alcohol.

If you are confident that alcohol has been a drug of abuse, prior to the intervention, you may want to check out the detox facilities that are available in your community. You may also want to call them in advance to find out cost, waiting time until admission, and a transfer procedure to rehab. Determine the level of medical and nursing supervision that is provided at the facility. Have options ready for your loved one to choose from.

Medications used to assist withdrawal can be addictive. For this reason, ensure that the physician you choose is experienced in assisting people to withdraw from benzodiazepines.

Benzodiazepines And Other Sedative/Hypnotics.

The signs and symptoms of withdrawal from benzodiazepines, sedatives and hypnotics such as barbiturates are similar.

The signs and symptoms of withdrawal peak for short acting benzodiazepines in two to four days and for long acting in seven days. Withdrawal for short acting drugs may last up to 7 days and for long acting up to 14 days (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

The signs of withdrawal may include increased physical activity, agitation, muscular weakness, trembling, fever, sweating, delirium, convulsions, elevated blood pressure, pulse and temperature, tremor of eyelids, tongue, and hands, timidity (easily shaken), anxiety, depression, euphoria, incoherent thoughts, hostility, grandiosity, disorientation, hallucinations (touch, auditory and visual), or suicidal thoughts. There is an increased risk of seizures, if the drugs are stopped suddenly rather than tapered off. Given the variety of withdrawal symptoms that can be experienced, it is easy to understand the importance of seeking physician assistance to ensure a safe and comfortable withdrawal from benzodiazepine and sedatives/hypnotics (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

Medication to ease withdrawal may be prescribed by your physician for 10 to 14 days. During this time the medication is gradually reduced to lower dosages, and finally stopped. It is important to ensure that



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Ensure that the physician you choose is experienced in assisting people to withdraw



Withdrawal

Stopping the use of an addictive substance, and the physical and mental adjustment that must occur with and after the withdrawal.

the medication is used for as short a period of time as possible since the medications used can be addictive (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998). For this reason, ensure that the physician you choose is experienced in assisting people to withdraw from benzodiazepines.

Stimulants: Cocaine, Amphetamines And Derivatives

Although stimulant withdrawal is not life-threatening it can cause significant irritability which increases the desire to return to use. For individuals who are undergoing withdrawal from stimulants, observation and monitoring for depression and suicidal thoughts is also advised. For severe withdrawal symptoms with persistent depression, therapy for the depression may be required (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

The withdrawal symptoms for stimulants peak in one to three days. They may last five to seven days. The signs may include social withdrawal, slowed movement, sleepiness, and excessive eating, depression, lack of enjoyment of life, suicidal thoughts and behaviour, and paranoid delusions. Again, it is easy to see why it is important to ensure quality withdrawal management under the care of a professional. Many individuals who are addicted have used a variety of drugs, and sometimes they are not even aware of what drugs they have taken because the drugs were purchased on the street and not labelled (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005; Miller, Norman S., Gold, Mark S., 1998).

Given the symptoms that may result from stopping drug use, it is important that the individual receives a period of supervised medical care during withdrawal prior to attending rehab.

Opiates/ Heroin

It is essential that the individual experiences opiate withdrawal in a supervised setting to ensure a return to drug use does not occur in response to craving and discomfort.

The withdrawal symptoms from heroin addiction are predictable and identifiable. Withdrawal can be managed with medication.

The withdrawal symptoms for heroin and other opiates peak in one to three days. The duration may be from five to seven days. The signs of withdrawal include very dilated pupils, sweating, chills and fever, runny nose, eye tearing, diarrhoea, violent yawning, insomnia, slightly raised blood pressure and pulse, an intense desire for drugs and drug seeking behaviors, goosebumps, muscle cramps, painful joints, anxiety, nausea, vomiting, and malaise. It is essential that the individual experiences withdrawal in a supervised setting to ensure a return to drug use does not occur

in response to craving and discomfort (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005: Miller, Norman S., Gold, Mark S., 1998).

Although the symptoms are not life-threatening, the immediate symptoms cause enough discomfort to interfere with learning during rehab so it may be advisable to delay the start of rehab until adequate time for withdrawal has elapsed. Detox should be sufficient in length to ensure the individual experiences withdrawal in a supportive and safe environment. Medication can increase the comfort level during withdrawal and reduce the likelihood of leaving therapy.



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PCP/Psychedelics.

The peak period and duration for withdrawal can be from days to weeks. The signs of withdrawal include increased activity, increased pain threshold, raised blood pressure and very rapid heart beat, eyelid retraction or stare, agitation, hyper arousal, dry and abnormally reddened skin, violent and self-destructive behaviours, anxiety, depression, suicidal thoughts, false beliefs (delusions), auditory and visual hallucinations, memory loss, and irritable or angry mood (Frances, Richard J., Miller, Sheldon I., & Mack, Avram H., 2005: Miller, Norman S., Gold, Mark S., 1998).

Given the variety of symptoms that arise during withdrawal, and the fact that withdrawal may last up to several weeks, it is important to ensure that the individual is under supervision and receives medical care as required.

Take Inventory

Right now, make a list of the drugs you think your loved one has been taking. Don't forget alcohol and prescription drugs if they are being abused. Take the time to look up the side effects of these substances when they are stopped.



Drugs:

Possible Symptoms During Withdrawal:

1.

2.

3.

4.

5.

Now you are ready to talk with your loved one about the need for detox or medical management of their withdrawal symptoms. Add to or correct the list of drugs abused. Stay positive with your loved one! Emphasize that going through withdrawal with the assistance of skilled professionals, although not pleasant, is time limited (not forever) and quickly results in improved mental and physical health compared to the side effects of continued drug and alcohol abuse. You'll be learning more about that in Chapter 6 and Chapter 7.



Things To Know And Actions To Take

The first step to take after your loved one agrees to treatment is to ensure a complete physical examination by an experienced physician. The second step is to ensure a safe and comfortable detox with quality withdrawal symptom management prior to attending a formal rehab program.

If you plan well in advance and ensure that these first steps are an organized and quality experience, the likelihood of your family member continuing to further treatment such as rehab will be greatly enhanced. Once they agree to treatment, you want to have the information available so you can quickly make the appointments they need to be assessed by a physician, enter detox, and then treatment.

It is important to remember that medical management of alcohol and drug withdrawal is **not sufficient** to produce sustained abstinence from use. It is essential that your family member engage in the type of program that meets their needs following detox and withdrawal.

The next chapter will review information you will want to consider in selecting a rehab program.



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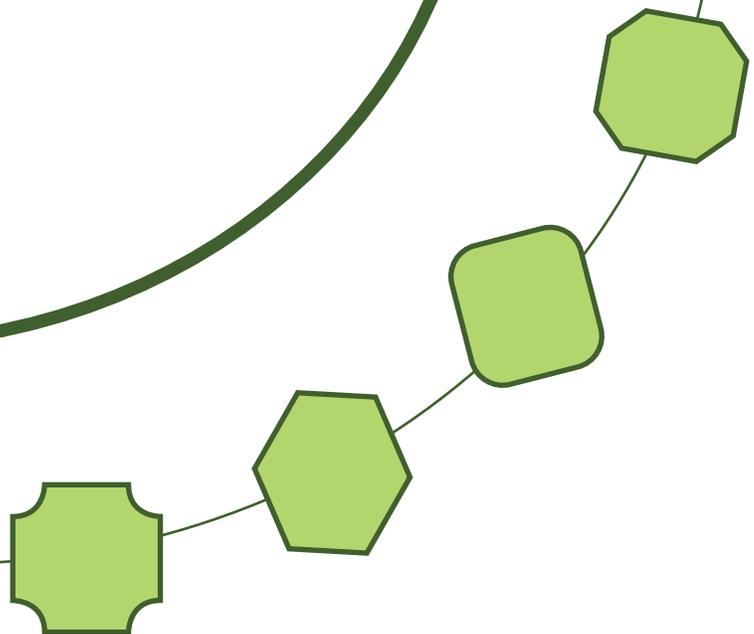


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Chapter Three

Choosing A Rehab Program



Chapter 3

Choosing A Rehab Program

All addiction and mental health books and rehab programs reflect the underlying beliefs of the author or program designers. Whether you're choosing self-help books on mental health and addiction, a rehabilitation program or a counselor, first find out what model of treatment is being used. To make a good choice, you will want detailed information about the evidence, rationale, and principles underlying the program or resource. Knowing the general models used by addiction self help books and rehab programs can help you to start asking good questions (BC Ministry of Health, 2004; Frances, Miller, Sheldon, & Mack, 2005).

1. *Moral Model*: This is the simplest model. Using is considered morally wrong. People are responsible for their behavior. Good behavior is praised and bad behavior is discouraged. Practicing a particular religious belief is often the major focus for cure or treatment.
2. *Disease Model*: Addiction is viewed as being caused by genetic and biological factors. Addiction is considered to be a progressive disease and may require the individual to take medication to reduce the rate of relapse.
3. *Behavior Model*: Addiction has multiple components. Habit formation and habit change are primarily influenced by cognitive (thinking) and behavior principles. Cognitive behavior therapy or similar approaches are used to reduce relapse.
4. *Holistic Model*: This model assumes that a complex set of factors cause addiction and relapse. Individuals are believed to

have unique strengths and risks of relapse arising from gender, sexual orientation, age and cultural identity. Recognizing and working with individual differences

and characteristics, the individual is taught coping skills to prevent and respond to individual problems in their life and to improve physical, mental, social and economic status.

Choose a rehab that offers your loved one the opportunity to learn the skills they need to succeed in leaving addiction behind.

You can improve your decision-making by asking questions and becoming informed through reading and searching for quality information. Use this book as a starting point to guide your actions in assisting your loved one to choose treatment. Choose a rehab that offers your loved one the opportunity to learn the skills they need to succeed in leaving addiction behind.

What Does My Family Member Have To Do To Succeed In Leaving Addiction Behind?

Your loved one will be required to learn a lot while in rehab because they will need new skills to make the necessary major life changes to leave addiction behind. Once they have completed a withdrawal management program and are not actively using drugs and alcohol, they are ready to take immediate action to:

1. Reduce the number of slips or lapses
2. Prevent full relapse or a return to regular using
3. Plan and achieve their life goals.

To accomplish these goals choose a program that will help your loved one to learn specific coping skills for relapse prevention, general life skills, and skills to improve their health. Relapse prevention training is based on research about what causes relapse and what reduces the risk of relapse.

Relapse is a return to using drugs and alcohol at the level of using that existed prior to the period of abstinence. Experts in relapse prevention found relapse is not generally triggered by physical cravings. People, who have been addicted to alcohol and drugs of all types, relapse in response to: stress, feelings of anxiety, fear, anger, frustration or depression; social pressures to use; and interpersonal conflicts (Marlatt, & Gordon, 1985, 2005). To assist your loved one to be successful at relapse prevention, you can help them find a program where they will learn, develop, and use new skills, attitudes, beliefs, and values that support them to achieve positive life goals.

Experts in relapse prevention found relapse is not generally triggered by physical cravings.

Leaving Addiction Behind Requires Your Loved One To Set A New Life Course

Your loved one will need to develop a written relapse prevention plan and a life plan. A relapse prevention plan is part of their larger plan for life. With a life plan your loved one cannot fail by making a single mistake. They can only fail by not correcting their mistakes and getting back on their life course.

It isn't a plan if it's not written. Make sure they will come out of their program with a written plan. An unwritten plan is difficult to follow and unlikely to be successful. A few fleeting thoughts are not sufficient to keep them on track. It takes courage and support to sit down and thoughtfully consider what we really want out of life. Choose a program that encourages them to write clear life goals because written goals are essential to creating a positive vision for their life.



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Living A Balanced Life Reduces The Risk Of Relapse

Living a balanced life style is one of the most effective strategies to prevent relapse. To achieve a balanced life style your loved one will need to write and implement a balanced life plan.

Choose a program that encourages them to write clear life goals.

Frequently the families of those who experience an addiction develop lifestyles that are focused on the addiction experience to the detriment of all other areas of their life. Families often have given up on regular sleep, adequate diet, regular exercise, social activities, vacations, and work or education opportunities. **It's time for you to rectify that.** A balanced life has activities and goals in multiple areas. You and your loved one will need a life plan that has concrete goals in five areas:

- Relationships,
- Work/ school,
- Home/ community,
- Physical and mental health, and
- Communication.

What Does Your Loved One Need To Learn To Do?

To leave the addiction experience behind, your loved one will need to:

1. Improve their physical and mental health
2. Learn how to manage cravings and cues to use
3. Use positive coping skills to reduce their stress and negative emotions
4. Set boundaries with other people
5. Develop a positive social support network
6. Develop communication skills
7. Put positive structure into their life

A balanced life has activities and goals in multiple areas.

Improve Physical And Mental Health

Relapse prevention requires physical health and stamina, and mental health and stamina. They will need to develop skills and to take actions to improve their mental and physical health which are critical for successfully remaining abstinent and achieving life goals. You will need to improve your physical and mental health if you are to be successful in supporting them and getting on with your life.

Manage Cravings And Cues To Use

They will need to create a plan for managing cravings, cues and responses to cues. Taking immediate action to reduce cravings and manage cues will help keep them safe from drugs and alcohol while they write their total plan and put the other parts of their relapse prevention plan in place. For some this means attending an abstinence based program while getting the rest of their plan working. For others, it is possible to carry out the planning process at home in an alcohol and drug free environment with the support of non-using family and friends.

You will have a big role in reducing or removing cues in the family environment. You may even have to change some of your behaviours and give up some of your activities that cue them to use. Change is a family activity.

Use Coping Skills To Reduce Stress And Negative Emotions

Relapse prevention requires both the family and the individual to learn and practice positive coping skills. Coping skills are ways to positively manage and reduce craving, stress, anger, depression, and anxiety. Poorly managed craving, stress, anger, depression, and anxiety lead to lapse and relapse. You will have a role in changing old ways of managing emotions and stress. Learning and using positive coping skills will not only reduce the risk of their relapse but will improve all spheres of your life as well.

Set Boundaries With Other People

The skill of setting and maintaining interpersonal boundaries is essential to preventing relapse. Social pressure to use is a main cause of relapse. It's the people in your loved one's life who will either support them in their new life goals or pressure them to use through their behaviour or by providing access to drugs and alcohol. To keep them safe, you will need to help them complete and follow a boundary setting plan. This may mean you or other family members will need to change some of your behaviours. You may even need to set boundaries for who can enter your home. Safety is a family affair.

Develop A Positive Social Support Network

Relapse prevention **always** requires a supportive ring of friends, family, and professionals in your loved one's life. They will assist them in meeting their goals and provide meaning, help, guidance,



Cues

An event, place, time, object or person that signals a behavior or emotion.



Cravings

Craving is the desire for a drug or alcohol. Craving is associated with wanting. You experience a craving or a desire to get high and then a desire to feel relief from this discomfort.

Social pressure to use is a main cause of relapse.

fun, and friendship in their life. You can work with your loved one to help them develop a positive social network. A positive support network can also be a help to you in this time of change.



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Develop Communication Skills

Relapse prevention requires your loved one to develop effective communication skills to manage interpersonal conflict and social pressure to use. Also, these skills will help them to achieve the big life goals that are their incentive to remain abstinent. The ability to communicate well can decrease stress and increase work and social opportunities. Communication skills can also increase the ability to maintain and build a positive support network of relationships. They can increase success in maintaining positive and healthy intimate partner relationships. Most importantly they can increase success at relapse prevention. It's easy to see why improving communication skills are so important to your loved one's success. The other important part to remember about communication is that it takes two. You will need to improve your own communication skills so you can become part of the solution and a great role model.

Put Positive Structure Into Their Life

Positive structure and time-management is core to any successful relapse prevention plan. If your loved one experiences boredom, loneliness, empty slots in their day, and lack of positive activities to replace drug and alcohol activities, they will relapse. Relapse prevention requires clear, concrete structure and positive activities for every day. They must be planned well in advance. You will learn how you can be part of that positive structure by creating positive structure for yourself and your family.

Getting Ready To Help Your Loved One Succeed

So you can see that your loved one will need to learn a lot and take many actions to change many parts of their life. Don't worry, when you complete this book, you will be confident and ready to help your loved one succeed.

Things To Know And Actions To Take:

When choosing a rehab program take your time and use the "Research Your Rehab Checklist" as a tool to gather information to compare rehab programs so you can make a good decision. You can find the checklist at the end of this chapter.



Complete the checklist and you will have enough information to compare programs and to compare each program’s content with information you have researched on effective addiction treatment. There are many studies on addiction treatment and some present conflicting conclusions. It is up to you to determine what information you will use to guide your actions and to influence your loved one’s choices.

Always remember, no study can accurately predict a negative outcome for a specific individual, such as your loved one. Use information to help you and your loved one end your family’s experience with addiction. Never use information as an excuse not to try. No matter what type of addiction treatment you choose, you and your loved one can increase its effectiveness by **engaging in continuous learning, challenging your old ideas about addiction, and taking concrete action to create a positive lifestyle.**

Always remember, no study can accurately predict a negative outcome for a specific individual.



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Rehab Research Checklist

What evidence and studies were used to create the program?

What are the educational qualifications and experience of staff?

Make a site visit if possible:

- Is the facility inviting, airy and well lit?
- Are there physical exercise facilities indoors?
- Is there access to e-mail, regular mail, and telephone?
- Are there helpful posters and positive cues?
- Are there walking areas and sports areas outside?
- Is the food appealing and cafeteria inviting?
- Do the rooms and bathrooms appear clean?
- Are their laundry facilities?

Notes:

Talk to a client of the program and record their comments:

- Obtain the program rules for clients and families.
- Obtain an outline of the program content, length of program, and structure (groups, one on one meetings, reading material provided).

- Ask for specific examples of what the program teaches:

- Obtain a list of the skills your loved one will have mastered before they leave the program.

- Request in writing the basic cost, refund policies, items not covered in basic cost, and any contract you will have to sign.

- Ask specifically about behaviours that will result in the client being asked to leave the program and ensure this is in writing.

Chapter Four

Getting Your Loved One Off To Rehab

Chapter 4

Getting Your Loved One Off To Rehab

So your loved one has seen a physician, gone through the first stages of withdrawal and is ready to go to rehab. You have chosen a program that is holistic and that is going to help them learn the life skills they will need to sustain positive change.

Beginning rehab by requesting exceptions to rules distracts from the true task of learning skills to maintain abstinence and change lives.

This is a crucial time for them. They and you will be nervous and perhaps even afraid. So start with the basics and before you get out the suitcase and start packing, find out from the facility, what your loved one can and cannot bring with them.

First Find Out The Rules:

Rules about what may be brought to a program are usually based on:

1. **Safety:** To ensure your loved one and others are safe, items cannot be brought that clearly would jeopardize abstinence or physical safety.
2. **Creating positive messages:** To ensure all clients have the same opportunity to attend and succeed, items such as cards for gambling, pornography, sexually explicit clothing, tee shirts with alcohol or drug messages etc. are prohibited.
3. **Reducing avoidance and distraction:** To ensure your loved one actually participates in the program, personal electronic entertainment equipment is often denied.
4. **Reducing incidents of loss:** To ensure a minimum of theft and breakage, valuable items are usually not allowed as most programs operate in a group and communal setting.
5. **Limited facility storage capacity:** Programs cannot replicate a true home environment with all the space and storage capacity.

Go along with the rules. Beginning rehab by requesting exceptions starts your loved one worrying about rules instead of focusing on their true task of learning skills to maintain abstinence and change their life. It's easy to get distracted by the unimportant.

Identify And Address Health Needs Before They Go:

Always ensure that a physician has examined your loved one and any infections or chronic conditions that require prescription medication have been addressed with current medical advice or medication. Check with the rehab facility on the amount and type of

medication your loved one may bring with them. Check about the type of packaging that may be required and if any over the counter medications such as headache remedies or vitamins are permitted. Find out the method of medication distribution so your loved one can be prepared. Check to see if any of your loved one's medication side effects or special physical needs will limit their ability to succeed in the program. If they are always dozing off or have blurred vision and cannot read due to their medication side effects, work with your physician to adjust the medication or change medications before attending rehab. Your loved one cannot succeed in a program if they cannot participate.

Always discuss chronic health care needs and special requirements in advance with the program.

Don't wait until they arrive at the rehab facility to share with staff that your loved one requires a wheelchair accessible shower, an insulin injection every day or a special diet. Always discuss chronic health care needs and special requirements in advance with the program. For example, if your loved one has open sores that require dressing changes or has a physical disability such as chronic back pain, let the program know in advance. If the program staff cannot manage the special health care needs you will want to choose another facility, so don't wait to ask.

Collect information well in advance so you can choose your rehab early and so your loved ones' transition from detox to rehab is smooth and well planned. Advance planning will reduce distractions and excuses for not attending rehab... for both your loved one and family members.

Be Clear About Expected Behaviors:

Make sure your loved one is aware of any expected behaviours and any unacceptable behaviours that will cause them to be asked to leave the program. Most programs have activities that are considered essential to the rehab process and therefore are not optional. In addition, most programs prohibit particular behaviours that either put people at risk of harm or are likely to cause harm.

Expected Behaviors:

Most programs have basic rules that are designed to ensure that clients participate in the program:

1. Get dressed and attend meals and activities
2. Participate in group and one on one program activities
3. Complete readings and assignments
4. Maintain personal hygiene



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5. Participate in exercise and relaxation activities

Make sure your loved one understands the behaviour expectations of the program **before they leave home**. Reducing the number of surprises facing your loved one will reduce their level of stress and increase the likelihood they will not drop out of the program early.

Prohibited Behaviors:

Most programs have basic rules that are designed to keep all their clients safe such as:



1. No sexual relationships: Reduces the risk of infection, pregnancy, inappropriate relationships, distraction from the program, disagreements among clients, emotional trauma, sexual behaviours for contraband items, and reduced self respect.
2. No possession or consumption of drugs or alcohol: Reduces risk of relapse, dropping out of program, inappropriate behaviour due to impaired judgement, accident or injury, and inability to participate in the program.
3. No physical or verbal violence: Reduces risk of harm to self, other clients or staff
4. No smoking except in approved areas: Reduces risk of fire and harm to clients, staff and property.

Before they leave home, make sure your loved one understands the behaviours that will result in them being asked to leave the program. Again, reducing the number of surprises facing your loved one will reduce their level of stress and increase the likelihood they will not drop out of the program early. Also if they are well informed, they will feel more in control.

Reduce the number of surprises facing your loved one to lower their stress and and decrease the likelihood of dropping out early.

Time To Start Packing:

Pack weather and seasonal appropriate clothing. Try to encourage choices that will reduce frustration and increase their comfort. Help your loved one select clothes that are **easy to wash and care for**. There is no need for more distractions once they get into the program. Get a few new clothes that set them in the mood for a positive experience. Encourage them to leave behind favourite clothes that they would have worn when using or going to bars or parties. Have them leave behind the sexually explicit clothes. Support them to treat it like getting ready to attend an education program or work. Add a few specific items for physical activity so they can exercise with comfort, like running shoes and sweat pants or shorts.

Always check with the program prior to packing shampoo, makeup, perfumes or aftershave to ensure these items are permitted.

Be clear that you expect them **not** to take contraband articles such as drugs or alcohol. Following the program's guidelines for articles that are permitted will reduce conflict and problems when they arrive. Most programs search belongings on arrival and you can make your loved one aware of this.

Remember To Agree On Cigarettes And Money:

If your loved one is a smoker, always check with the rehab program to determine the smoking rules and their advice on purchasing or bringing cigarettes. Make sure your loved one knows the rules and how to get cigarettes. This will reduce anxiety and conflict.

To determine the amount of spending cash required, check with the program to determine what items the clients have to pay for themselves such as long distance telephone cards, sanitary supplies, shaving supplies, extra art supplies, etc. Check with the facility on the recommended handling of personal cash. Then make a budget with your loved one and determine when and how they will receive the money. Don't make a big deal of it, but you do need to agree on limits or you can increase conflict later.

Make A Simple Written Agreement:

The evidence is clear that people are more likely to meet the obligations of a written and public commitment. So take a half an hour with your loved one and agree with them on what you both can expect. This is particularly important if you are committing financially to their program. What are your agreed expectations of each other? It need not be complex. An agreement can be 5 or 6 lines, such as:

1. _____ (Name of loved one) agrees to complete the program or stay for _____ days.
2. _____ (Name of loved one) agrees to let family know once a week by phone how they are doing.
3. Family agrees to pay for _____.
4. Family agrees to arrange for housing or _____.
5. Family and loved one agree that if _____ (Name of loved one) leaves the program early or returns to using that the individual will not be receiving money for _____ or _____.

Both you and your loved one need to sign the agreement to make sure you both agree on the basics and each gets a copy.



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Take a few minutes now and complete a draft of what you think would work for you using the form “Our Rehab Contract” at the end of this chapter. Then when the time comes get a blank form from our website or print another copy, and sit down with your loved one to come to an agreement. Remember to reduce conflict, keep it simple and focused. Do be clear on your expectations and that you will to listen to theirs.

Why Is This Important?

It’s important because this is the first step in learning to set boundaries with each other and to establish clear communication. If your loved one thinks that completing detox is all you really agreed to and you think it was detox and two months of rehab and paying you back all the money they owe you, there will be a problem. Keep it simple and honest. Deal with the current issue only, which is attending detox and rehab. Do not include dramatic forever threats such as if you leave rehab, I will never speak to you again. The evidence shows that people are not motivated to leave addiction behind through fear, embarrassment or threats. Also to reduce conflict and improve clarity, you really want to take it in small steps. Your loved may not be thinking clearly due to withdrawal and stress so keep it simple. You have things to learn and to change as well. So it’s important to keep it short, simple, and focused on the immediate concern of completing detox and rehab.

Agree On Who Gets What Information And Who Is The Family Contact:

Agree with your loved one on what to tell their friends, coworkers, and relatives about where they are and what they are doing. Also agree on who is to be given information on how to contact them. It may be best not to give out any contact information. You can allow your loved one to decide who they will contact once they are at the facility rather than have the family give out contact information. This approach gives your loved one control over whom they will talk to or see. Too many distracting calls or pleas for a rapid return home can result in your loved one leaving the program early and relapse.

The evidence shows that people are not motivated to leave addiction behind through fear, embarrassment or threats.

Also agree on who will be the family contact with the rehab program and who is the emergency contact. When family relations may have been disrupted by divorce or the addiction experience, there may be factions of the family who are not communicating. So to reduce conflict and confusion always agree on what is to be told to whom and hold to the agreement; it is the beginning of building trust.

Take a moment now and write down who you think might be considered by your loved one as the family contact and a list of the people your loved one may not want to be involved.

Now you are ready to discuss the information with your loved one. Remember to be flexible, this is their choice because they are an adult.



Family Contact: _____

Those not to be contacted or given information: _____

Time For Leaving

Now it's time for you to share your positive thoughts, give a few words of encouragement, and get them on their way. Again, keep it simple. Make sure you let your loved one know if you will be visiting and that you will check with the program on visiting rules before you make any plans or commitments. If you are dropping your loved one off at rehab, keep it brief. Remember, they are under a lot of stress and you need to let them get on with their choice to enter treatment.

Before visiting, always check in advance to make sure they are ready for you and that you are aware of all the rules around visiting. Your loved one will be dealing with withdrawal symptoms, poor sleep, stress from change, and negative emotions. Sometimes, rehab can be a time for reflection and sometimes individuals need space and time to work through difficult emotions such as anger or guilt. Let your loved one set the time for the first visit and allow them the time they need to get over the first hurdles.

Too many distracting calls or pleas for a rapid return home can result in your loved one leaving the program early and relapse.

Things To Know And Actions To Take:

1. Physical and mental health concerns must be addressed with a qualified physician to ensure your loved one is able to benefit by a rehab program and to reduce physical and mental health

Let your loved one set the time for the first visit and allow them the time they need to get over the first hurdles.



problems during withdrawal and rehab. Modern addiction medicine can help your loved one succeed.

2. A great rehab experience starts with preparation by the family to ensure they are well informed and ready to support a smooth transition from the time of the decision to stop using to the time of entering detox/withdrawal management, and finally to attending rehab. Getting the required information and taking care of the small details reduces everyone's anxiety and increases the likelihood that your loved one will follow through and actually attend rehab. You can reduce every one's stress by good planning. Knowing the program rules, the strengths, and the limitations of rehab programs will help you choose the best match for your loved one's mental and physical health needs during rehab. It will also help you prepare them for what to expect.
3. Getting all their required personal items together, including arrangements for cash, reduces anxiety and stress. Having your loved one arrive informed and confident that they have all the personal items they will need, reduces their stress in those first hours and days. This will reduce their tendency to want to leave. Help them get off on the right foot by getting the little things taken care of early.
4. Use honest and simple written communication to clarify expectations and to help motivate your loved one to complete their program. Taking small actions like a brief written agreement can reduce conflict and miscommunication over expectations. Because getting them to rehab is just the beginning.

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References For Chapter 4

n/a



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Our Rehab Contract

By completing and signing this contract, we promise to keep the following agreements:

1. (Name of loved one) _____ agrees:

- a) To complete the program or stay for _____ days.
- b) To let my family know _____ time[s] a week by phone how they are doing.
- c) That if I leave the program early or return to using, I will not be receiving money for _____ or _____.

2. (Family member name[s]) _____ agrees to:

- a) Pay for _____.
- b) Arrange for housing or _____.
- c) Let family know once a week by phone how they are doing.
- d) If _____ (Name of loved one) leaves the program early or returns to using that they will not be receiving money for _____ or _____.

3. Your own contract item:

.....

.....

4. Your own contract item:

.....

.....

5. Your own contract item:

.....

.....

.....

If you do not understand any item, make sure to discuss it until everyone is clear before signing.

_____ Today's Date

_____ Print Name

_____ Signature

_____ Print Name

_____ Signature

_____ Print Name

_____ Signature



Chapter Five

Whose Fault Was It?

Chapter 5

Whose Fault Was It?

Now that you have them safely in rehab and you've had some time to think, you may realize that you are feeling angry or resentful at your loved one. Perhaps you're just feeling confused about how they got to that point. Information will help put the experience of addiction into perspective for you.

First point, addiction is learned. Addiction can be viewed as a learned experience because it results in the development and use of a unique set of skills, knowledge, beliefs, and behaviors. Individuals do not intuitively know the effects of drugs and alcohol or how to obtain and use drugs. The addiction lifestyle teaches and **reinforces** a complex set of behaviors, beliefs, knowledge, and skills. The physical and psychological side effects of the substances taken reinforce behaviours and beliefs about using.

The experience of addiction was influenced by many factors in your loved one's life. These factors included their: physiology and inherited genes, gender identity, family experience and life experiences, level of poverty or affluence, cultural expectations, level of life skills, total community environment, and immediate personal surroundings. This book focuses on the positive and negative influences on lapse and relapse that are within an individual's control. It gives practical examples and information on how to make life changes that increase the probability of leaving addiction behind.



Addiction

A learned experience resulting in the development and use of a unique set of skills, knowledge, beliefs, and behaviors.

Why Did They Drink Or Take Drugs In The First Place?

Well, imagine walking into a bakery for the first time. What influences your behavior? The answer is more complex than you may think. The total environment, the sounds, sights, and smells are all saying, *try this*. Other people in the store are saying, *try this* through their behavior (they are buying) and their conversations about what they like best (verifying the food is good).

But what else influences you? Your own physical state, whether you are hungry or have just eaten a big meal; your personal goals, whether you are trying to lose or gain weight; your beliefs and knowledge about food; your financial state, whether you have enough money to buy something; all play a part in determining your decisions and behaviour. Decisions and the resulting behavior often appear simple and yet are complex.

Personal decisions about drug and alcohol use are influenced by:

- The information individuals have about drugs and alcohol
- Their mental, emotional and physical state
- Personal needs and goals
- Family background and culture
- The ease of availability and affordability of drugs and alcohol

People are the most powerful influence when it comes to your loved one's choices about drugs and alcohol.

They are most likely to believe, emulate, and copy these people.

Who and what we think is important influences our choices about drugs and alcohol.

All play a part in decision making.

People Are A Powerful Influence On Choices

The most powerful influence when it comes to your loved one's choices about drugs and alcohol are people: the people that they believe in, the people who are their role models, the people who have power in their life, the people they spend time with, and the people they admire. These are the people whom they are most likely to believe, emulate, and copy.

Peers and "heroes" influence choices. Not only do peers provide information, they influence moment to moment choices and have a high degree of power over us because we want to belong and have their approval. Peers exert pressure on choices when we are young and as adults.

People with power over us, always influence us. If a boss asks an employee or colleague to go for a drink, many people will agree to go. They're being influenced by a force that they perceive as powerful--their boss--and by a personal goal that is important to them -- success at work. **Who we think is important and what we think is important (our goals) influence our choices about drugs and alcohol.** This is true for you and your loved one.



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Your Loved One Had Positive Reasons For Drinking Or Using

The positive reasons to try using alcohol or drugs are common across most individuals (Beck, Wright, Newman, & Liese, 1993).

1. *To get pleasure and to share in the excitement and activity of using with other people.* At first, drink or drug use is most often a shared experience and the goal is to have fun with others.
2. *To improve how they feel.* People take drugs to positively change



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how they feel; to help them feel happier, more energetic, sexier or more relaxed. They do not expect drugs to make them feel unhappy, confused, angry, uptight, sad and depressed. People are always positive that with using they will feel better.

3. *To change their perceptions and physical sensations* such as to reduce sensitivity to emotions and physical pain or to increase sensitivity to experiences of sound (music), sight (color) or touch and taste.
4. *To change how they perform or act* such as to improve sexual performance, talk more confidently, and reduce inhibitions or to be more creative.
5. *To relieve boredom, experience excitement or celebrate.*
6. *Their own unique positive reasons.*

You can identify ways to help them achieve some of the positive benefits of using, without actually using.

It's important to spend some time thinking about some of their possible positive reasons for drinking or using drugs. **There were some positive benefits or they would not have taken them.** Confirm with them some of their positive reasons for using so that as you go through this book, you can identify ways to help them achieve those positive outcomes without using.

Take some time now and write down the positive reasons that your loved one may have had for using.



1. _____

2. _____

3. _____

4. _____

5. _____

6. _____



Now you are ready to talk with your loved one about your perceptions of their positive reasons for using. Listen carefully without comment or judgment as they identify and share their positive reasons for using. This is the first step to helping them **find other ways** to meet these needs.

What Did They Learn When Using?

Once a person has started to use, their social experience reinforces using. They become part of a unique social group, just because they use. Through watching, listening, and participating, they learned what to expect and how to behave when using. Addiction is most often a social and group learning experience in the beginning.

People learn from other users what positive outcomes to expect. If they drink alcohol they learn to expect relaxation. If they inject amphetamines they learn to expect hyperactivity. They also learn about bad experiences or negative side effects (such as nausea or paranoia) and how to avoid or reduce them. Individuals come to believe they are in total control of their use. They are confident they can continue to take drugs and alcohol, handle the bad effects, and easily stop using at any time in the future.

People rarely confine their use to only drinking or a single drug. Using two or three different drugs at the same time is a common practice. Alcohol and some combination of drugs including nicotine is the most common addiction experience for those who enter addiction treatment (Frances, Miller, Sheldon, & Mack, 2005).

People do not intuitively know the different methods of using or where to get illicit drugs and the required drug paraphernalia such as pipes or syringes. They meet people who give

Listen carefully without comment or judgment.

People do not intuitively know the ins and outs of using, they meet people who give them instructions, advice, and who act as teachers.

them instructions, advice, and who act as teachers. They are taught where to buy drugs, what drugs to substitute when they can't get their drug of choice, and how to use other drugs to compensate for the bad effects of the alcohol or drugs already taken. Is this similar to your loved one's experience? Did somebody help them at each step along the way?

Think about your loved one's personal experience. Who taught them and encouraged them to expand the variety of drugs that they used? The teachers are usually experienced users who are actively and regularly using. **People who are actively using are a high risk to people who don't use and to people who have quit using. People who use frequently also encourage and support the use of drugs and alcohol by others.** This is social pressure to use: when others offer, encourage and make available drugs and alcohol or when they discourage, ridicule or belittle those who choose not to use.

Are you beginning to think that the use of drugs and alcohol required effort and learning on your loved one's part and help from other people? Addiction didn't just happen to them. They made many small decisions and took many actions to get to where they are today. Other people played a major role. It took considerable effort and time to change their life to include addiction.

Your loved one gradually changed their whole life. Most people who become addicted gradually gravitate to places where they can:

- Readily access drugs and alcohol
- Use without being seen or bothered by people who don't use or drink
- Buy, use, and feel relatively safe from police
- Be around people for whom using is the norm and their major purpose in life
- Replace work or school with a role in the drug economy as a drug seller or a drug producer

People who are actively using are a high risk to people who don't use and to people who have quit using.

In the end, the person addicted to drugs and alcohol behaves differently than non users in all spheres of their life. They express different values, and are part of a group that has a unique language, unique things to do, and shared experiences. They are part of a unique culture of sellers, producers and users.

Drug and alcohol addiction becomes a total life experience. It surrounds, restricts, and negatively changes all aspects of their life. **The addiction lifestyle and environment constantly cues them to use and reinforces them to continue using!**

The people who taught your loved one to use drugs and alcohol, the people who first got them to try it, those who taught them along

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the way, and those who used with them and encouraged them to continue using; these are the people who pose a high risk to their continued abstinence. *Take a moment and write down the names of the people who may have taught and influenced your loved one in their choices about using and drinking.*

1. _____
2. _____
3. _____
4. _____



Why Did Your Loved One Continue to Use?

When individuals use, they find temporary relief from negative emotions such as anxiety, tension, anger, sadness or boredom. They develop a belief that using drugs or alcohol helps them to reduce the frustrations and stressors in life. The primary reason to continue using is that people find relief (Beck et al., 1993).

For individuals with a difficult life, sometimes using drugs and alcohol actually makes life seem better. There are people who have extremely difficult lives. They experience poverty, violence, abuse, depression, anxiety, and a sense of not knowing who they are. At certain times and stages in life, such as adolescence, individuals feel the changes occurring in their lives are out of their control. When they take drugs and alcohol, they experience their difficult life as not so difficult. They feel more in control, more positive. With drug or alcohol use, they experience short periods of time when their life actually feels good.

Using boosts confidence. Individuals with low self-confidence find taking drugs or alcohol boosts their self-esteem in the short-run. This is a very common reason for alcohol use. Why do some people want a drink when they go out socially? Many drink because alcohol eases things. It eases the tension, lowers inhibitions, and causes people to be less sensitive to their internal fears. They become more confident for a little while. As people with low self-confidence continue to use alcohol and drugs, it becomes a temporary solution to more and more difficult situations.

Addiction doesn't just happen to someone, it is the result of many small decisions, many actions, and learning "the ropes" from others.

Using gives people admission to new social groups in which using is the

only requirement to be a part of the group. If people want to be part of a social group that uses, they can go to bars, raves, clubs, lounges, pubs, parks, or any place where alcohol and multiple substances are used and sold. It's an easy way to get social acceptance.

Take a moment and identify some of the reasons that you think have



Relief from negative emotional states such as anxiety, anger, depression

Difficult life

Low self-confidence

Access to new social groups

Unique reasons:

Unique reasons:

kept your loved one using and perhaps some unique reasons:

It is important for you to acknowledge that **your loved one had valid reasons** for using and that they need to learn new skills to address those reasons. As you go through this book, you will learn about some positive solutions your loved one can use to meet the needs that alcohol and drugs met in their life.

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Why Are People Afraid To Quit Using?

People fear quitting because:

- They have heard about the negative physical effects of withdrawal
- When they couldn't get drugs or alcohol, they experienced cravings and felt very physically and emotionally ill
- They don't believe they can ever really quit

The expected unpleasant experience of withdrawal is a big barrier to quitting. Media and movies exaggerate the experience of withdrawal and reinforce fearful expectations. In reality, withdrawal is not nearly as bad as the serious physical and mental illness that results



from continuous heavy use of drugs and alcohol. People can learn through personal experience that withdrawal is tolerable and safe if they are **under good medical care or if they attend a facility with knowledgeable staff.**

A false belief that keeps people using is the belief that once people become addicted to drugs and alcohol they can never leave them behind. Sadly this myth stops some people from making the decision to quit and some families from helping their loved one. This myth is used to convince themselves and their families that they have a good reason for still using or for starting to use again after a short period of abstinence. It is a myth that individuals who have experienced addiction lack any control over their own actions and never will.

Why Do People Eventually Decide To Quit Using?

Continued use for the person who is addicted to drugs and alcohol eventually overwhelms all parts of their life. With continued use, they lose personal goals and dreams. Their values and health deteriorate. Often relationships with the people who matter most are destroyed.

People who are addicted eventually feel constantly out of control and can no longer manage their own lives. The drink or the drug drives the very thoughts in their mind. They experience increasing physical illness as well as emotional and mental distress. Eventually they always feel sick.

Individuals who are addicted become burdened by huge financial costs, risk or loss of employment, loss of freedom if incarcerated, and loss of relationships with family or partners. There is often a great financial cost to the family and partner, as well as for the user. People who are addicted find themselves doing things they would never have done before their addiction, to get the money to continue using alcohol and drugs. Family and friends also feel more out of control as they find themselves doing things they would never have done before, as they try everything and anything to help the person who is addicted and to stop them from using.

In the last stages of addiction many individuals experience the stigma of being called negative labels like a lush, a drunk or a loser. Eventually they may even feel self disdain or hatred. Stigma, combined with all the negative effects of using, finally causes them to stand up and say, "I've had enough."

Your loved one may be like most people and have decided to quit because they had lost large pieces of their life to drugs and alcohol. They may have felt more and more out of control, and had increasing emotional and mental distress. The enormous financial costs may have become unmanageable and the stigma of being an addict may have felt devastating to them (Beck et al., 1993).

MYTH:

Withdrawal is so terrible that it cannot be tolerated.

MYTH:

Once people become addicted to drugs and alcohol they can never leave them behind.

MYTH:

Individuals who have experienced addiction lack any control over their own actions and never will.

TRUTH:

Withdrawal can be tolerated with the right help.

TRUTH:

*Individuals with the experience of addiction have control over their choices and **CAN DECIDE** to make better choices.*

Leaving Addiction Behind Requires Learning To Live And Think Differently

The experience of addiction results in the development and reinforcement of distorted thinking patterns and dishonest communication with self and others. The dysfunctional thinking patterns and inadequate communication styles put the individual at a high risk for continued use and relapse.

As you have learned through watching their previous attempts to quit, the single action of stopping use doesn't end addiction. If they

If they don't want to relapse and start drinking or using again, they will need to learn to think differently and to take positive action to change their life.

don't want to relapse and start drinking or using again, they will need to **learn to think differently** and to take positive action to change their life. They will need to learn new

skills to make these major life changes. They learned how to become an addict and now they will need to learn how to leave addiction behind.

In reality, there are many specific actions, small and large, that you and your loved one can take to successfully change your life, your loved one's life, and prevent their relapse. Changing the way they think and the way you and they behave will take time. ***Recovery is just the start of their life-long journey of continuously learning new coping skills to achieve their life goals. It's also the start of the family's journey to learning new coping skills to achieve their goals.***

Abstinence Allows Them Time To Learn

When your loved one has a prolonged period of abstinence, they experience increased positive mental and physical health. Your loved one will experience increased happiness, physical health, and emotional health as long as they do not use. **The probability of not using and maintaining sobriety increases every time they learn a new coping skill, and each time they make the effort to apply that new skill in their daily life.** As long as you learn new coping skills as well, you can help influence and reinforce their learning. You can be a positive force in helping them prevent relapse or recover quickly from a lapse.

Nobody wants their whole life to be *about not using*. You have other goals. Your loved one has other goals. They may want better relationships, peace of mind, a new house or car. Maybe they just want to be a person who is happy and healthy. Whatever they are, they and you have goals beyond not using.

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Abstinence Is Like Breathing

Everyone has to breathe to live, but breathing isn't what they want to think about all the time nor is it a way to measure success in life. People concentrate on their breath when they have a respiratory problem. People count their success in days abstinent when they are leaving the problems of the addiction lifestyle behind. But your loved one has to count more than days abstinent or their life will still be only about addiction and not about living. Eventually, if they use abstinence as their only goal, they will experience frustration, anger, depression, anxiety, and negative emotions that can lead to lapse or relapse. There has to be more for them and for you.

Your loved one has to count more than days abstinent or their life will still be only about addiction and not about living.

Addiction can be ended by learning new coping skills to help the individual and their family positively manage cues, cravings, negative emotions, interpersonal conflict, and social pressure to use. These skills can help both your loved one and you to develop a balanced lifestyle. You and your loved one can take back control of your lives.

Things To Know And Actions To Take

Now that you understand the complexity of the addiction experience and how it changed all aspects of your loved one's life you can see why they need your support to leave the addiction experience behind. Take time and talk with your loved one about some of the changes they will need to make to:

1. Improve physical and mental health
2. Learn how to manage cravings and cues to use
3. Use positive coping skills to reduce stress and negative emotions
4. Set boundaries with other people
5. Develop a positive social support network
6. Develop communication skills
7. Put positive structure into their life



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Chapter Six

**Those First Days In Rehab;
Things You Need To Know About
Withdrawal And Recovery**

Chapter 6

Those First Days In Rehab; Things You Need To Know About Withdrawal And Recovery

You may now start receiving calls from your loved one that the program isn't working, that they want to leave, that they have learned enough or



Often on the road to recovery and health, people become overwhelmed. They don't know what to do first. They become discouraged. There are some simple things you can do to help keep them on the road to recovery and feeling better. You can reduce their worry and anxiety by giving and reinforcing with them the answers to basic questions.

Since they've quit using, why do they still feel so badly? After going through detox and withdrawal, they may feel confused and want to return to using because they still feel anxious, lost, out of control or even depressed. They may have insomnia or emotional and physical symptoms. They are craving drugs and alcohol. They are worried. There is a strong temptation to return to using because they think if they use, they may just feel better.

When they call you and they are discouraged and worried, it's important to reinforce with your loved one that the drugs they took were toxic to their mind and body and so their physical healing will

Since they've quit using, why do they still feel so badly?

take some time. Remind them, alcohol is a poison. Drugs when abused are toxic. The damage caused by months or years of use takes more than a few days to heal. The longer they used and the more different kinds of drugs they used, the longer it

will take for their body to physically heal and return to full normal functioning.

Just like a broken bone, the damage done by drugs and alcohol takes time to heal. Drugs and alcohol changed how they felt by physically altering the chemistry in their brain. Depending on the route they used to take the drug and the side effects of the drug taken, there was also damage to them physically. Their brain, lungs, nose, veins, skin, heart, and digestive organs may each have been affected. Get them to list the ways they do feel better, as well as taking the time to listen to their concerns about the ways they may feel "worse."

1. List the ways that they feel *better* now that they have quit:

2. List the ways that they feel *worse* now that they have quit:

During this time, they will be under a lot of stress. They now experience the stress of coping every day without using drugs and alcohol. If they are attending a rehab program or counseling, they have emotional, mental, and even physical fatigue from learning new things as they work on themselves. Change is stressful, even if they are moving toward success. It's hard work for them, getting up every day and working to change their life. It's important for you to reinforce that these negative and stressful feelings are a normal part of recovery and they will pass. They are not a sign that they or their rehab program is failing. It's a positive sign that they are working hard.

It's important for you to reinforce that these negative and stressful feelings are a normal part of recovery and they will pass.

To make it even more challenging for them, during the first few weeks and months, they may experience some disturbing mental and physical symptoms (Ketcham, & Pace, 2003). Being aware of the possible symptoms will help you to calm their fears and provide some helpful support.

1. *Foggy thinking, difficulty concentrating, and some memory problems may occur:* Drugs or alcohol disrupted the normal balances of chemicals made by the brain that are essential to healthy brain functioning. Reassure them that a return to normal balances occurs over time and their thinking will clear.



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Reassure them that short term memory loss means they may not be able to learn new skills easily. It does not mean they are incapable of learning new skills.

Expect irritability, don't expect them to start dealing positively with problems and family issues until they have had time to develop positive sleep routines.

2. *Difficulty learning new things:* The more drugs they have used, the more likely they will experience some short term memory loss. Here's the good news you can share with them: for most people, with time, their short term memory is restored. Caution them that the more drugs they used and the longer they used, the longer it may take to recover. Share with them that for most people short term memory returns in six to eight weeks after stopping use. Reassure them that short term memory loss means they may not be able to learn new skills easily. It does **not** mean they are incapable of learning new skills. However, they may not remember all the details as easily as they once did. Help them relax and take extra time to recover and learn.
3. *Over sensitivity:* You may find your loved one reacts strongly to things they never would have blinked an eye at before. When a little thing happens, such as you are five minutes late when you phone them, you may find them filled with rage. This is a side effect resulting from the damage the drugs have done in their brain. As they are going through these ups and downs, you may even find them frequently on the verge of tears. Then suddenly they will seem okay. This is also a normal part of recovery and will end with time and abstinence. Reassure them, give them time, listen to them, and react calmly to their mood changes. Take some slow deep breaths to remain calm yourself; you will learn more about these techniques in later chapters of this book.
4. *Sleep problems:* Lack of sleep is often a big issue for people who have come through withdrawal and are in recovery. Erratic sleep patterns are one of the side effects of drinking and taking drugs and of the erratic lifestyle they led when drinking or using. During recovery they may experience disturbing dreams and the inability to fall asleep. When they do fall asleep, they may wake up frequently throughout the night, and be unable to relax. Again reassure them that they are okay and that these sleep problems are temporary results of the damage caused by the alcohol, drugs, and the lifestyle. Chronic fatigue due to lack of sleep can compound their irritability. Expect irritability and don't expect them to start dealing positively with problems and family issues until they have had time to develop positive sleep routines.
5. *Physical coordination problems:* They may experience difficulty

with hand and eye coordination and balance. Their reflexes may be slower. During the early weeks of recovery coordination *could* be a problem particularly if they used alcohol heavily. Again, positive reassurance that this is a frequent occurrence during recovery for people who have abused alcohol and that it will pass is often helpful to reduce anxiety.

All these symptoms may make them and you believe that they are not making progress. In reality their body is going through physical changes to adjust to the **lack** of a high level of toxic chemicals in their body. Knowing that they are experiencing a normal recovery process can help reduce their anxiety and your anxiety.

Relapse and lapse are most often caused by negative emotions.

Negative Emotions & Return To Drug And Alcohol Use

Based on interviews with people who have experienced addiction, when they chose to use again, **it was most often because they were experiencing negative emotions.** They felt increasing anger, frustration, depression and/or anxiety. They used drugs or alcohol in response to these unpleasant and negative emotional states (Marlatt & Gordon, 1985, 2005).



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Even though your loved one has stopped drinking or using and is participating in a program, they will still at times experience negative emotions. They will want to return to using. But they can develop a different solution to anger, frustration, depression or anxiety than returning to use. They will need encouragement to learn positive coping skills to manage their negative emotions. Learning new skills takes time. They can't just stop being negative; they first need to develop new skills.

People can't just stop being negative; they first need to develop new skills.

Where Do All Those Negative Emotions Come From?

Negative emotions do not just arise within you. Your individual world is made up of a series of events. Some of them are positive, some of them are negative and some of them have nothing to do with you, even though you may think they do. You interpret these events through a series of thoughts and an internal dialogue (Burns, *The Feeling Good Handbook*, 1999).

You may look at an event and think, "*Aha, I know what this means.*" Then you talk to yourself inside your head. And, depending on what you say to yourself, your mood changes based on your interpretation of that event and the emotions that came from that interpretation. You may think, "*Oh-oh, this is going to be bad. It's real bad.*" Based

on your interpretation, you start to feel sad or angry and experience what is called a negative emotional state. These emotions are often the cue for an addicted person to use alcohol or drugs to feel better or to try to feel nothing.

You may think, “Wow, this is great that this happened.” Then you feel happiness and you experience what is called a positive emotional state. Feelings are always created by thoughts. First you experience the event, then the thoughts or interpretation of the event, and finally the positive or negative feelings. Your emotions come entirely from the way you look at or interpret things.

Your emotions come entirely from the way you look at or interpret things.

You And Your Loved One Assign Meaning To Events

Before you can experience any event, you have to process it and assign some meaning (Burns, *The Feeling Good Handbook*, 1999). For example, the rehab calls and leaves a message for you. Immediately a series of thoughts run through your mind interpreting the event of being called. “They probably have bad news.” Negative thoughts or interpretations will lead to negative emotional states such as anger, depression, resentment or anxiety. Your interpretation of the event has changed how you feel and how you will behave when you phone back. Your emotions and subsequent behaviors are driven by your *interpretation* of the events in your life (Burns, *The Feeling Good Handbook*, 1999). This is true for you and for your loved one who has experienced addiction.

Your emotions and subsequent behaviors are driven by your interpretation of the events in your life. (Burns)

Moods do not arrive independently of our interpretation of the events in our lives (Burns, *Feeling Good, The New Mood Therapy*, 1999). The wonderful thing is, just by recognizing this fact you can take action to become more aware of your thoughts. You can learn the skills to reduce the frequency of negative emotions. You can help your loved one learn to manage their negative emotions without resorting to drinking or using by supporting their learning and role modeling good coping skills.

Stopping Automatic And Dysfunctional Thinking

Every one in the family can start changing the way they feel by learning practical and straightforward cognitive (rational thinking) techniques. You and your loved one can learn to change the way you each think and feel, and thus how you behave. To begin developing your knowledge of cognitive therapy, a recommended book to read is, “*The Feeling Good Handbook*,” by Dr. David D. Burns. This book can help you to learn to manage your negative emotions. In addition, you can reinforce your loved one’s learning about how to manage the most common negative emotions experienced during recovery.

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These include depression, anxiety, frustration, and anger.

For people who have experienced addiction, it is essential that they learn to recognize the automatic self-defeating negative thoughts that make them feel miserable. Negative thoughts lead to painful emotions. These painful emotions in turn convince them that their thoughts are valid. The feeling of unhappiness reinforces our belief that all our negative feelings must be accurate interpretations of the events in our lives (Burns, *The Feeling Good Handbook*, 1999).

Negative Thoughts Affect Our Total View Of The World

If we believe all our negative thoughts, we don't just stop at labelling one event as negative. Because we're feeling sad and depressed, every event starts to look negative. We have our sad lens on, and we start looking for other things that are going wrong. Feeling badly leads to even more negative interpretations which lead to more negative thoughts and more negative emotion (Burns, *The Feeling Good Handbook*, 1999). For your loved one, these types of thoughts put them on the path that spirals down into lapse or relapse.

"Cognitive approaches" are thinking techniques to help stop the negative spiral and to help us to reflect more accurately on events that happen around us. You can begin with learning about the techniques yourself and then you can get professional support if you decide you need the extra help with negative and distorted thoughts. Distorted family thinking often sounds like this:

- He's no good at any thing so he might as well use. (Labelling)
- Everyone relapses and John's no different. (Fortune-telling, Jumping to conclusions)
- I have the right to be sad and angry; my wife is a drug addict. (Discounting the positives in your life)
- I can't enjoy myself or get on with my life, as long as he is using. (Emotional reasoning)
- It's my fault that he is a drunk. (Personalization and blaming, labelling)

Distorted user thinking often sounds like this:

- It's my mom's fault that I drink. (Blaming)
- I deserve to be an addict, I never helped anyone. (Personalization and magnification)
- Even if I stop using for a while, I'll relapse anyway, I always do. (Fortune-telling)



Cognitive

Conscious intellectual activity such as thinking, reasoning, or remembering



Rational

Using reasoning skills to replace harmful thoughts with helpful, positive thoughts and actions.

These types of thoughts put them on the path that spirals down into lapse or relapse.



- I should have known I wouldn't get the job; I'll never get ahead or quit using. (Fortune telling, all-or-nothing thinking)
- My parents think I'm no good. (Mindreading)

People with the experience of addiction often use alcohol and drugs as a solution to negative emotions that arise from dysfunctional or distorted thinking. Anger, anxiety, and depression are often

Negative thinking leads to negative emotions and increases the risk of leaving rehab early and of relapse.

experienced by family members when a loved one has an addiction. Try reading "The Feeling Good Handbook," by Dr. David Burns to increase your own rational thinking skills, reduce negative thinking, and increase your enjoyment and success in life. You can use your new coping skills to stop being caught up in negative

circular thinking.

Things To Know And Actions To Take

For you to become a role model and an excellent supporter, you need to start with the basics. Use simple relaxation techniques and learn and practice cognitive techniques to change your own negative thinking and feelings. Practice some of the simple communication techniques so you will be ready when your loved one calls from rehab.

1. Start with listening. Remember, they are going through rapid mood changes and some negative emotional and physical symptoms, so try to listen carefully to what they are saying. Most often, you can help by just listening and reconfirming what you hear. Avoid proposing solutions; provide your ear, some understanding, and some honest encouragement. Try using simple phrases that help them to share and to feel heard such as, "I hear what you're saying. That must be hard for you. That's great, keep on trying and you'll get there."
2. Check for their negative circular thinking. Listen for words like: I should, I'll never, you ought to, they always. Try not to challenge their statements. Just listen. When ever possible, gently reframe from the extreme to a more balanced perspective such as from "I'll never succeed" to "Yes, you're going to have some tough times and I can see you're getting better at handling those tough times, even though it may feel like you're not."
3. Check your own thinking. Be careful not to engage in mutual negative thinking or to reinforce circular thinking by constantly agreeing with them when they are on a negative roll. Joining in the, "isn't it awful" conversation, reinforces negative emotions. Negative thinking leads to negative



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emotions and increases the risk of leaving rehab early and of relapse. Revert to listening rather than agreeing.

4. Acknowledge their emotions. Show empathy, acknowledge how they are feeling, and ask gentle questions to learn more about what they are thinking and feeling. "You sound worried about your next appointment with your counsellor. Is there something specific that's worrying you?"
5. Use your new information about drug and alcohol addiction to respond to them and keep it brief, such as:
 - a. "It takes up to two months for you to really start feeling physically better, give yourself some time. I'll call you next week. Bye for now."
 - b. "Some of your anger is probably the result of withdrawal from the drugs, so I'm not going to argue, I'm going to hang up now and I will call you next week. I love you and goodbye."
 - c. "From what I've read, your body needs more than a few days to heal. So I hear what you are saying and I regret you feel that way but I will not come and pick you up until you finish the program."



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Sound difficult? It will take time for you to learn the communication and coping skills you need. So make yourself a script of possible responses and put it by the phone. Add to it after each call so you can be better prepared next time. Update the script or notes whenever you find new information you want to share with your loved one and each time you learn new and more effective communication skills you want to try out.

Be gentle on yourself as you work to improve your communications with your loved one.

Try reading some of the recommended books to improve your understanding and skills. "The Feeling Good Handbook," by Dr. David Burns and "The Anger Control Workbook," by Mathew McKay and Peter Rogers are two good basic resources that you may find helpful.

Be gentle on yourself as you work to improve your communications with your loved one. Stay calm and respectful of them and yourself, there will always be another time to talk. There is always more to learn. The following chapter will help guide you on your way. So put your feet up and keep on reading.

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Chapter Seven

**Working On Mind & Body To
Get Them Healthy**

Chapter 7

Working On Mind & Body To Get Them Healthy

They can learn how to manage symptoms and to live a lifestyle that supports their body to continue healing.

For your loved one, the major problems experienced in early recovery are the result of changes to the chemical balance in their brain now that they have stopped using. Alcohol and other drugs disrupted the normal production and actions of the “feel good” brain chemicals. These imbalances cause anxiety, irritability, depression, sleep disturbances, and cravings for drugs and alcohol. Poor nutrition and lack of exercise have left their body in poor shape to function normally.

Amazingly, normal functions will return as they do these four simple things:

1. Sleep well
2. Eat three balanced meals and three healthy snacks daily
3. Exercise vigorously every day
4. Use daily relaxation techniques.

To get in top shape, to be a great supporter, and to achieve your own goals you need to make some changes.

Their brain will recover its capability to make the needed chemicals. Simply by not using over a period of time, their symptoms will decrease as the period of abstinence continues. If they learn and use coping mechanisms, their reduction of negative symptoms will be even faster. Some symptoms will persist longer than others depending on the intensity and duration of their past drug and alcohol use.

They **can learn** how to manage symptoms and to live a lifestyle that supports their body to continue healing. Feeling better physically and emotionally will take time. How long depends on how much work they do to help their body heal. Their body will heal faster and their mind will respond more reliably with quality rest, regular exercise, and good nutrition. The same is true for you. To get in top shape, to be a great supporter, and to achieve your own goals you need to make some changes. ***Take a moment and decide which of the following you can make as your own priority goal, and act on to make changes today:***



- | | |
|--|--|
| <input type="checkbox"/> Sleep well | <input type="checkbox"/> Exercise vigorously every day |
| <input type="checkbox"/> Eat three balanced meals and three healthy snacks daily | <input type="checkbox"/> Use daily relaxation techniques |

Sleep, Healing, And Relapse Prevention

Sleep is a natural state and must occur daily. It is as essential as eating. It is a response to fatigue. While you sleep, the body tissue, brain, blood and skin cells are renewed. Infections are fought. The immune system—white blood cells—are strengthened. No one can live without sleep. Most people sleep an average of seven and a half hours per day. You may require more or less. How much sleep you need depends on your genetics and your health. While your loved one is recovering from illness and addiction, they will require more sleep. You may also need more sleep as you heal from the experience of your family member’s addiction and the stress of their rehab and recovery.

Too little sleep causes a lack of concentration, poor judgment, and a decrease in your decision making skills. You can become increasingly irritable, have memory loss, depression, and experience stress. Research also shows that too much sleep can cause similar effects as too little sleep. They include irritability, lack of concentration, and poor judgment (Lavery, 1997).

When your loved one was taking drugs, they ended up losing sleep and the negative effects of both sleep loss and drug taking were compounded. *Now that they are in rehab*, it’s time to reverse those effects. What they need is balance, not too little and not too much sleep. Depending on the type and degree of their addiction, their patterns of waking and sleeping may have been severely disrupted. They may be more susceptible to illness. They may feel exhausted in mind and body. Their will power and self control may be weak. Lack of sleep may have negatively impacted their daily patterns such as work, eating, exercise, and interacting with others. Their recovery is jeopardized *until* they develop a healthy sleep pattern. Reassure them that during recovery the common sleep problems are: increased time to fall asleep, frequent waking up, difficulty getting to sleep, poor overall sleep quality, and sleep deprivation or not enough sleep (Gordis, 1998).



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Recovery is jeopardized until they establish healthy sleep patterns, reassure them sleep problems are common in recovery.

Certain things make it harder to get quality sleep. Which of the following make it harder to sleep for you?

- Lack of daily physical exercise
- Lack of mental activity
- Lack of motivation and fulfillment in your life
- Anxiety and depression
- Using alcohol or drug
- Snoring
- Noise, temperature changes and light exposure (Lavery, 1997).



Here are a few simple ways to begin to improve your sleep and ideas to share with your loved one so they can improve their sleep:

1. *Establish a regular time to get to sleep and to get up.* Regularity is very important to getting your body back in synch with its rhythm. Get up and go to bed early. Going to bed or getting up late interferes with your body's natural rhythm and you won't be able to get enough sleep.
2. *Eat a balanced diet.* Have breakfast, lunch, and dinner. Eat lightly or not at all before bedtime and avoid alcohol and drugs.
3. *Be physically active* during the day. Quality exercise and quality sleep go hand in hand.
4. *Make the area where you sleep restful.* Ensure it is quiet, able to be kept dark when you are sleeping, well aired, and at a comfortable temperature. Keep your room tidy with a comfortable bed and clean bedding.
5. *Create relaxing bedtime rituals.* Listen to calming music, take a warm bath or meditate (Lavery, 1997).

Sleep patterns can be disrupted during immediate recovery for some people and may last up to two years. If you or your loved one has sleeping problems, use the above suggestions, get additional tips on the internet, read some books on sleep, and be persistent in keeping to sleeping routines.

Food & Relapse Prevention

Most people who have been addicted to alcohol or drugs suffer some degree of malnourishment. They can be underweight or overweight. For their body to repair itself they need a balanced diet of nutritious foods. The temptation to eat sugary foods and high caffeine drinks to stave off cravings can lead to more problems. The importance of eating three regular balanced meals and a healthy snack in the morning, afternoon, and evening cannot be over emphasized. Avoiding high sugar foods and replacing them with healthy fruit or other carbohydrates will help to keep their blood sugar from suddenly spiking and dropping. Eating irregularly and eating foods high in sugar results in mood swings that mimic the mood swings that occurred when they were using drugs (Ketcham, & Pace, 2003).

If your loved one relies on sweets and other high sugar foods during recovery to reduce their craving for alcohol and drugs, they will actually create *greater* cravings. When their blood sugar drops, they may experience nervousness, insomnia, panic, fear, nausea, mental confusion, irritability, depression *and* their old friend: craving for more alcohol and drugs.



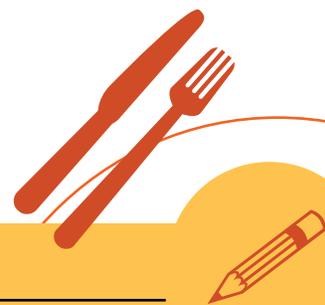
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The body's response to consuming sugar can mimic drug cravings.

So don't send sugary foods and junk foods as gifts to rehab or keep them in the house when they come home. **The best solution is for the whole family to eat well and eat regularly throughout the day.** Keep healthy foods on hand and make sure meals are planned well in advance so the temptation to order in or pick up some fast food is easy to resist.

Take a moment and write two simple ways you could begin to improve how you eat, starting today.



1. _____

2. _____

Exercise & Relapse Prevention

Exercise is **any activity** performed to develop or maintain physical fitness. It's a way to have fun, be with friends, challenge yourself, and to learn new things. It's worth encouraging your loved one to be physically active because people who engage in regular exercise are less likely to relapse and more likely to succeed at their goals.

Both you and your loved one can start a regular exercise routine and improve:

- Your physical health and your energy level.
- Your body's ability to fight disease.
- Your personal appearance, physical strength, and sexual energy.
- Your emotional health, self-esteem, confidence, and overall mental health.
- Your attitude toward yourself and to others around you.
- Your ability to control your moods and manage anxiety and depression (National Center For Chronic Disease Prevention and Health Promotion, 1996).

Encourage your loved one to be active and join in with them!



In fact, you both will just plain feel better. Exercise provides a distraction from the things that cause you to feel angry, anxious or depressed. It gives you the opportunity to increase your social

Remember: exercise helps reduce relapse!

activity. It's an opportunity for your loved one to engage in fun activities that do **not** involve alcohol or drug use.

Remember: **exercise helps reduce relapse**. Encourage your loved one to be active and join in with them! Exercising itself is incompatible with active drug or alcohol use. Exercise reduces stress. Begin your exercise plan today and get moving. Keep it simple at first; it doesn't have to be complex or expensive. *Take a moment and write down two ways you can start to become more active today.*



1. _____

2. _____

Things To Know And Actions To Take

For your loved one to succeed at relapse prevention, they need to start with the basics. For you to become **a role model and an excellent supporter**, you also need to start with the basics.

1. Eat well and take a quality vitamin pill daily.
2. Sleep well.
3. Exercise vigorously every day.
4. Use daily relaxation techniques.
5. Continue to learn and practice cognitive techniques to change negative thinking and feeling.



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Chapter Eight

**Beat The Big Four Behind Relapse:
Anger, Depression, Anxiety & Stress**

ANGER

ANXIETY

DEPRESSION

STRESS

Chapter 8

Beat The Big Four Behind Relapse: Anger, Depression, Anxiety & Stress

One of the biggest things in your mind while your loved one is at rehab is the question of will they relapse? And what can they do to help prevent relapse? When people with the experience of addiction learn to balance negative stressors with positive activities in their life, they are much less likely to relapse. Instead, they experience fewer lapses, recover from lapses more quickly, and do not proceed to full relapse. *Evidence shows that lifestyle balance is a critical factor in decreasing the probability of relapse* (Marlatt, & Donovan, 2005).



As your loved one develops a variety of positive life skills and implements strategies to achieve a balanced lifestyle they are more likely to succeed in achieving their goals and in permanently overcoming a substance addiction. To achieve lifestyle balance, they need to reduce daily negative stressors and increase daily pleasurable activities so they can experience a *balance* in their life between daily negatives and daily positives.

What are some of the life skills that they will need to successfully reduce the frequency and impact of negative events and stressors? What skills can help them increase the frequency of positives or pleasurable events? Anger, depression, anxiety, and stress can be reduced and managed successfully with increased life skills; specifically:

1. Rational thinking skills
2. Communication skills
3. Physical fitness skills
4. Stress management skills
5. Time management skills
6. Relaxation skills

Individuals who make a concrete learning plan and diligently learn and practice a variety of these life skills *significantly reduce their risk of relapse*. Remember, negative emotional states of anger, depression and anxiety, interpersonal conflict, and exposure to social pressure to use are the most commonly identified high-risk situations for relapse (Marlatt, & Donovan, 2005).

Evidence shows that lifestyle balance is a critical factor in decreasing the probability of relapse (Marlatt, & Donovan, 2005).

Learning to recognize, acknowledge, and manage anger, depression and anxiety will require them to find resources to help them develop the required skills. The more coping skills they develop, the lower their probability of experiencing relapse. **Increasing self-**

confidence and ability to use coping skills predicts successful outcomes. The more ready to change and motivated they are, the more likely they are to try and regularly use a variety of coping skills. This results in an increased probability for success in achieving life goals and a decrease in risk of relapse (Marlatt, & Donovan, 2005). They need to work on many fronts to put the odds in their favor. You as a family member can help create a safe and therapeutic home environment by also learning to manage your anger, depression, anxiety, and stress. Recovery is about whole families changing and growing, not just the individual who experienced the addiction.

Managing Anger

Anger is a universal, natural and understandable emotion. Anger is an unpleasant feeling often experienced when you perceive an event as unfair or undeserved, after you think you have been mistreated or when you are involved in a disagreement. Angry thoughts trigger more angry feelings. Anger often includes behaviors that are culturally influenced such as yelling, clenching fists or pouting. Anger often appears with feelings of depression and anxiety (Schiraldi, & Hallmark Kerr, 2002).

The average adult gets angry once a day and irritated about three times a day (Schiraldi, & Hallmark Kerr, 2002). Considering the frequency of the experience of anger and the fact that unmanaged anger is a cause of relapse, one can see why learning about anger management is so important to reducing your loved one's risk of relapse.

Anger is a common response to:

- Other people when they hurt us or don't do what we expect of them
- Situations like traffic jams, a computer glitch or losing something
- Ourselves when we fail to meet personal goals, don't acknowledge our limitations or use negative self talk (Schiraldi, & Hallmark Kerr, 2002).

The most common explanation for the frequency and intensity of anger is that many people simply have not learned the skills of anger management, and the physiological reasons behind anger (Schiraldi, & Hallmark Kerr, 2002).

Anger can be a physical response to inadequate rest, inadequate recreation, poor physical or mental health, poor nutrition, and the influence of alcohol or drugs. All of these factors are common in the addiction lifestyle and therefore explain some of the reasons for the high incidence of anger in people with an addiction. This is why

To Decrease Relapse & Increase Success

- Create lifestyle balance
- Make a concrete learning plan
- Diligently learn and practice a variety of life skills
- Manage anxiety, anger, depression, and stress
- Develop more coping skills
- Increase self-confidence and ability to use coping skills
- All family members participate and learn to positively manage anger
- Practice all of the above

⌘ Note ⌘

The above will significantly reduce the risk of relapse.

Anger is a cause of relapse.

This Book Is One Tool

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Anger is a cause of relapse.



taking care of the basics as outlined in Chapter 7 is so important.

Occasional anger causes no lasting harm. Problems occur when anger becomes a habitual response to all stress and when the frequency and the intensity of anger begin to negatively affect health and relationships. A person whose judgment is clouded by drugs or alcohol turns to anger more frequently. Anger responses are often learned in the family setting and reinforced by other family members. **Think about your experiences of anger and answer the following questions:**



1. How often is anger your first response to unpleasant situations and to your loved one's addiction?

2. What about being angry works for you?

3. What about your anger does not work for you?

4. List the behaviors you most commonly use when you are angry:

Now, thinking about your loved one try to answer the questions again, this time specifically for times when your loved one was intoxicated with drugs or alcohol.



1. How often is anger their first response to family stress when they are intoxicated?

2. What about anger works for them when they are intoxicated? Do they get their way?

3. What about their anger does not work for them when they are intoxicated? Do family members avoid confrontations or avoid them?

4. List the behaviors they most commonly use when they are intoxicated and angry:

Do you and your loved one engage in similar anger behaviors? Think carefully and decide if poorly managed anger is a family problem, a problem for you or a problem for your loved one. To reduce the risk of relapse for an individual family member, all family members need to learn to positively manage anger.

Start with yourself. Take the time to learn more about anger and decide if gaining the necessary skills to manage anger will be one of your personal priority goals. Try effective and easy to use evidence based workbooks like *“The Anger Control Workbook, Simple, innovative techniques for managing anger and developing healthier ways of relating,”* by Mathew McKay & Peter Rogers. It is well worth developing increased anger management skills to reduce stress and to become more effective in relationships, even if anger is not a major problem for you. Always seek professional help if anger is a particularly



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troubling issue for you and if your anger response involves any level of physical violence. Increasing the calm in your home through developing and using increased anger management skills will increase the likelihood of a successful outcome for your loved one's rehab experience.

Depression And Anxiety Go Hand In Hand With Alcohol And Drug Abuse

Drugs and alcohol not only cause positive feelings, they often mimic the symptoms of psychiatric illnesses. Depression, mania, anxiety, delusions, and hallucinations can be triggered by intoxication or withdrawal from the drugs or alcohol. Severe depression following long-term cocaine use resembles major depressive disorder. The effects of amphetamines can mimic mania. The side effects of withdrawal from benzodiazepines can look and feel exactly like a panic disorder. It is important to remember that your loved one's psychological and behavioral problems may be caused directly by the effects of drugs and alcohol on their brain chemistry (Frances, & First, 1998).

Whenever a psychiatric problem occurs during intoxication or within a month of withdrawal, it is probably due to the side effects of the drug. Each class of drugs can result in mental health problems. If your loved one has quit using and their depression gradually lifts, that depression was likely a side effect of the drug. If it does not lift, then they need to contact their physician to assess their depression (Frances, & First, 1998).

It is important for you to know that for your loved one:

1. *Drugs add up.* Using more than one drug increases the probability that they will experience a serious mental health problem. The more they take, the worse it gets.
2. *Time makes a difference.* The longer they use, the greater the probability they will experience mental health problems.
3. *Drugs worsen existing mental health problems.* If they already have depression, anxiety or other mental health problems using drugs or alcohol *will* make them worse.
4. *Addiction always goes hand-in-hand with mental health problems* (Jiwani, & Somers, 2004). Those who experience addiction are also more likely to have a mental health problem. People who have mental health problems are more likely to develop an addiction if they haven't developed coping skills.
5. *Depression and anxiety are the most frequently triggered mental health problems when using drugs and alcohol.* Using substances can trigger or worsen anxiety or depression. Depression and

Drugs and alcohol not only cause positive feelings, they often mimic the symptoms of psychiatric illnesses.

anxiety are associated *with* the use of drugs and alcohol. Withdrawal from drugs and alcohol often has a side effect of depression and anxiety.

Depression, anxiety, and drug and alcohol use can all result in negative thoughts and feelings and lead to avoidance behaviors and isolation. People who are depressed, anxious or using often just don't feel like being with other people. Depression, anxiety and drug and alcohol use strain the coping skills your loved one does have. To make it worse, it's often difficult to be around people who have untreated and unmanaged addiction, depression and anxiety, so you may avoid your loved one (Frances, & First, 1998).

Depression, anxiety, and drug and alcohol use can all result in negative thoughts and feelings and lead to avoidance behaviors and isolation.

People who are depressed, anxious or using often just don't feel like being with other people.

It makes *good* sense for your loved one to have their mental health evaluated with particular attention to depression and anxiety. Supporting them to seek timely professional help if they are troubled by mental health problems also makes good sense. It reduces the likelihood of relapse.

Managing Depression

Depression is the most frequently encountered psychiatric disorder. *Twenty percent of women and ten percent of men will suffer an episode of depression at some time in their life. At any given time, five to ten percent of women and three percent of men are depressed.* Unfortunately, four out of five cases of depression go undiagnosed and untreated (Frances, & First, 1998).

So, how do you know if you or your loved one is depressed? It's mostly a matter of time. How long have you or they been feeling badly? ***Try this depression checklist and note any symptoms you are experiencing:***



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- Loss of energy, fatigue
- Loss of interest in pleasurable activities including sex
- Disturbances in your sleep patterns
- Recurring thoughts of death or suicide
- Feelings of emptiness
- Disturbances in your sleep patterns
- Appetite and weight changes
- Hopeless feelings



- Feeling worthless, guilty, trapped
- Memory lapses, loss of concentration
- Physical symptoms: headaches, stomach aches

In general, anyone who suffers from five or more symptoms nearly every day, all day, for more than two weeks may have an illness that requires some type of assessment or treatment (Medina, 1998). Remember the key is duration. How long do the symptoms last? Do the symptoms interfere with the ability to function? If you are concerned about your own symptoms or your loved ones' symptoms, get an assessment from your physician or a mental health professional.

Depression is not a moral flaw or weakness.

***You can take positive action.
Depression is treatable.***

What Causes Depression?

Depression has chemical, psychological or biological causes. Chemicals that are in our brain control how we feel emotionally. Depression can be a result or the cause of an imbalance in these chemicals. Alcohol, drug use or withdrawal can cause an imbalance in the chemicals in the brain and result in depression. Depression is not a moral flaw or weakness, it has some biological causes, some environmental causes, and some learned behaviors as a cause. ***Go through the following list and note how many of the following risk factors for depression apply to you:***



- 1. Using or withdrawing from drugs or alcohol
- 2. Family history of mood disorders or addiction
- 3. Recent negative life events such as moving, family problems
- 4. Divorce
- 5. Chronic stress: unemployment, illness
- 6. Having a low to moderate self-esteem
- 7. Lack of closeness with family and friends
- 8. Being single
- 9. Traumatic events, violence or assault
- 10. Being young, being between the ages of 18 – 24

(BC Partners for Mental Health and Addictions Information, 2006)

You can take positive action. Depression is treatable. Cognitive therapy (learning rational thinking skills) is very effective for depression.

Some studies have shown taking vitamin B6 in addition to other treatments combats depression. Regular exercise is very effective in reducing depression. Relaxation, social activities, quality sleep and a healthy diet lessen the overall symptoms of depression. Increasing your pleasurable activities that do not involve drug and alcohol also reduces depression. Sometimes, medications called antidepressants are prescribed. They work in conjunction with cognitive therapy, vitamins, good exercise, relaxation, social activities, sleep, and a healthy diet. There are many positive ways to manage depression, so there isn't a good reason not to get treatment (Medina, 1998).



Cognitive

Conscious intellectual activity such as thinking, reasoning, or remembering



Rational

Using reasoning skills to replace harmful thoughts with helpful, positive thoughts and actions.

Managing Anxiety

People with anxiety disorders have fears that occur out of proportion to any realistic danger. Their fear mechanism is over sensitive. *Twelve percent of the general population in any given year will experience an anxiety disorder* (Frances, & First, 1998). Anxiety disorders include panic disorder, generalized anxiety disorder, phobias, obsessive/compulsive disorder, social anxiety, and post-traumatic stress disorder. **The two most common anxiety disorders in people who have experienced addiction are panic disorder and generalized anxiety disorder.**

Panic Disorder:

The symptoms are: a sudden sensation of dread, rapid heartbeat, perspiration, shortness of breath, dizziness, and feeling very frightened (Frances, & First, 1998). People who have panic attacks may have a low body threshold for triggering the fight or flight response so it goes off without reason. Another cause may be that some individuals have an *extra* sensitivity to *any* unusual body sensation and a panic attack is triggered by minor events such as when their heart skips a beat. The nature of panic attacks varies widely from person to person (Frances, & First, 1998).

A number of substances cause panic attacks

A number of substances cause panic attacks by their direct effects upon the body or when the body is withdrawing from the substances. Panic attacks can be caused by taking any type of stimulant including diet pills, decongestants, amphetamines, cocaine, and caffeine. Panic attacks can disappear once the stimulant is stopped (Frances, & First, 1998). Substances taken to reduce anxiety such as alcohol, sleeping pills or tranquilizers can cause withdrawal panic attacks when their use is cut down or stopped suddenly. Panic attacks can also be caused by medical conditions such as an overactive thyroid, adrenal glands, asthma or heart arrhythmia. *About twenty five percent of the general population experiences a panic attack at some point in their lives.* If you or a loved one is having panic attacks, see a mental health professional (Frances, & First, 1998).



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What Is The Treatment For Panic Attacks?

Anti anxiety medications are effective although unfortunately all are potentially addictive at the dosage required. They are difficult to stop using, because the withdrawal symptoms perfectly mimic what it is like to have a panic attack.

Cognitive therapy teaches how to prevent uncomfortable sensations from escalating into a full-blown panic attack. Once learned, the skills can be applied indefinitely and used in other parts of life.

Sometimes, anxiety disorders require a combination of medication and cognitive therapy (Frances, & First, 1998).

If you or a loved one is having panic attacks, see a mental health professional who can provide cognitive therapy.

Cognitive therapy is effective in treating and managing anxiety.

Generalized Anxiety Disorder:

This is the second most common disorder among people who experience addiction. Some people are nervous, tense, and anxious most of the time. At the slightest provocation, they experience waves of fear or worry. This chronic state of tension and feeling on edge is exhausting and is known as generalized anxiety disorder (Frances, & First, 1998).

Anxiety is a common side effect of stimulants, caffeine, diet pills, cocaine, and speed. The more drugs used, the higher the risk of experiencing generalized anxiety disorder. As with panic attacks, substances that depress the central nervous system like alcohol, tranquilizers, sleeping pills, and narcotics cause anxiety when they are withdrawn or stopped. Prescription medications are also common causes of anxiety, particularly antidepressant medication.

The treatment for generalized anxiety disorder is anti-anxiety medication or cognitive therapy. They are sometimes used together. Many people with generalized anxiety disorder also have depression and need treatment for both disorders.

Anxiety Disorders And People With Addiction

Because people who have had the experience of addiction are at higher risk for anxiety disorders, it is important for your family member to assess their feelings of anxiety and take action to reduce their risk of relapse. Self-assessment tools for anxiety are readily available. When in doubt they should consult a mental health professional.

Cognitive therapy is very helpful to manage anxiety. Healthy sleep, quality diet, and regular exercise are also very helpful. Learning relaxation and distraction techniques are also very useful. Learning the basic symptoms of anxiety disorders, recognizing the symptoms, obtaining an assessment, and taking action are all part of a quality

relapse prevention plan. They are also part of the role of being a healthy family member who can actively support your loved one through the experience of addiction.

Become Knowledgeable

For both depression and anxiety, *“The Feeling Good Handbook”* by Dr. David Burns has excellent simple assessment tools, exercises and strategies to reduce anxiety and depression. As a family member, even if you don’t have the experience of depression or anxiety, the tools in Dr. Burns’ book are helpful for managing the daily negative emotional stressors that can reduce the quality of your life and increase the likelihood that your loved one will lapse or relapse if left unmanaged or unacknowledged. So build your skills to increase your emotional health and create a positive family environment.

Managing Stress To Reduce The Risk Of Relapse

People who abuse drugs are more vulnerable to stress than the general population and stressors can trigger craving in people who are addicted (Frances, Miller, & Mack, 2005). Relapse can be a response to unrecognized and unmanaged personal irritations, frustrations, and stress. Stress has no biological structure like germs or viruses. It is purely the result of how the mind and body interact. It is a true example of the connection between mind and body, how we think about things, and our body’s physical reaction to those thoughts. So what is stress? Stress is an emotional response as well as a physical response. It is characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and often, depression.

Every stressful situation comes with several solutions. The choices you make can increase your anger, depression, anxiety, and stress. Choices can increase the conflict and problems in your life. Or your choices can calm you, enhance your feelings of well-being, and support you to find solutions that benefit you and those around you. Your solutions can make it more fun to be you. You can teach yourself new ways to solve problems. Life is always filled with stressful situations. Learning to manage stress is about thinking and living with a different frame of mind.

Relapses Are Often Preceded By Poorly Managed Stressful Events

Think back to your loved one’s most recent relapse. Picture what was happening in their life, the stressors or irritations they were facing in the days leading up to and just before their decision to use again.

Stress is an emotional response as well as a physical response.



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High-risk stressors are the stressors that were present in the days and hours before they relapsed. Identifying high-risk stressors and learning to manage them is a very important part of your loved one's relapse prevention plan. They can't manage stress and prevent relapse if they don't take the time to identify the specific high-risk stressors that they frequently face.

High-risk stressors are the stressors that were present in the days and hours before they relapsed.

Are you part of their high risk stressor situations? Can you learn to manage anger, depression, anxiety, and stress in more positive ways to reduce the stress placed on your loved one and all family members? Creating a positive environment for your loved one's recovery includes creating a positive and calm environment for yourself.

So Who Decides If An Event Is Stressful?

Our families teach us what is acceptable to perceive as stressful and what is acceptable behavior following stressful events (Remember, "Don't be a baby!"). Our friends and family react to stress in particular ways. We may learn to show we are under stress by: crying or silence; yelling or laughing; minimizing or exaggerating events. *But ultimately you decide what is stressful.*

For each person, stress is unique in its causes although some events are common stressors to most people. There are effective ways to increase resilience to stress and there are good techniques for reducing immediate feelings of stress. To succeed in preventing relapse, your loved one will need to become an expert in detecting and taking action to reduce their stressors in their worlds of work, home, school, and social activities.

You can be an excellent role model and make your life more pleasant at the same time. The first step for you and them is to learn quick relaxation techniques to reduce stress in specific situations. The second is to check for dysfunctional thinking when you interpret events. So do read about cognitive techniques to get you started. A good resource to start with is *"The Relaxation & Stress Reduction Workbook, Fifth Edition"* By Martha Davis, Elizabeth Robins Eshelman, and Mathew McKay.

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Becoming Stress Resilient By Holding On To Your Values

Beyond accurate language and dysfunctional thinking, lies the reality of managing real life events that are stressful. Getting through the hard times without drugs or alcohol will require you and your loved one to develop your own internal standards and to use them as decision making guides and motivators in times of stress.



Take Time To Help Your Loved One Rediscover Their Own Values

Help them look back to their life before their addiction. What positive ideals did they believe in? Give them a chance to be an individual. Encourage them to read and talk with others about spiritual and life values to figure out their own value system. Help them look for events outside them self that bring up feelings of concern such as poverty or the environment. Are these things they can get involved in and make a difference, events that are outside their own small world (Peele, 2004)?

It's just as important for you to get back in touch with your own values and to contribute to the larger world. Addiction can be an isolating experience for family members as well as the individual who is experiencing the addiction.

Living by values reduces stress and increases self-esteem and self-confidence. Now is the time to start identifying some of your own values. Start by creating at least one value statement for yourself. Make it simple so you can easily remember it. Value statements could be:

1. Do no harm to others or to myself.
2. Act with integrity and honesty in personal relationships.
3. Act with compassion and forgiveness when I or other people make mistakes.



Try writing a value statement now:



Develop Positive Habits

As well as coping skills and values, your loved one needs to develop positive attitudes and living habits to reduce anger, anxiety, depression, frustration, and stress. Habits precede attitude so help them start with positive actions and become rigorous in carrying them out until they become habits.

Habits precede attitude.

You can role model and encourage the simple habits that lead to positive attitudes. Get up early in the morning *without fail*. Make your bed when you get up in the morning, *without fail*. Take a shower in the morning, *without fail*. Eat breakfast, *without fail*. Leave early for work, *without fail*. Meditate for ten minutes every day, *without fail*. Exercise for half an hour every day, *without fail*. You get the idea. Reducing stress is about living your values and values are reflected in every action you take or don't take. **It all starts with developing habits that reflect a positive attitude toward every moment of your life.**

Take a moment and reflect on your daily habits. ***Write down three simple ideas for putting more positive structure into your life and role modeling that you live your values.***



1. _____

2. _____

3. _____

Things To Know And Actions To Take

Anger is a family affair. It is essential for your loved one to learn anger management and for family members to develop their skills as well. Reducing anger can reduce the risk of relapse; it will also increase the quality of life for all family members. So take time to develop your skills and encourage your loved one's to do the same.

It makes *good* sense for your loved one to have their **mental health evaluated** with particular attention to depression and anxiety. It reduces the likelihood of relapse. Seeking timely professional help if you are troubled by mental health problems also makes good sense. Take care of your own mental health by getting an assessment if you are troubled by mental health problems such as depression or anxiety.

Take time and help your loved one identify their stressors. They need to identify which of their stressors result from the big choices; where

they live, the work they do, and their key relationships. They also need to make an action plan for change. This often means change for the family as well. Perhaps they even need to be apart from some family members. For a healthy family environment, you need to take the time to identify your stressors as well and take action.

Your loved ones positive changes can be stressful for you, even as stressful as their addiction experience was! Take the time while they are in rehab to think through the changes you need to make in your own life to better manage anger, depression, anxiety, and stress. It's your opportunity as well as theirs. Often families find that when their loved one's problem of addiction is no longer the focus of attention, other problems that were left unattended or assumed to be caused by the addiction now need to be dealt with in a proactive manner. It is always a surprise to find what issues still exist when the addiction is gone.

So if you find yourself stressed with all this positive change, breathe deeply, in through your nose and out through your mouth, slowly three times. Try this right now and while you are slowly breathing in and out, know you can make changes in your life and so can your loved one. You already have evidence of it. You're reading this book and starting a new life just as your loved one is while they are in rehab. Close your book and take a break. There is the rest of the day and the rest of your life.



It is always a surprise to find what issues still exist when the addiction is gone.

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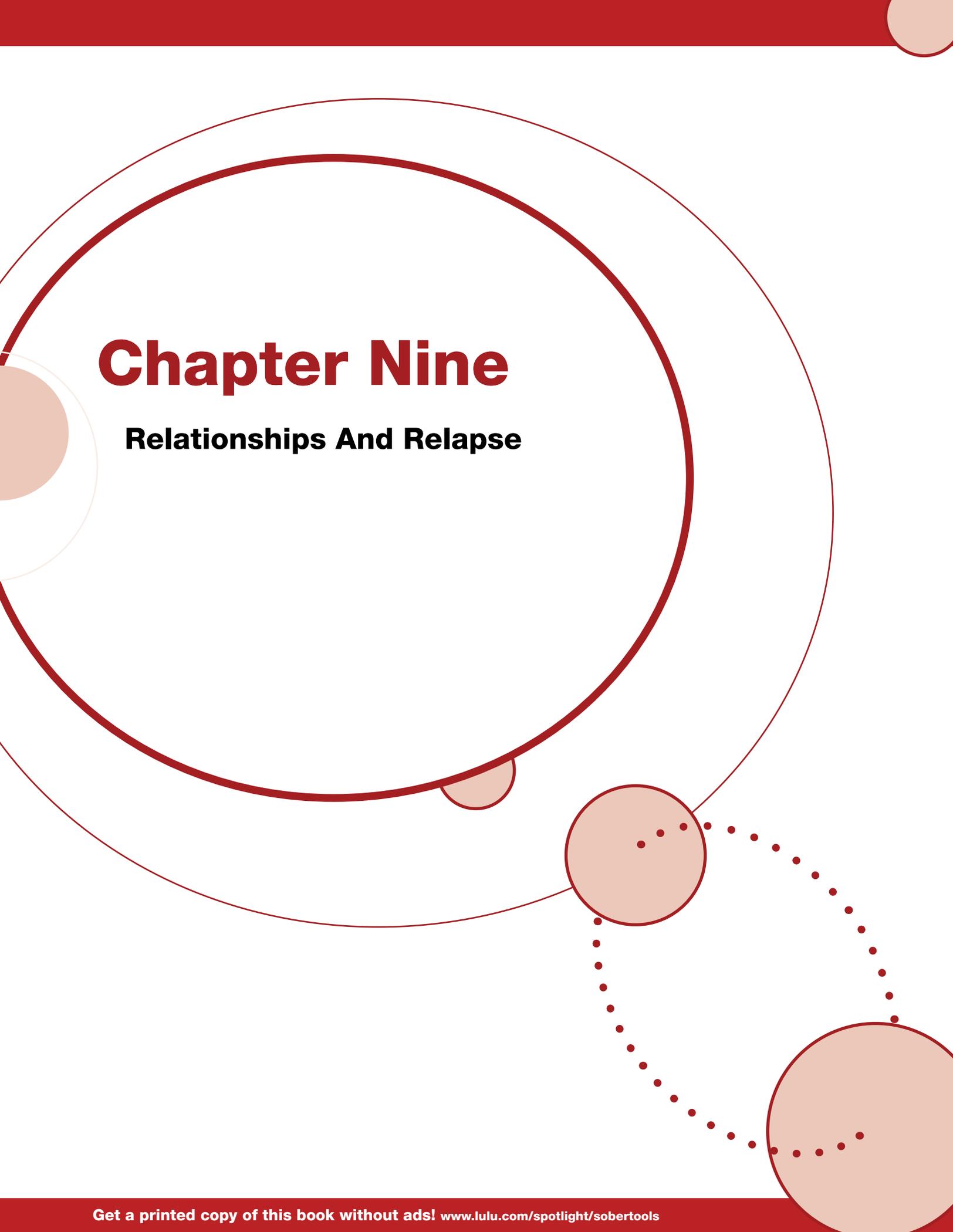
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Chapter Nine

Relationships And Relapse

Chapter 9

Relationships And Relapse

Some of your loved one’s relationships have encouraged them to use drugs and alcohol and supported them to remain stuck in an addiction lifestyle. To succeed in leaving addiction behind, they will need to change the way they relate to family, friends, and acquaintances. They will need your help to build positive and safe relationships that support them in their relapse prevention plan and in achieving their life goals.

Families Impact Addiction Behavior

Families can provide positive support to help your loved one to prevent relapse. **They can also play a role in a decision to return**

to using. *Positive family support is highly predictive of long-term abstinence and takes the form of healthy pressure not to use, participating in their rehab and life goals, participating in reducing their stress, and helping them to reduce interpersonal conflict (Marlatt, & Donovan, 2005).*

Negative family and friend support increases the risk of relapse.

Positive family support is highly predictive of long-term abstinence

Negative Family And Friend Support

Negative family and friend support increases the risk of relapse and takes the form of social pressure to use and increased interpersonal conflict. What does this look like?

- Encouraging your loved one to attend events with drug and alcohol use such as house parties.
- Belittling their attempts to learn new activities and make friends who don’t use.
- Discouraging them from returning to abstinence, if they do have a lapse.
- Continuing to offer them alcohol, cigarettes or drugs.
- Tracking their days of abstinence in a negative fashion: *You’ll never make it to thirty days.*
- Drinking or using in front of them, leaving drugs or cigarette packages out.
- Talking about how much fun they used to be.

Negative family support takes the form of creating and maintaining interpersonal conflict:



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- Using anger, threats, and physical aggression during disagreements.
- Instead of resolving disagreements, using nagging, pouting or cold shoulder treatments.
- Repeatedly bringing up past conflicts including their past drug or alcohol use and past behaviors that were part of using such as lying.



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Anger is the most common and powerful emotion that must be managed during family conflict. Negative support can be direct or very subtle. If you improve your listening skills and your ability to provide feedback to family members who provide negative support to your loved one, you can subtly change some of their behaviors. When you cannot influence someone’s behavior, you can help your loved one to use boundary setting skills that are discussed later in this chapter.

Take a moment and list family members that may be providing negative support that is **indirectly encouraging a return to using**. *Add some specific examples of their behaviors so you can discuss ways to manage these behaviours with your loved one.*

1. _____

2. _____

3. _____

4. _____



Positive Family And Friend Support

Positive family support is demonstrating trust in your loved one’s ability to achieve their goals and maintain abstinence. You make the effort to help your loved one to improve their skills and don’t just

pat them on the back. Positive support is demonstrated when family and friends take specific actions that help them to achieve their goals. These might include: offering to drive them to a job interview, helping them study for an exam, helping them stay healthy by running with them or participating in sporting events with them, attending and participating in counseling sessions or communication classes with them. **Providing positive support means taking action and changing your own behaviour as well as supporting your loved one to change theirs.**

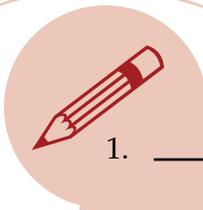
Providing positive support means taking action and changing your own behaviour as well as supporting your loved one to change theirs

To prevent relapse your loved one will need to seek out family members or friends who are willing to actively support them in their decision to remain abstinent. To succeed in repairing relationships and developing a more supportive family network they will need to develop communication skills and anger management skills to assist them to resolve interpersonal conflicts. **If you are in a partner or marital relationship with your loved one who has the experience of addiction, you may want to consider relationship or marital therapy. Both have been proven to reduce relapse, particularly for those with alcohol abuse problems.** Relapse risk is reduced when partners agree to:

- Learn communication skills to give positive and honest feedback that reinforces abstinence and life goals.
- Maintain an alcohol and drug free house.
- Learn conflict resolution skills.
- Not associate with former friends or family who are heavy drinkers or drug users.

If you actively and positively support your loved one through these types of behaviors you will increase the probability of their success and improve your relationship with them.

Using the above examples, take a moment and identify three specific ways you can increase positive support to your loved one:



1. _____

2. _____

3.

Guilt & Shame And The Addiction Lifestyle

Guilt and shame are negative emotions. Guilt is an acute awareness of having done wrong, accompanied by feelings of regret. Shame includes feelings of dishonor, unworthiness, and embarrassment. We all have secrets in our lives, things we are embarrassed about, that make us feel shame or guilt; things we have done to ourselves or others; or things that were done to us by others, although we were not responsible (Potter-Efron, R., & Potter-Efron, P., 1989). Addiction may have resulted in your loved one doing things that left them feeling guilt or shame.

Guilt

Pride is a level of respect for yourself, a belief in the value of your personal character, body, life, efforts or achievements. Everyone needs to have a sense of pride about them self. Shame is a negative feeling about the self. The experience of shame may result in feelings that you are defective, incompetent, weak, inferior or deserving of criticism (Potter-Efron, R., & Potter-Efron, P., 1989). Guilt, on the other hand, is about doing harm or failure of doing. Guilty people may have gone too far and harmed others such as stealing money from their family. They may not have done enough such as failing to take care of and protect their children.

Unmanaged negative emotional states are linked to relapse. Guilt and shame are negative emotions. The life style of addiction leads to doing things your loved one would never have done before and will never do again once the experience of addiction is over. Examples include: stealing money, wasting valuable years intoxicated, harming someone in anger, going to jail, performing sexual acts for money or drugs, making promises they never intended to keep, being manipulated or manipulating others. The possibilities are endless.



Shame

A negative feeling about the self



Guilt

Thoughts and feelings about doing harm or failure of doing

Guilt Can Be Good

It can motivate them to take action and make amends. It can motivate you to change your own behavior. It can motivate them and you to look at your value system and make changes there too. So, guilt can be good if it leads to positive action (Potter-Efron, R., & Potter-Efron, P., 1989). Because guilt is most often found in doing or a failure of doing, it is most easily overcome by action. That's why it's a good motivator.

Unmanaged negative emotional states are linked to relapse. Guilt and shame are negative emotions.

It is important to help your loved one to be objective with them self when they're experiencing guilt and to be sure their actions to make amends are based on sound and rational thinking. It is helpful for them to check out their level of guilt, and the decisions related to that guilt, with someone who is supportive and unbiased. It can be a friend, a counselor or person they trust and are confident will give them quality feedback.

Remember, there may not be a way for them to clean up all the things they feel guilty about. If someone has passed away, they won't ever see how they have changed. You and they may have to learn to accept what they have done. Often the person they will need to forgive is them self.

To Get On With Life Families Need To Practice Acceptance

Acceptance comes when you realize some things can't be changed and let it be. Acceptance does not mean you're happy about it. It's just that you accept something happened, they did it, it's over, there is nothing more you or they can do about it now, and you have to let it be.

Take a moment and list three of the things that cannot be changed in your life that resulted from your loved one's addiction that you need to accept and let be.



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1. _____

2. _____

3.

Simple Actions To Help Them Reduce Guilt & Shame

Start with a total health exam from a physician and make sure they address any chronic health issues. Then encourage them to begin a regular exercise program to increase their overall health and feelings of well-being. Help them focus on their positive achievements to increase their ability to overcome negative thinking. Making healthy food choices will increase their energy and positive feelings about them self. Help them reduce their stress through using relaxation techniques and being rigorous in their daily life. Helping them keep to schedules and meet their commitments will increase their overall feelings of self-worth and competence. Find something every day that makes you feel proud of them and share it with your loved one.

Take a moment and identify two actions you can take today to increase your loved one's sense of pride and positive feelings.

1.

2.



Guilt and shame can lead to negative thinking that supports a return to use of drugs and alcohol. A good resource for managing guilt and shame is *“The Feeling Good Handbook,”* by Dr. David Burns. It will take time and positive action for your loved one to overcome feelings

of guilt and shame and to rebuild their self esteem. Each small step they take will bring them closer to their life goals.

Planning For Healthy Relationships To Prevent Relapse

People who quit using and drinking and who do not remove drug and alcohol users from their social network (circle of friends, family, and acquaintances) have a very high risk of returning to use or relapse (Marlatt, & Donovan, 2005). Producing, dealing or distributing drugs predicts a lower probability of achieving abstinence and predicts higher levels of use (Marlatt, & Donovan, 2005). **If they want to remain abstinent, they need to end their relationships with people who use or who are in the drug economy.** They will need assistance to find meaningful, paid work when their rehab is completed.

If your loved one has many positive people in their social network and still they include one drug or alcohol using person, they are placing them self at a high risk of relapse.

Relationships based on mutual involvement in drug and alcohol use contribute to relapse. The drug is always the most important part of the relationship and the user will continue drinking, using or dealing. When your loved one quits and the other person in the relationship continues using, they will need to end or set specific limits on the relationship or they will put them self at a high risk for relapse. Considerable practice is needed to develop the assertiveness and communication skills required to maintain safe relationships with people who have destructive behaviors. You can assist your loved one by agreeing to terminate mutual relationships that put them at risk of relapse.

Negative influences may be more powerful than positive influence in social networks (Marlatt, & Donovan, 2005). Negative influences include people who:

- Offer drugs or alcohol
- Use around the person in recovery
- Show behaviors that stimulate craving, and
- Produce cues for using.

If you use alcohol or drugs, you will need to stop using when you are around your loved one

If your loved one has many positive people in their social network and still they include one drug or alcohol using person, they are placing them self at a high risk of relapse, particularly in their early recovery. A safe environment for the person who successfully completes treatment and rehab *does not include* people who use alcohol or drugs or who are involved in the drug economy. **So if you use**

alcohol or drugs, you will need to stop using when you are around your loved one or you are placing them at risk. Relapse prevention is a family affair.

Becoming Mentally And Physically Healthier To Build Healthy Relationships

The healthier your loved one becomes, mentally and physically, the more they will increase their coping skills and energy. This will make it easier for them to attract positive people into their life. We tend to attract people who are similar to us. As their emotional and physical health improves, they will begin to attract and surround them self with other healthy, positive people.

So, make sure you are a good role model and work to improve your own physical and mental health. Healthy families make a good environment for relapse prevention.

Families often find that they have problems and issues to face that were masked by their family member's addiction.

Families Need Help Too

Families need to move on from their loved one's addiction experience. Families usually experience a wide range of emotions such as anger, fear, anxiety or depression during their family member's experience of addiction. You and other family members need to learn more about addiction and how to get help and support for your selves. Improving communication skills, as well as anger, depression, anxiety, and stress management will improve the quality of life for every family member.

Families often find that they have problems and issues to face that were masked by their family member's addiction. Once the addicted family member is no longer using and on the road to health, families no longer have the addiction to blame for lack of intimacy or lack of social contacts or high levels of interpersonal conflict. They are suddenly aware that the cause of all their problems was not the addiction and it can be a scary and stressful realization.

As you are empowered by quality information and acquire new skills, your negative emotions will lessen toward yourself and your loved one. You will find there are problems to be resolved that are and are not related to the addiction experience. Acknowledging and managing your feelings may be uncomfortable for you and your loved one, yet it's important to your mental and physical health (Daley, & Marsili, 2005). Family members need an understanding of addiction and recovery so they can develop behaviors that will support their loved one in relapse prevention help them get on with the family tasks that were ignored due to the focus on the addiction experience.



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Social Support & Relapse Prevention

Social support is not the same as a support group. Support groups are structured managed meetings. **A social support network is a circle of people who increase your sense of belonging, purpose, self-worth, and promote your positive mental and physical health.** People with varied and strong social supports live longer (MayoClinic.com, 2005).

A social support network is a circle of people who increase your sense of belonging, purpose, self-worth, and promote your positive mental and physical health.

Talking with a non-using friend over coffee can help your loved one through difficult times. Non using friends and social contacts can encourage them to stay

free of drugs and alcohol and support them to manage stress and depression. Sometimes, just knowing someone is there for them is enough to reduce stress and let them get on with living their new life.

Social support plays a critical role as a determinant of relapse. Positive social support is highly associated with reduced relapse and negative support with increased use (Marlatt, & Donovan, 2005). There is a high probability of relapse if your loved one's network includes people with whom they have high levels of conflict and people who use. To reduce their relapse risk, they *need to seek out people who will support them in their decision to stop drinking and using and avoid those people who will not support them.*

Their social support network needs to include friends, colleagues, and acquaintances they can turn to for friendship or help in times of crisis. They need a life partner who is supportive of their abstinence and life goals. They need people who are able to provide:

- Emotional support.
- Some practical help.
- Share points of view with them (Fairbrother, 2004).



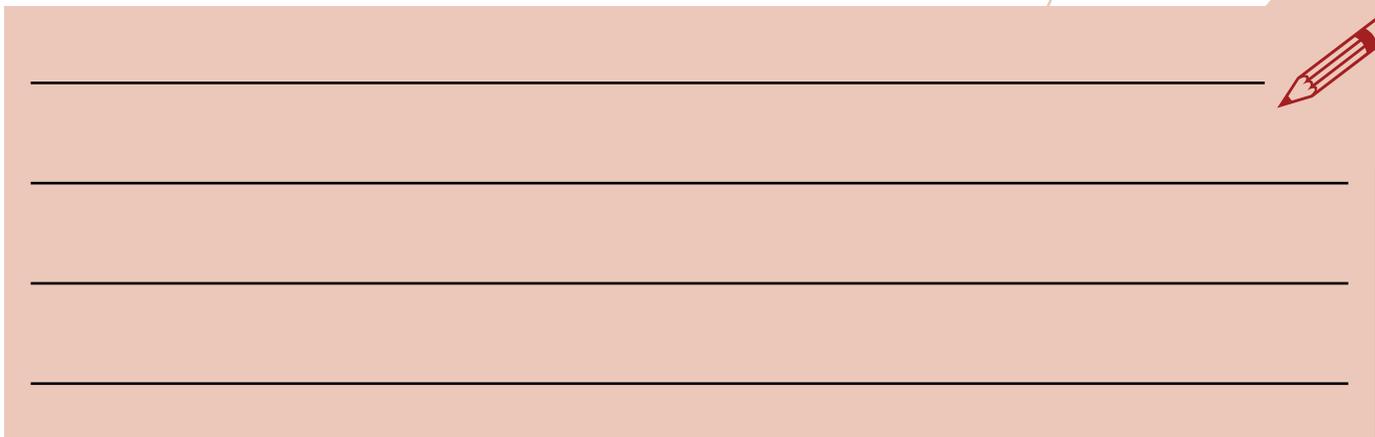
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Support Them To Weed Out People Who Could Trigger Relapse

There are people in our lives that by their presence and their actions influence us to make decisions, take actions or view ourselves in ways that are self-harming and self-defeating. Your loved one and you need to remove these people from your circle of acquaintances. First identify the people who use. During the first few months following abstinence, it is imperative that you help your loved one to limit or eliminate any contact with people who are actively using drugs or alcohol. Any contact with people who use should be limited to a safe place, a short period of time, and to when they are sober or

free of drugs. These people typically have substances in their homes, on their person or have active contacts for accessing drugs and will continue to put your loved one at risk of relapse. **Take a moment and write down the names of people you think might fall into this group.**



Next identify the people who are physically or verbally abusive to you or your loved one and add them to the list. Next, identify the people who may manipulate you and add them to the list. These are the people who cause high stress in your loved one’s life through their behaviors. Planning to stay away from people who may put your loved one at risk is called problem avoidance. By practicing problem avoidance you will be keeping your loved one and yourself safe.

Help Them Identify Family And Friend Supports

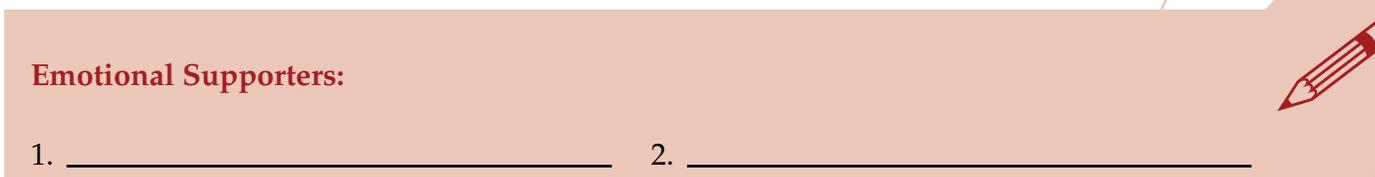
Now work with them to identify positive family, friends, and contacts. Identify the people who are able to provide positive support to them and who have the abilities and resources that match the type of support they need.

Emotional supporters are people who tell you they care about you, believe in you, and who think well of you. They help you to stay true to your goals and give you the opportunity to help them as well. They give you honest feedback, both positive and negative (Fairbrother, 2004). Your loved one will need emotional supporters and given you are reading this book, one of those people able to provide support may well be you.

Identify 2 people that could fill this role for your loved one:

Emotional Supporters:

1. _____ 2. _____



Practical helpers are people who care enough to give your loved one help with things like money, food, assistance with cooking or a safe place to stay. These people are capable of giving practical help because they have the resources themselves and they are willing to share them. They help your loved one to meet their goals by giving support that directly keeps them on track. They are people who do not hold their help as ransom or expect particular behaviors from them. They are credible people whose help is seen as valuable and dependable (Fairbrother, 2004).

Identify 2 people that could fill this role for your loved one:



Practical Helpers:

- 1. _____ 2. _____

People who are able to share different points of view need to be part of your loved one’s network. These are people whose knowledge, information, and experience can help them to develop their life goals and find success (Fairbrother, 2004). These are people they can turn to in times of doubt, when making key decisions or solving particular problems. Think of the multiple skills they will need to succeed in all spheres of their life; relationships, physical and mental health, work and school, home and community, and communications. They will need credible, knowledgeable people who are willing to offer their honest opinion about how they view particular situations. They will be willing to tell your loved one how they would choose to handle a situation and help them to make their own best decisions. Think of people like a counselor, minister or even a neighbor.

Identify 2 people that could fill this role for your loved one:



People Who Are Able To Share Different Points Of View:

- 1. _____ 2. _____

Experts can give you factual information, and are people to turn to for quality information before you take action (Fairbrother, 2004). This area is particularly important when it comes to helping your loved one to make decisions regarding their health, future goals or even their past experience of addiction. These people can be doctors, teachers . . . experts in any area they need help.

Identify 2 people that could fill this role for your loved one:

Experts Who Can Give Factual Information:



1. _____ 2. _____

Now using your lists work with your loved one and help them identify at least one person that they feel comfortable could act as a support in each of the four areas: emotional support, practical help, sharing points of view, and sharing information. If they have only one support person to cover all areas, eventually, their support person will burn out. It is easier to find people who have particular skills rather than looking for someone who can be everything for them.

Our sense of dignity and self worth is reinforced when we can act as helping adults for others and practice compassion and caring. The risk of relapse is reduced for those who also engage in providing assistance to people in their support network as well as receiving assistance. Lending support to others is part of building their support network and it will increase their sense of personal value (Brooks, & Goldstein, 2004).

Write down the names of 2 people that you think your loved one could provide meaningful assistance to:

Who Could Your Loved One Provide Meaningful Assistance To:



1. _____ 2. _____

Help them look at relationships as opportunities to help them **meet the variety of needs in their life and to provide help** to other people. Creating vibrant relationships means ending some relationships, beginning new relationships, and improving others. All relationships require work. You and your loved one will now want to challenge, change or renew many of your relationships.

Interpersonal Boundary Setting Reduces Risk Of Relapse

Interpersonal boundaries reduce stress, reduce conflict, and help to keep you safe. The purpose of having interpersonal boundaries is to protect and take care of you. You and your loved one need to be able to tell other people when they act in ways that are not acceptable to you. You and your loved one need to be self-centered in the sense of *self-care centered*.

The addiction lifestyle encourages a blurring and erosion of interpersonal boundaries. Intoxicated people have sex, share



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confidential information, experience violence, and allow people into their lives that they would never have considered before the addiction. The addiction lifestyle erodes the individual's ability to set clear boundaries for themselves and for others.

To keep a safe support network, your loved one will need to set up interpersonal boundaries to keep them self safe and to reduce the risk of relapse. It is their responsibility to communicate clearly to the people who attempt to ignore their choice to stop using drugs and alcohol. Learning to set boundaries is essential to keeping them self safe and free from drug and alcohol use. If you have family or friends who are still using drugs and alcohol or who are earning a living through some aspect of the drug economy, you and your loved one will need to decide how to set boundaries to keep them and you safe.

To keep a safe support network, your loved one will need to set up interpersonal boundaries to keep them self safe and to reduce the risk of relapse.

Becoming focused on caring for them self will support them to uphold their new values and goals. Setting boundaries will help them stay healthy in all areas of their life. It is impossible to have a healthy relationship with someone who has no boundaries or with someone who cannot communicate directly and honestly.

Keeping A Safe Home For Your Loved One

All alcohol and drugs impair judgment. Impaired judgment leads to relapse. Keep your loved one safe by keeping a drug and alcohol free home, **particularly during early recovery.** To keep an alcohol and drug-free home, you must be able to control who enters your home and how they behave in your home. You will have to communicate boundaries and hold to them. You will need to set boundaries with others on how you will or will not share information about your loved one's past addiction and on the extent you will allow others to comment on their choice to remain drug and alcohol free. You will need to set boundaries on how often you will allow yourself or others to bring up negative things that your loved one may or may not have done. Does this sound difficult? In the beginning it will be. So it is important to get going on your communication skill courses and perhaps a conflict resolution course. You will need to improve your skills too.



Boundary

A limit, the point at which something ends. An interpersonal boundary is the limit you set on the behavior of others and on your own behavior based on clear and sensible thinking.

What Is An Interpersonal Boundary?

A boundary is a limit, the point at which something ends. An interpersonal boundary is the limit you set on the behavior of others and on your own behavior based on clear and sensible thinking. Boundaries control when and how others approach you or behave around you, such as, *I will not allow a hug from someone I do not like. I will not allow drugs or alcohol in my own home. I will not allow smoking*

in my home or in the presence of my children. I will not allow drinking in my car.

Boundaries allow you to take care of yourself and live a value-based life. *I believe exercise is my form of mediation and I will exercise each day. I believe that my body is my most important asset and I will not abuse my body with drugs and alcohol. And, I will not allow someone to dictate the time or type of sex I have. Honesty is my basic value and I refuse to allow someone else to talk me into dishonest behavior for whatever reason.*



Boundaries allow you to maintain confidentiality about your personal information and protect yourself from the negative emotions of others. *I will only share information and feelings about my loved one's past addiction when it will advance my personal growth. I have my own ideas and I do not have to depend on others for solutions. I can defend with clear information my loved one's right to choose not to drink or to use drugs.*

Boundaries can be reinforced by words and actions. Help your loved one set and enforce boundaries to keep them safe from relapse. *Walk away from a person who is trying to convince your loved one to have a drink or use drugs.* Encourage your loved one to think and say the words: *I do not drink. I do not use drugs.* **Both words and actions can be effective ways of communicating boundaries.**

Boundaries allow you to take care of yourself and live a value-based life.

Boundaries are ways to protect you such as refusing to go sailing alone with a friend when you are not trained for this sport; refusing to go to a party where drugs will be used; or refusing to have sex without a condom. Use well thought out boundaries to protect you and your loved one from inappropriate behavior and your self-esteem will grow.

Boundaries, when they are clear, specific, and reasonable are enforceable. You tell your ex-partner that you will talk with them about financial problems and you will not accept their former addiction as a reason for them not to pay any child support. You tell your friends you will go skiing with them and you will not go to the bar afterwards. *When people are unwilling to respect the boundaries you and your loved one have established based on self-respect, self care, and core values, you end the relationship.*

Using the above examples, now take a few moments and write 5 boundary statements that will help keep you and your loved safe and living your values.

1. _____



2. _____

3. _____

4. _____

5. _____

Living And Enforcing Boundaries

Boundaries can be shared and clearly communicated if they are written. Encourage your loved one to write theirs. Communicate your written boundaries with your loved one.

People share their boundaries by their actions, and verbal and nonverbal communication. Help your loved one to practice behaving in ways that clearly signal their relapse prevention boundaries. They can't share and live their boundaries if they don't know them. Giving

confused or conflicting messages during recovery can result in relapse. Help them to practice, practice, practice, sending clear signals that they do not use alcohol or drugs and that they live their values.

Both words and actions can be effective ways of communicating boundaries.

Things To Know And Actions To Take

Family and friends can be a part of your loved one's new life or they can pull them back to their old life. It's up to them to decide who will be part of their social network and who will be limited in their contact. You can support them to make healthy relationship decisions.

Setting boundaries will help them create and keep a positive social network. Setting boundaries will help them manage guilt and shame.



Taking action on guilt can result in healed relationships and increased self-esteem for them.

Helping your loved one to take the time to identify who will be in their support network and helping them to improve those relationships will ensure their relapse prevention plan is strengthened rather than weakened by relationships. You can't change other people but you can take action to keep yourself and your loved one safe from destructive people. You can help them build positive relationships and enjoy their new life.

You can learn the skills required to be a positive support in your loved one's relapse prevention plan. Improving your communications skills and having the courage to make changes in your own relationships will not only help your loved one, but will help you to live up to your own values. As your loved one changes their relationships for the better, so can you!

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Chapter Ten

Managing Cues

Chapter 10

Managing Cues



Determinant

A factor that causes or influences something. It can be inside or outside of a person, and it can be a skill or an emotion.

You now know that your loved one has learned to respond in certain ways to their environment during their experience of addiction. In Chapter 8, “*Beat The Big Four Behind Relapse: Anger, Depression, Anxiety, And Stress*” you learned that for many people who have experienced addiction, anger, stress, anxiety, and depression are emotional cues to use. There are also other important cues that the research has shown need to be managed to prevent relapse. This chapter will provide strategies to help you support your loved one to prevent lapse and relapse by reducing the number of cues they are exposed to and managing the unavoidable cues.

Based on relapse prevention research, it has been found that relapse is not generally triggered by physical cravings for drugs, alcohol and cigarettes. So what determines when people relapse? A determinant is a factor that causes or influences something. A determinant of relapse can be something that’s inside or outside of the person (Marlatt, & Donovan, 2005).

A determinant can be a skill or it can be the experience of an emotion. For example, an angry person has poorer recall of a disagreement than a calmer person. Anger can be called a determinant of memory. A depressed person experiences reduced motivation to exercise. Depression can be called a determinant of motivation. An anxious person worries about social interactions and avoids meeting people. They become lonely or isolated. Anxiety, therefore, can be a determinant of social interactions.

Self-confidence is more than a display of courage. It is having the coping skills required to succeed.

The determinants like self-confidence, which exist inside a person, can be strengthened to reduce the risk of relapse.

Self-confidence is a good example because people who successfully leave addiction behind develop a firm belief in their ability to manage high-risk situations for using. Self-confidence is more than a display of courage. It is having the coping skills required to succeed. Other examples of internal determinants that effect relapse are:

- Expectations of using or not using. If they expect to use, they will. If they expect not to use, they won’t.
- Their level of motivation to maintain abstinence and achieve goals. Increased motivation leads to decreased risk of relapse.
- Coping skills such as problem-solving and conflict resolution. These basic skills help them manage their life and reduce risk of relapse.

- Skills to manage negative emotions such as anger, sadness or anxiety are very important. If these emotions are not recognized and positively managed, they can lead to relapse.
- Craving recognition and coping skills. Craving is the experience or desire for the effects of drugs or alcohol and if unrecognized and not managed will lead to relapse (Marlatt, & Donovan, 2005).

These determinants of lapse and relapse can be positively influenced once your loved one learns to take action to develop the required coping skills.

High-risk situations are those activities and places that have many cues to use drugs or alcohol.

High-Risk Situations For Relapse

When is your loved one most at risk for relapse? Research shows that high-risk situations are those **activities and places** that have **many cues to use drugs or alcohol**. High-risk situations are always unique, that is specific to an individual and should be avoided. If situations cannot be avoided, then the individual must learn to cope with them (Marlatt, & Donovan, 2005).

The first step is for the individual to learn to recognize their risky situations (Marlatt, & Donovan, 2005). High-risk situations are situations where there are cues for drinking and drug using **as well as** social pressure for drinking and using drugs. Wondering what those situations might look like for your loved one? Consider social occasions such as watching the playoffs on TV with a group of friends or entering a local bar or a particular time they frequently argue with you or a family member. It may help to think back to their last relapse and picture the situation just before they decided to use again. Are you part of their high risk scenarios? Do you need to look at the way you respond to anger provoking situations or the social events you hold in your home or attend?

Take a few minutes and describe three high risk situations for your loved one:



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1. _____

2. _____



3.

High-Risk Situations Must Be Avoided

Lack of coping skills, low self-confidence, and limited knowledge puts your loved one at risk of using again when they are faced with any of their high-risk situations. *Avoidance is always the best choice in the early stages of recovery.* Avoidance will keep them safe while they learn a variety of ways and skills to manage high risk situations. Avoidance of high risk situations is the first and simplest coping mechanism. Help them stay away from all drugs and alcohol, stay away from people who use, and avoid places where people use.

Avoidance is always the best choice in the early stages of recovery.

While they are in rehab, take the time to make your home a drug and alcohol free zone. Take the time to look at your own use of alcohol or drugs, prescription or illicit. You must take actions now to send the message that as well as expecting them to change and succeed, you are prepared to change your life to help them succeed.

What Are Cues?

A cue is a stimulus that signals you to carry out a particular behavior. For example, the smells from a restaurant can trigger the feeling of hunger and signal you to get something to eat. A sudden loud noise can cue you to seek safety and as a result you may duck your head. Smells, sights, sounds, things, places and emotions can all be cues that signal your loved one to drink or use.



Remember, addiction is based on learning to react in specific ways to specific cues. Their cues to drink or use drugs can be identified and managed to change or extinguish their response to the cues. This means *they can stop* them self from responding automatically to a specific set of cues.

Cues can lead to craving. Craving is a strong desire for something. Craving is commonly used to describe the feeling experienced prior to drinking or taking a drug and prior to beginning to look for a drink or a drug. Craving can be made more powerful by thoughts, surroundings or a particular event. Craving for a cigarette will be felt more strongly when a person enters the bar where they always smoked; and less strongly or not at all, when they enter the kitchen of a friend who never allowed anyone to smoke in their house.



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Witness Their Commitment

Research shows the expectation of drug-taking increases craving. Clients in treatment or about to enter treatment experience less intense craving because they do not expect to be taking drugs or alcohol. If your loved one expects **not to use** and plans **not to use**, they will decrease their reactivity (reacting spontaneously) to cues and decrease the intensity of the cravings (Wilson, Sayette, & Fiez, 2004). *This means that committing not to use and expecting not to use can result in lowered response to their cues and less intense cravings when they do occur.* Encourage your loved one to write a statement committing to not using. The first step to reducing cravings and sensitivity cues is deciding not to use.

Making the commitment not to use *and* creating a cue reduced, drug and alcohol free environment is key to relapse prevention. The more they expect not to use, the less they will crave and the less responsive they will be to unexpected cues. They won't allow them self to relapse in large part because they will have *planned* not to use and they *expect* not to use. They are more confident because they have a plan and expect to succeed.

Research shows the expectation of drug-taking increases craving.

Reduce Cravings By Eliminating Cues

Studies show that cravings can be set off by external cues such as sights, sounds, and smells previously associated with drug-use. Even internal cues can act as a trigger. For a drinker, looking at a clock can remind him it is time for a drink. Food, sex, holidays, and sporting events may have nothing directly to do with using, but for some individuals, they remind them of using. Anger, sadness or even extreme happiness can be a reminder of using and when your loved one feels these emotions, they may be a cue to use if that was their chosen response when they were actively using drugs or drinking (Goodwin, 2000).

There are four kinds of cues:

1. *Things*: The things they surround them self with, such as a favourite tee shirt they wore to get high with friends, a spoon



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and a piece of mirror, a mug or a chair.

2. *Events*: Work lunches, holidays, family gatherings or the sports they associate with using.
3. *Places and locations*: Places they associate with buying and using such as a particular street, bar, liquor store, cafe, club, alley, house or corner.
4. *Emotional states*: Emotions they associate with using such as sadness, anger, desire, and depression. For example, when they felt anger, they headed out the door and used or got drunk. When they felt sad, they took a drug or drank. These negative emotional states became their cues to use (Marlatt, & Donovan, 2005).

The **things** that are cues for your loved one are the particular objects that they closely associated with specific activities related to drinking and using drugs. They surrounded them self with items that supported their beliefs about their life as a user. These symbols gave meaning to using. It made drinking or using drugs feel special. These items may have signalled to others that they were one of them or to their family that they were not one of them. Talk to your loved one about taking action to remove these reminders and how you can help them to do that (Marlatt, & Donovan, 2005). To make a life change after rehab, they must give up the symbols and things from their old life that cued them to their old using habits and beliefs.

Take Action To Remove Things That Are Cues To Drink And Use Drugs



*Begin planning with your loved one to remove their cues to use from their life. Begin by offering to remove their cues or ask them to allow a trusted friend to remove cue items from their home, car, and place of work. Help them get rid of their stash of drugs, posters, sexually explicit magazines or even ashtrays. Empty the alcohol cupboard. Talk to your loved one and get on with removing cues even if it means throwing out **your own** favourite music; if that is what cues your loved one. Remove cues before they leave rehab and help them experience a cue free welcome home!*

Replace Old Cues With Positive Cues

Change requires new symbols and new things. They can't succeed at relapse prevention and meet their life goals if they don't create new cues. Share with them the good news that they get to replace old things with new things and create new meanings. Their **choice not to use** will automatically be reinforced by the new positive cues around them.

Offer to help them find positive cues that are meaningful to them. Take the time to talk with them about what could be a positive cue. Remember cues are unique to the individual so what you think is positive may not be for them. For example, when they ask you to throw out their drinking shirt, offer to replace it with a new *exercise shirt of their choice*. Throw out their bottle of alcohol and offer to replace it with energy drinks for their new running program. Throw out their poster of the Duff Beer can and offer to replace it with a *poster of a mountain climber or inspirational poster of their choice*. Help them create those positive cues, even while they are in rehab.

Events Are Also Cues

A situation, gathering or event can be a cue to using. The events that cause your loved one to begin thinking about using will be unique to them. These cues are best found by identifying the events that they usually responded to by:

1. *Using before* the event, such as drinking before a dance, date, or difficult meeting.
2. *Using during* an event or situation to get extra enjoyment, such as holiday celebration, sporting event, relaxing at the beach or having sex.
3. *Using after* an event or situation is over to manage the feelings leftover from the situation such as a family argument or a stressful day at work or school.



Take a moment and list some of the events that you noticed your loved one using or drinking before, during or after.

Before	During	After	Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



Helping Them Manage Event Cues

Gatherings that involve alcohol or drug use are cues for many people and may be for your loved one. Managing these event cues can be handled in two ways. Discuss with your loved one the following actions that you could take to help them manage situational cues.

1. Share your loved one's decision not to use with family and friends and ask them to assist by not using around your loved one. Ask them to:
 - Ensure family gatherings are drug and alcohol free when your loved one is invited.
 - Talk to other family members and friends about supporting your loved one's decision not to use and not to be around those who use.
 - Hold separate gatherings for those who refuse to abstain from drinking or using when your loved one is present.
1. Help your loved one manage events that cue them to use or drink by supporting them to:
 - Decline or refuse to attend those events.
 - Use stress management and relaxation techniques before, during, and after the event.
 - Limit the time they attend stressful events to twenty or thirty minutes and then excusing them self.
 - Explain to family or friends that they no longer wish to participate in events that cause them to experience high levels of stress or anger.

Reinforce with your loved one that cue situations can be managed.

Reinforce with your loved one that cue situations can be managed through non-attendance, changing their role in the situation, and by preparing and practicing coping skills to manage the stress of the cue situation before, during and after the event. Effective coping skills include relaxation techniques, stress management, anger management, conflict management and cognitive or clear thinking skills.



Location Cues Require Them To Stay Away

Location cues are usually specific, such as the sign on their favorite bar that starts them craving a drink as soon as they see it. As they walk near their former dealer's corner, they feel the need for some coke. Passing by a friend's apartment, where the two of them always used together, starts them thinking about smoking grass.

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Download a map from the Internet or buy a detailed map of the city or town where they live. Have your loved one take a red pen and mark in the places that cue them to use. Draw a red line four blocks wide around each of these places. Inside this line is their red zone. If they do not go inside that red zone they won't be cued by locations. To support them in avoiding high risk locations they will need to think ahead and develop strategies to help them reduce exposure to locations that cued them. Recognizing that they always bought alcohol when they bought groceries requires changing where they buy food to a store that does not sell alcohol. They may need to allow more time to drive to school or work by taking a different route that avoids taking them past their former dealer's home or a liquor store they used to frequent. Encourage them to get very specific on the actions they will take to keep them away from high risk locations and to **plan ahead**. Then be prepared to change some of the routines in your life to support them in relapse prevention. Safety around location cues is a family affair.

Safety around location cues is a family affair.



Take a moment now and identify three locations that you think may be cues for your loved one and that you can discuss with them:

1. _____

2. _____

3. _____

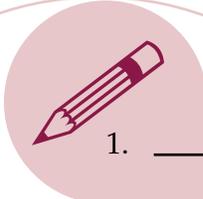


Common Emotional Cues

Anger, depression, anxiety, fear, frustration, stress, boredom, and loneliness can all be emotional cues to use. Your loved one will need to learn to recognize their negative emotions early and recognize them as cues.

Take a moment now and write down two negative emotions that you noticed usually were a cue for your loved one to use.





1. _____

2. _____

There are many actions your loved one can take right away to increase their skills in managing negative emotions besides attending rehab. They can:

- Read informative mental health books or internet articles.
- Use evidence based screening tools for anxiety, depression, anger and relationship problems that can be found in books such as "The Feeling Good Handbook" by Dr. David Burns.
- Seek assistance from a professional.
- Use physical activity to proactively reduce the frequency of negative emotions and to reduce the impact of unavoidable negative emotions.
- Use relaxation techniques daily such as deep breathing, progressive muscle relaxation or meditation that can be learned from resources such as "The Relaxation & Stress Reduction Workbook," by Martha Davis, Elizabeth Robbins Eshelman and Mathew McKay.

Positive life cues also decrease in reinforcement power, so keep on replacing those positive cues with new positive cues so they always have some meaning for you and your loved one.

Cues Do Not Last Forever

The good news is that negative cues **do extinguish** with time and with less exposure, especially if we don't respond to them. As your loved one progresses in their recovery, their old lifestyle cues will have less power and impact. The bad news is that positive life cues also decrease in reinforcement power if we don't respond to them, so keep on replacing those positive cues with new positive cues so they always have some meaning for you and your loved one.



Things To Know And Actions To Take

You have the opportunity to help your loved one rid their environment of cues that may encourage the choice to use again. You can help them learn to manage or avoid gatherings or places that may encourage them to use again. You can support them to learn to manage negative emotional states that may encourage them to use again. Remember you need to go a step further than just thinking about it, you need to take action with them.

Add positive cues to their life, cues which will support both of you in meeting new goals: new clothes, sports equipment, self-help books, inspirational posters, a plaque with your shared life goals, new furniture, a new apartment, new driving routes, a new town, or new music. *You will find both of you have developed a new attitude toward life.*

Keep creating new cues to support their new way of thinking and being. Don't ever stop getting rid of negative cues. Don't ever stop giving them new positive cues. Whenever they are in doubt about their ability to manage a cue, help them to stay away. They have nothing to prove and nothing to gain by testing them self with old cues.

Become a great role model and supporter by taking action to reduce the stress in your own life by increasing your own knowledge of your negative emotions and developing your skills to manage them. There's no reason that you can't also benefit by creating positive cues for yourself as you leave the experience of a family addiction behind.



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3), 211.



Chapter Eleven

What If They Use Again?

Chapter 11

What If They Use Again?



Relapse

A breakdown or failure in an attempt to maintain change in behaviors. Consists of a series of conscious acts.

Relapse is a breakdown or failure in an attempt to *maintain change* in behaviors. Relapse prevention training combines learning to change behavior and thinking. It is an approach that emphasizes self-management and rejects labels like alcoholic or drug addict. Relapse prevention training assists your loved one to increase their resilience to stress and increase their capacity to solve problems without drugs and alcohol.

Effective relapse prevention strategies include coping skills training, cognitive or thinking therapy (changing how they think), and lifestyle changes.

1. Coping skills include: communication skills, anger management, relaxation techniques, and stress management (Parks, & Marlatt, 2000).
2. Cognitive techniques help them change negative thinking, reframe the way they think about their habits, manage the stress of changes (even positive ones), and treat errors and setbacks as learning experiences.
3. Lifestyle changes reduce the risk of relapse and strengthen their overall coping capacity. This means including in their life: meditation, exercise, relaxation, healthy diet, regular sleep, scheduled activities, positive work, and an improved support network (Parks, & Marlatt, 2000).

Relapse is a process that starts with a lapse. A lapse is a single use or one event of using. A lapse can be a learning experience and if managed effectively can increase your loved one's strength and capacity to prevent another lapse and prevent progression to relapse or a state of regular using. A lapse signals you to support your loved one to:

1. Use damage control to reduce negative consequences of the lapse.
2. Continue to take actions that help them to make progress toward their life goals.
3. Encourage them to renew their focus on their new, more balanced lifestyle.
4. Assist them to review the situations, emotional states, and events that preceded the lapse and to make changes in their life based on what they find in their review of the lapse.
5. Take actions to prevent further use (Parks, & Marlatt, 2000).

In most relapse episodes, **the first lapse occurs in a high-risk situation**



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that individuals report they were not expecting and were poorly prepared for. They found themselves in rapidly escalating circumstances they could not deal with effectively. The lapse or subsequent relapse appears to be the last link in a chain of events that led to exposure to the high-risk situation itself. It seems as if individuals set themselves up for relapse, because they did not or could not see the early warning signs (Parks, & Marlatt, 2000).

The first lapse usually occurs in a high-risk situation that individuals report they were not expecting and were poorly prepared for.

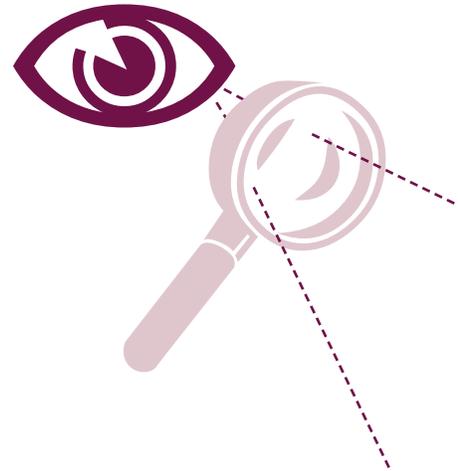
Detecting Their Relapse Setup

Thinking distortions, such as denial and rationalization, make it easier to set up a relapse episode. The process is started by participating in or setting up a number of events or activities that lead them to expose themselves to high risk situations. This can also allow them to deny any responsibility for relapse. There is no such thing as a relapse caused by things external to them (Parks, & Marlatt, 2000). It results because of their actions or lack of actions. This is *good news* because they have the power to be proactive and make changes.

The choice to use again is strongly influenced by the level and variety of skills they develop to manage their life. Choosing to use is the final decision in a series of small decisions that led them to an opportunity to choose to pick up that glass or swallow that pill or inject that drug. Relapse is the act of returning to a previous condition: a former mood or way of life, especially a bad or undesirable one, after coming out of it for a while. It always refers to a return to a negative state.

- No one says, I had a relapse and started exercising again. I don't know what happened.
- No one says, I had a relapse and started going to school again. I don't know how I got enrolled.

An act is something you do. Relapse consists of conscious acts. A reason is an explanation or justification for doing or not doing something. Unless your loved one is experiencing a serious episode of mental illness such as psychosis or has suffered serious brain damage, they can become more aware of their reasons and motives for acting or thinking in a particular way. To get a handle on their rationalizations and the distorted thinking that supports use or a return to use, cognitive or thinking therapy is often a good resource. It can help them recognize that they are able to control and make changes in their thinking.



Choosing to use is the final decision in a series of small decisions.

Relapse consists of conscious acts.

A reason is an explanation or justification for doing or not doing something.

A Time Out From Using

What happens when your loved one is in rehab and not putting drugs and alcohol into their body? They begin eating better. Their body has nutrients to rebuild damaged tissue and normalize nerve function. They begin exercising and improve flexibility and increase body mass. Their brain begins once again to produce dopamine and other necessary brain chemicals to function normally. As a result, their body's natural mood modulators kick in and are enhanced by their improved thinking patterns, attitude, and behaviors. When they have not used for a period of time, their body physically changes for the better. This is the good news.

Your loved one cannot tolerate the same level of drugs and alcohol they were using when they quit

The other news you need to be aware of is these changes mean your loved one cannot tolerate the same level of drugs and alcohol they were using when they quit. After a period of abstinence, their body is not the drug and alcohol processing machine it was when they were using heavily. Their body can't immediately tolerate a return to previous high levels of use.

What Is Substance Dependence?

Your loved one became addicted to alcohol and drugs in two ways: physically and psychologically. Substances like alcohol, cocaine, amphetamines, and opium cause *both* physical and psychological dependence. Some like cannabis, LSD, and PCP cause psychological dependence even though they are not physically addicting (Frances, & First, 1998).

Dependence is the side effect of drugs and alcohol that results in drug seeking behavior. The brain and nature never made the extremely powerful, toxic, and highly concentrated substances that can now be purchased and put in the human body. Once addicted, humans devote every waking moment to getting the substance, using it, looking forward to the next time, and feeling bad about the last time. They develop severe psychological symptoms and harmful physical consequences (Frances, & First, 1998).

Dependence is the side effect of drugs and alcohol that results in drug seeking behavior.

Physical addiction occurs because the human brain is skilled at adapting to new chemical environments. When exposed to drugs or alcohol, the brain adjusts by gradually modifying the number, configuration or sensitivity of nerve receptors for that substance. In this way the brain develops tolerance to the drugs which is a protective mechanism that allows it to become accustomed to the level of the drug your loved one was putting in their body. For example, the first dose of heroin has an intense effect on brain cells. Higher and higher doses are required to achieve the same effects because of increased tolerance. Many drugs, such as alcohol, amphetamines,

cocaine, nicotine, opiates, and anti-anxiety medication result in tolerance and therefore higher and higher doses are required to get the same high or effect (Frances, & First, 1998).

When using the same amount of drug or alcohol over time, the high eventually falls flat due to increasing tolerance to the substances in the brain. In an attempt to get the same high back, the individual increases the amount used and the frequency of use. For example, they increase the amount drunk at one sitting from two drinks to six drinks, and they shorten the interval between drinking from every six hours to every three hours. The brain once again compensates and develops a higher tolerance to the effects of the larger amounts of alcohol and the other drugs. And, the cycle repeats with the individual consuming larger amounts more frequently.

Going through withdrawal and maintaining abstinence results in a return to lower tolerance levels for drugs and alcohol in the brain.

Decreased tolerance means your loved one's body now behaves like a non-using adult. If they return immediately to their prior high level of use, they can experience severe side effects including; unconsciousness, respiratory distress, and even death. They no longer have a protective mechanism against high doses. They are at extremely high risk if they suddenly **choose to use again at previous high levels** (Frances, & First, 1998).

Overdose is a high risk if they use drugs and alcohol following a prolonged period of abstinence. If the drugs are illicit (i.e. from the street), they will have varying levels of purity and often contain mixtures of multiple drugs. This means they never really know what they are getting. They don't know the strength or dose. So if they do choose to use, encourage them to take care of them self and use extreme caution.

Warn Them To Take Precautions If They Choose To Use Again

Reinforce the following safety information with your loved one when they leave rehab and put it in writing in their room.

"Do not do use alone, do not stock up, make sure the amount you use is small, and treat it as a one time act. Buy or obtain only enough for one hit or one drink. Having larger quantities available is an incentive for you to keep taking more as you get intoxicated. This can push you into an overdose. Make decisions about how to keep yourself safe *before* you choose to use again. Because, once you are high, your judgment is impaired, and you cannot keep yourself safe. Always make sure someone is around you who is not using.



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Don't mix drugs and alcohol if you choose to use again. Alcohol added to other drugs leads to overdose. People who take heroin, and at the same time also take tranquilizers, alcohol, and cocaine are at high risk for sudden death. Death by asphyxiation in one's vomit is more common among people who mix alcohol with drugs. Alcohol is more likely to cause people to vomit while additional drugs make the intoxicated individual less able to stir themselves awake."

Tell them to make sure their friends know:

- Never to try and guess the level of drunkenness.
- A person who has passed out may die.
- If there is any suspicion of alcohol overdose, call 9-1-1 for help.

Reinforce with them that you care about them and that's why you want to recognize the following. Tell them gently, "You will regret choosing to use again. You can get your life on track quickly after a lapse, only if you are still alive to do so. If you suffer brain damage from an overdose of alcohol or drugs, you have limited all your future possibilities. Don't pretend using isn't a decision. If you choose to use, don't use alone. Don't buy in quantity. Do have people around you who know what to do in emergency. Do choose to stop using after a lapse."

Don't encourage them to let a lapse be the end of their life goals. Lapse is not a tipping point to total relapse unless they choose it to be so.

Don't encourage them to let a lapse be the end of their life goals. Let them know that if they choose to use again, as long as they keep safe and treat it as a one-time event, they *can* choose to stop. **Lapse is not a tipping point to total relapse unless they**

choose it to be so.

A Lapse Can Lead To Greater Commitment

There *is* evidence that people who lapse, that is have a single episode of use, do not progress to full relapse if they use their coping skills to identify why the lapse occurred. They do not relapse if they use the analysis of their lapse to implement needed change such as improving stress management or giving up on a high risk friendship. A high level of commitment to abstinence and using effective coping skills results in the person using the lapse as a learning experience. The lapse, when treated as an event to be learned from, results in an even stronger commitment to life goals and a more effective relapse prevention plan (Marlatt, & Donovan, 2005).

A high level of commitment to self-improvement is also linked with a reduced relapse rate when the commitment is supported by effective

copied skills. A lapse just means they have more to learn about managing their life, and who doesn't have more to learn?

Lapse As A Guilt Inducing Event

A full relapse is more likely when:

- The lapse is viewed as confirmation of the individual's personal weakness.
- The lapse is viewed as confirmation of the individual's failure of will power.
- The individual has poor coping skills (Marlatt, & Donovan, 2005).

There is evidence that people who lapse, do not progress to full relapse if they use their coping skills to identify why the lapse occurred.

Guilt and shame are of no benefit to them when they experience a lapse. A self instilled burden of guilt and shame can be used to justify a return to using or drinking. What can they do immediately after a lapse?

1. *Use rational thinking skills*, to end the *all or none* dysfunctional thinking such as, "If I lapsed once, I will continue to full relapse."
2. *Stop self-blame*. Remind them that learning to maintain abstinence is a process just like learning any other skill.
3. *Remove guilt*. If they must feel guilt, encourage them to use it to stimulate positive action for further relapse prevention.
4. *Stop negative emotions and negative self-talk*, they are counter productive. Encourage them to use relaxation techniques and physical exercise to clear their mind.
5. *Assess the situation for using cues* that led them to the lapse. Support them to make changes to their environment, behaviors, and their relapse prevention plan.
6. *Practice drug and drink refusal skills* based on scenarios just experienced during the lapse. You can role play with them, to help them practice.
7. *Increase exercise, meditation, and relaxation activities* during the days after the lapse (Marlatt, & Donovan, 2005).

The effect that all drugs and alcohol have in common is that they impair judgment. Poor judgment can result after taking small amounts, which is why taking a small amount often leads to taking more. One drink leads to two. With impaired judgment, it appears to the user that more is better. Impaired judgment from drugs or alcohol is a high-risk for relapse. In addition to using, if your loved one's



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judgment is also impaired by lack of sleep, chronic fatigue, depression or anxiety, they are at even higher risk for relapse. A balanced life style improves physical and mental health, improves their judgment about using drugs, and reduces the risk of relapse.

Impaired judgment from drugs or alcohol is a high-risk for relapse.

It is relatively easy for people to change undesired behaviors temporarily. Maintaining behavior change is much more difficult. This book encourages you to support your loved one to look at multiple areas of their life so that at any given time, they are always succeeding and moving ahead in some life area. Even if they lapse or when one particular life area may be temporarily left on the backburner, they are still moving forward, taking action.

How About Using Other Drugs & Alcohol Or Using In Moderation?

People who are in the early stages of problem use of alcohol benefit most from controlling their use with the objective being to cut down on their alcohol consumption or stop drinking altogether. For individuals who have progressed to being unable to decrease their use, and have unsuccessfully attempted several times to decrease or stop use, abstinence is the target as opposed to limiting or decreasing use.

The use of alcohol and marijuana decreases inhibitions and decreases the likelihood that abstinence will be maintained for all other substances, particularly cocaine (Weiss, Mirin, & Bartel, 1994).

Limited use or social use of any of the legal or illicit drugs that are potentially addictive is strongly discouraged due to the extremely high rate of relapse when this is attempted.

Limited use or social use of any of the legal or illicit drugs that are potentially addictive is strongly discouraged due to the extremely high rate of relapse when this is attempted. The reason for relapse may be that limited or social use brings them back into contact

with all of the using cues, not just the drink or the drug. Successfully managing a full set of cues, environment, drugs, alcohol, places, people, feelings, sounds, and sights, is not possible for long, when you add that judgment is impaired by drugs or alcohol.

Often, it takes up to two years of abstinence before sleep, physical health, emotions, and thinking return to a state of balance or normalcy. When their thinking is clear enough, your loved one can rationally assess how much damage the abuse of drugs or alcohol did to their life and if it is worth testing to see if limited use will be possible for them.

Managing Daily Life Stressors Will Reduce Risk Of Relapse

Even though they are abstinent, they will still be faced with mundane problems or stressors that can trigger alcohol and drug use. An accumulation of unmanaged stressful events and negative feelings experienced day after day can encourage a person to return to drugs or alcohol just to get through the day (Beck, Wright, Newman, & Liese, 1993).

Even positive changes, such as starting a new life through a new place to live, new work, and new relationships, result in stress and conflict that must be managed. Using rational coping responses is one way to decrease the impact of minor troublesome problems and occurrences, stressors of daily living or any event that triggers a sense of frustration, anger, anxiety, fatigue and loneliness. Their success depends on anticipating stressful situations and learning to manage them, while maintaining their stress resilience through exercise, sleep, diet, relaxation, and a sense of humor.

Support your loved one and together take action to gradually improve health and well-being through regular exercise, diet, sleep and relaxation.

Managing Health Problems Will Reduce The Risk Of Relapse

Even when an individual has given up drugs and alcohol, the health consequences from the abuse may linger indefinitely. These health issues may cause mental and physical pain, worry and hopelessness, and a reason to self-medicate using drugs or alcohol (Beck, Wright, Newman, & Liese, 1993). So, get quality medical care. While abusing drugs, individuals do not often seek or comply with medical advice. Now that they are abstinent, it is important to have a regular physician they know and trust so they receive regular healthcare. Untreated diseases are a high health risk for those who have been abusing drugs or alcohol. Have your physician run the required tests to:

- Ensure infections are identified and treated.
- Ensure heart, lung, nervous system, digestive, and liver damage are identified and treated.
- Ensure mental health problems such as depression and anxiety are identified and treated.



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Maintaining A Balanced Lifestyle Will Reduce The Risk Of Relapse

A balanced lifestyle is about the basics that have been covered throughout this book. Support your loved one and together take action

to gradually improve health and well-being through regular exercise, diet, sleep and relaxation. Practice safe sex. Improve relationships by improving communication, interpersonal, and conflict management skills. Improve skills to manage depression, anger, loneliness, anxiety or boredom to improve your attitude, reduce negative thoughts, and reduce your loved one’s risk of relapse. You both will be better prepared to manage any short-term health problems or chronic health issues you may face. Communication, relaxation, and cognitive skills can help you both manage emotions and negative thoughts that accompany illness or decreased health. These same skills will help you face the myriad of life’s daily problems you and your loved one will confront, just like everyone else.

Your Future

Make a commitment to your new life goals and to your loved one’s new life goals: you both will be able to make sweeping changes to your lives. Positive changes in health and relationships come quickly when your loved one and you maintain a drug and alcohol free life that includes balanced lifestyle changes. You’ll both experience fewer life problems and you will be able to better manage those that do come along. It’s not just looking forward to having fewer problems. You can look forward to increased fun, increased health, and improved appearance, greater success in work, school, and relationships. You can experience joy every day.

You can look forward to increased fun, increased health, and improved appearance, greater success in work, school, and relationships.

Things To Know And Actions To Take

A lapse does not have to end in relapse. Using is a choice, using safely is also a choice. To help your loved one stay on track, ensure you take action to:

1. Encourage your loved one to keep them self safe, if they do choose to use again.
2. Treat a lapse as a learning experience and help them make changes to reduce the risk of further use.
3. Manage daily stressors and health problems.
4. Work together to develop coping skills, cognitive (thinking) skills, and lifestyle balance.



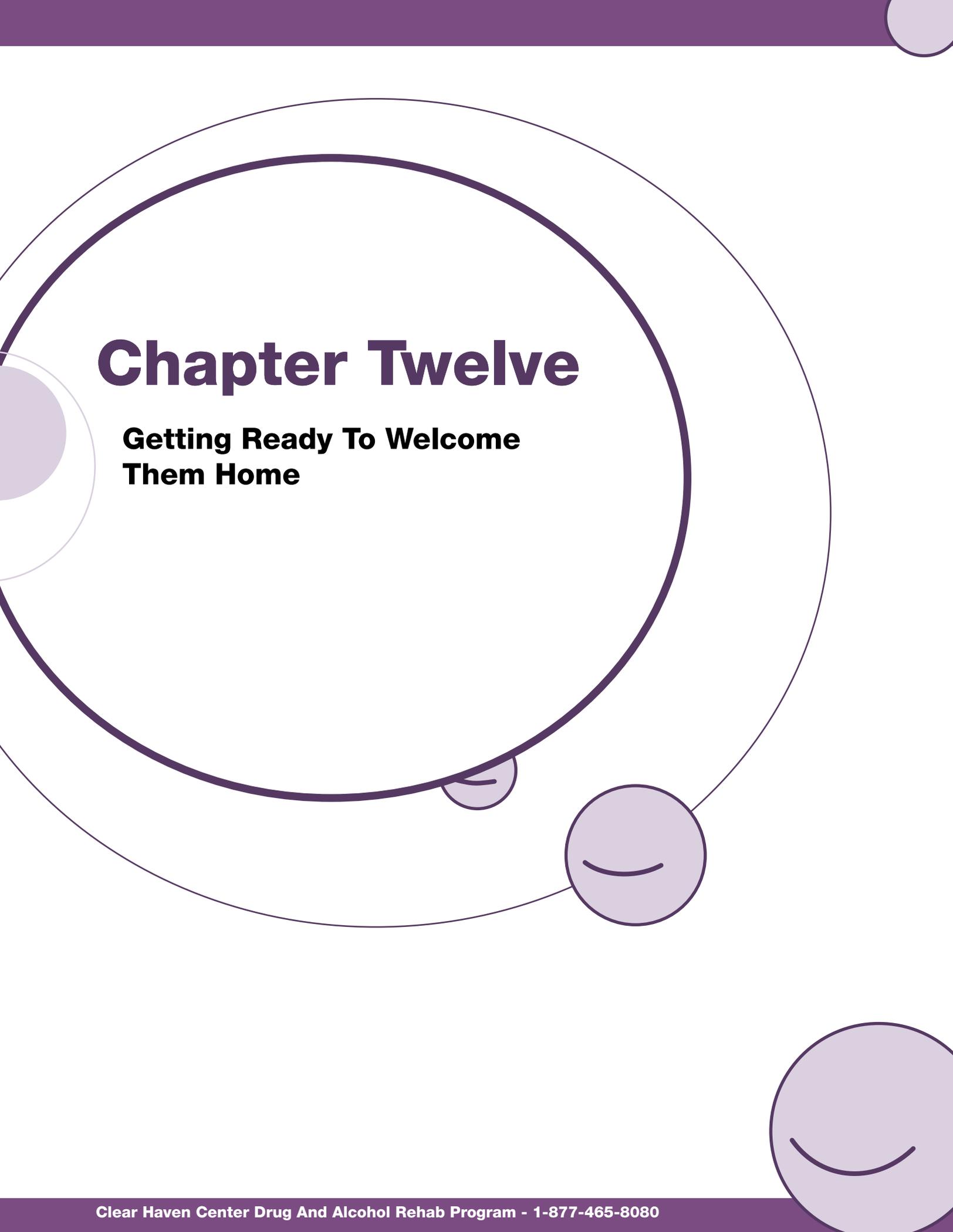
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Chapter Twelve

Getting Ready To Welcome Them Home

Chapter 12

Getting Ready To Welcome Them Home

When your loved one is in the last week or so of rehab, they will be restless and anxious. They will want to leave and get on with their life and at the same time they may be worried about relapse, old debts, old issues or new ones. They will enjoy being clean, yet still may be unsure what these changes will mean for them when they get home. Your role as an effective supporter is to help them make the transition to home as smooth and pleasurable as possible. This is a time of celebration, it is a milestone. Yet as with any major event there will be stress. This chapter will help you plan with your loved one for those first important days and weeks.

The greatest risk of relapse occurs during the first 48 hours and then during the first two weeks after leaving rehab.

Those First Hours And That First Week At Home

The greatest risk of relapse occurs during the first 48 hours and then during the first two weeks after leaving rehab. Why do you think that is true? Remember, experts in relapse prevention found relapse is not generally triggered by physical cravings. People, who have been addicted to alcohol and drugs of all types, relapse in response to: stress, feelings of anxiety, fear, anger, frustration or depression; social pressures to use; expectation of using, and interpersonal conflicts (Marlatt, & Gordon, 1985, 2005).

Take a moment and think about the emotions your loved one will be feeling as they get ready to come home. Fear of failure, excitement about leaving a restrictive environment, sad about leaving new friends behind, anxious about how their old friends and family will treat them, worried about money or perhaps bored with rehab and eager to be out and about. All these emotions can set them up for stress and lapse. So what can you and your loved do about it? The following information will help both of you to get ready to succeed before they even leave the rehab.

Practical Techniques For Managing Stress And Craving

During those first hours and days at home, your loved one will experience stress and even cravings for alcohol or drugs. You can help them get through these sensations successfully. The key goal is to help them change the focus of their attention from inside them self and their feelings of craving to other sensations. Although the following techniques at first glance seem like quite a simple solution,



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studies show that these techniques *do reduce* strong cravings.

Remember, the goal is to change their focus and attention from *internal* thoughts and sensations to *external* thoughts and sensations. It is important that they have several techniques they can practice and use quickly. Encourage your loved one to practice some of the following techniques to manage cravings before they leave rehab (Beck, Wright, Newman, & Liese, 1993).

Use distraction:

The more they can focus on their surroundings, the less they will be focusing on their internal sensation of craving. For distraction they can: talk to someone, go for a walk or a drive, do household chores, recite a favorite poem, out loud and write it down as they recite it. They can get involved in a video game or word puzzles. Help them to choose any mentally challenging and pleasurable activity that diverts their focus. Have you got the idea?

The goal is to change their focus and attention from internal thoughts and sensations to external thoughts and sensations.

Use cue cards:

When cravings are strong in early recovery, your loved one can lose their ability to reason objectively. Prewritten coping statements will help them get through this. They can write positive cue statements on recipe cards and keep a few of them with them. Encourage them to write single, concise statements and update them regularly. Try these:

1. I feel more in control and saner when I don't use.
2. Things are going great with my life. Keep it that way.
3. I look great. Keep it that way.
4. Get out of this situation now!

Use imagery:

Help them practice getting their mind off cravings by imagining something outside them self. They begin by saying out loud: *Stop!* Then they can cue them selves by holding their hand up in stopping motion. They can replace thoughts and images of using with images of running or exercising; being powerful and strong. They can imagine having fun with their kids or family. Encourage them to create their own positive mental images to use when they need them.

Record rational responses:

Encourage them to keep a small note pad with them and to jot down



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the thoughts that go through their mind when they experience cravings or unpleasant thoughts. They can write down a description of what they are feeling. Then they can create rational response such as: *This feeling will pass shortly. I can stand it for a few more minutes.* Then, they can use a distraction technique to take their mind off their craving.

Use relaxation:

Relaxation training can help them cope with anxiety, frustration, anger, and cravings. Encourage them to try these techniques and try them yourself to reduce your own stress during those first days and weeks:

- Deep breathing
- Meditation
- Listening to music
- Looking at peaceful pictures
- Watching calming videos of water
- Yoga
- Looking outside at nature
- Guided imagery tapes or CD's

Your loved one needs to learn and practice a number of options to meet their varying moods and ensure they know suitable relaxation activities to carry out in settings besides at home. Make sure they keep relaxation tools with them, wherever they are. For example:

- A pair of walking or running shoes at work.
- A drop-in membership card for an exercise club.
- An updated list of movies they are interested in seeing and that are playing so they can go on a moment's notice.
- A phone number in their wallet of a friend who is willing to go walking or running at short notice.

Schedule activities:

Next, they can use an appointment book to schedule activities for every day, *in advance*. Each week they can make a list of short-notice activities that they might need to use to combat sudden urges or cravings. Encourage your loved one to schedule positive activities for those times when they regularly used, such as after work or on a Friday or Saturday night. Having positive

Having positive commitments already scheduled for those high-risk times will allow them to move forward quickly with their day when they experience a craving, rather than having to stop and think, "What can I do?"

commitments already scheduled for those high-risk times will allow them to move forward quickly with their day when they experience a craving, rather than having to stop and think, “*What can I do?*”

Use positive cues:

Encourage them to post positive cues such as their commitment to abstinence on the fridge, bathroom mirror, and kitchen wall. They can post their positive life goals for family, work, education, sports or whatever they want to accomplish. They can put up inspirational posters. This will reduce cravings, as *expecting not to use* reduces craving (Beck, Wright, Newman, & Liese, 1993).

Expecting not to use reduces craving

Using Structure To Positively Fill Those First Hours And Days

Creating daily structure is a powerful way to constantly cue your loved one for success and cue them self away from using. You give structure to your life when you consciously organize or arrange all parts so that they work together as cohesive whole. Structure dictates behavior.

Structure can produce the desired behavior even if the resulting behavior in the beginning feels wrong or totally disagreeable (Senge, 1990). Positive life structure is the single most powerful tool your loved one has to change addictive behavior patterns and to maintain abstinence. Structure is the most powerful tool you both have to achieve your life goals.

Structure is the single most powerful tool your loved one has to change addictive behavior patterns

Positive Structure Can Change How Your Loved One Behaves

Structure reinforces accepted behaviors and limits what behaviors are viewed as possible. If you choose to work at a health and fitness club, you start your day at 6 AM, work all day with clients who want to get healthy and fit, and you eat at the clubhouse food bar. You listen to people’s success stories and use the equipment for free. It is very likely you will get more healthy and fit, like your clients, and the other staff. Sitting all day, smoking, and over eating are no longer acceptable to you.

Structure is a powerful force in life and can be used to help prevent your loved one’s relapse. Individuals experience reduced stress, reduced rates of lapse and relapse, and increased success in all areas of their life, when they actively plan and schedule positive structure and activities into their lives after stopping use and after detox or rehab (Marlatt, & Donovan, 2005).



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Structure Can Cue Your Loved One To Succeed At Their Life Goals

Structure to be meaningful must be purposeful, that is tied to goals. Take a look with your loved one at their goals for after rehab and help them to create structure for success. If they have a goal to work out every day, in what ways could they add structure to this goal? They could join a running club that meets and runs two or three times a week. This is considered positive structure because the time for running is preset; there is no need for them to decide to exercise and less chance for them to change their mind. Because times are regular and set in advance there are no opportunities for them to be double-booked. The second reason this is positive structure is that three times a week, they are surrounding them self with the culture of fitness and consciously or not, they will start to conform to the expectations of being fit. They are surrounding them self with people who have fitness as a goal and who are actively pursuing this goal. Your loved one will be talking with and learning from others with similar expectations. Think about joining them in these physical exercise activities. It may be even more motivating if a family member is also committed to getting fitter.

Individual who create positive life structure experience less stress and reduced rates of relapse and lapse.

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When planning activities with other people, if the people will call your loved one when they don't show up, it's structure. If the other person doesn't care or even notice if they don't show up, then it's not structure. So if you are part of the structure equation for your loved one, it means, getting into the action and being accountable.

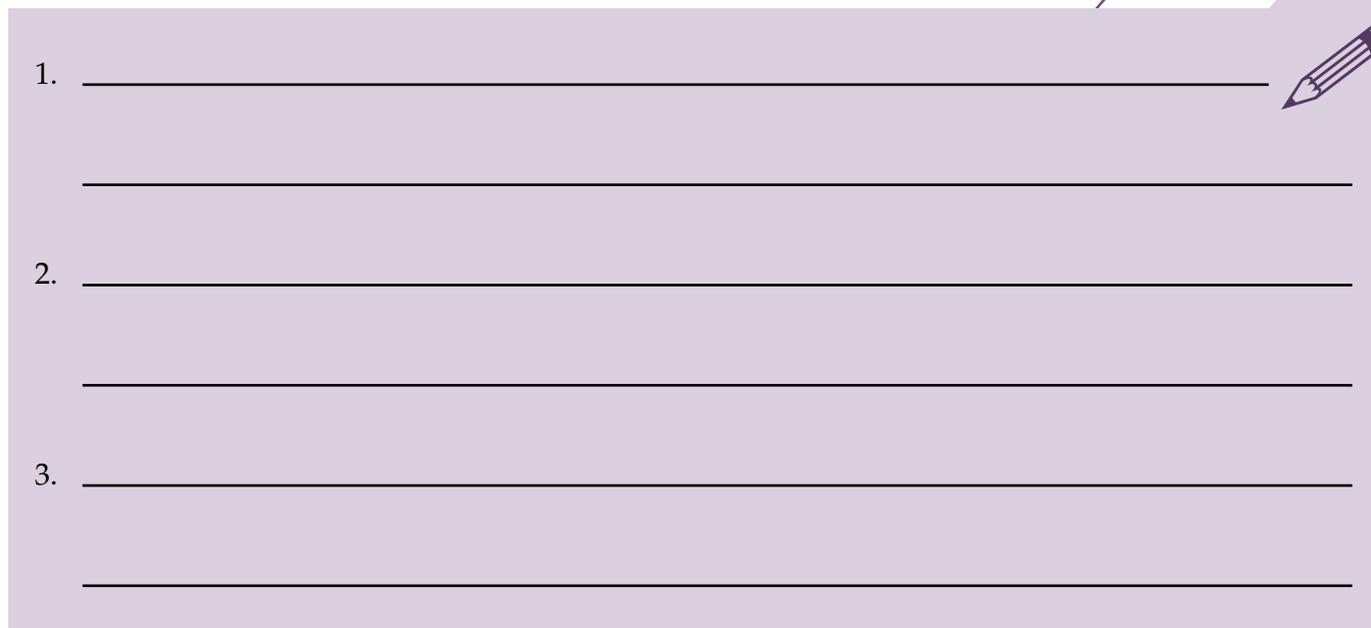
Adding interrelated activities builds the momentum. For their exercise goal, they could be running three times a week, meeting a friend or trainer, attending a course on sports nutrition, and hiking or biking once a week. They are then building momentum by having several different activities that focus on that one priority goal. The by products of multiple activities are: meeting new people, having fun, getting in shape and being outdoors. They all help them prevent relapse.

Structure Can Reduce Boredom And Loneliness

Help your loved one plan to reduce their boredom and loneliness by taking the time to help them put structure into their relationship goals. Family goals are an area where organized structure can help. Organize structure within your family by scheduling weekly events like Sunday dinner and movie night or Tuesday gym night. Have your loved one write the events in their calendar with the time allotment. Don't allow them or yourself to use the old excuses, "I forgot" or "I got busy." When your loved one and you both own your family commitments, people will again learn to trust your loved one's word

and best of all you will learn to trust each other.

Take a few minutes now and write down three activities you can suggest to your loved one that can be regularly scheduled to reduce boredom and loneliness.



1. _____

2. _____

3. _____

Give Them A Positive Cue For Adding Structure

Get them a great appointment book as a congratulations gift that last week in rehab. Help them fill in the blanks before they leave rehab. Encourage them to get on the phone or internet and book into an exercise class, meditation course or art course before they leave rehab. Make sure they have good things planned and happening right way and every day.

Now do the same for you; get an appointment book and fill it in for the next three months. Positive structure will help you succeed and reduce the stress in your home over the next few months. After all, you can't be a relaxed and confident supporter if you are stressed, tired, out of shape, and eating and sleeping poorly. This is one of those cases where what is good for the goose is good for the gander!



Never allow them to live alone in the first month after rehab.

Keep Them Safe Those First Hours And Days

It is essential to agree on and plan specific activities for their first evening and days at home. These are high risk times for relapse. Agree to go running with a group of friends on the first evening they are home followed by a celebration dinner. Agree to call their friends who are not using drugs or alcohol and have them over for a welcome home dinner followed by going to a drop in yoga class or a walk in the park. Take them for a three day skiing or camping expedition to celebrate their success. Never allow them to live alone

in the first month after rehab. Before they move back into living alone, they need to have built positive structure into their life and have their relapse prevention activities in full swing. Loneliness, boredom, stress, anxiety and frustration are harder to manage when you are alone.



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Real Structure

Structure boils down to three simple points:

1. It is regular and preset in advance, at least weekly.
2. It places you in a culture of like-minded people seeking the same result.
3. It requires some sort of external and visible commitment beyond just to your self.

Creating good structure reduces stress and increases commitment. In your family, make it a common practice for you and your loved one to always use your calendar to structure your life. Plan your activities well in advance and write them down. Get committed to your schedule and to planning ahead. Written commitments are harder to ignore.

Morning And Evening Are Particularly High Risk Times

To prevent relapse it is essential for your loved one to plan at least one positive activity each morning and evening in addition to work or school.

To prevent relapse, plan at least one positive activity each morning and evening in addition to work or school.

Booking one positive activity for each morning gives them something to look forward to and ensures they have a good reason to get up early and start the day. Constantly sleeping in will result in relapse, losing their job or failing at school.

Even if they don't have work or school in their life right now, they need motivation to get up anyway and start their day with a positive activity!

Always book one positive activity for every evening. Having nothing planned to do after work or school is unhealthy for your loved one. This is true especially during early recovery. Idle time is a cue to using. Having prescheduled positive commitments every evening will keep them focused on where they want to go and will keep them away from drugs or alcohol. The planned activities must be fun, meaningful, or help them to meet their life goals or they won't have

the motivation to carry through on the activities.

Don't encourage or expect them to depend on will power. There will be times when their desire to succeed and motivation will be low. Some peaks and valleys are normal in life. It is at these times that structure is invaluable. When they don't have the energy to decide to do the right thing, having that activity locked into place will ensure success.

Idle time is a cue to use

Stop now and think of two ways to add positive structure to your daily life and one shared positive activity with your loved one. ***Write them down now and start talking to your loved one today. Get their ideas and add to this list in the next day or two, but don't close this book without at least two ideas.***

1. _____ 

2. _____

Now add to the list over the next day or two:

3. _____

4. _____

Key Points For Success For You And Your Loved One

If your loved one plans, arranges, and schedules healthy, growth-oriented structure into their daily life, they will stay sober, healthy, and goal-focused. Regular structure will reduce the impact of depression, anxiety, anger, and daily frustrations. Regular structure will help them cope with the unexpected such as a layoff from work, relationship breakup or just the bad weather. Regular structure reduces the level of stress in their life and gives them something concrete to look forward to. Putting detailed positive structure into their first hours, days and weeks at home will reduce the risk of lapse.

Every day it sends a clear message to them and others that they are on the road to success and that they are in control of their life.

Now here is the good news, if you do the same and put positive structure in your daily life and hold to your commitments, you will succeed in meeting your life goals, no matter what your loved one decides to do! Remember, regular structure sends a clear message to your loved one! You know where you are going each day, you know what you need to do to reach your goals, and you are committed to change.

A commitment is a promise either to our self or others to deliver a specific result or behavior by a certain period of time and FOR a certain period of time.

Structure Reinforces Commitment

A commitment is a promise either to our self or others to deliver a specific result or behavior by a certain period of time and FOR a certain period of time. A real commitment is a very firm decision. In Latin, to decide means to cut off. So, think of a commitment as a choice to cut off other options and give all your efforts to your chosen path. Commitments have two purposes:

1. Personal growth
2. Building trust

The purpose of personal growth is obvious. The purpose of building trust is more subtle and far more important. Guard and treasure commitments that build trust like you would care for a precious small child.

Commitments allow us to grow. We see where we are now, we visualize our desired destination, and we mentally deal with the fear of the unknown by committing to our new path. We invest energy in preparing to meet our commitments and getting the necessary actions done. Our commitment gets us through those first steps before there is any positive feedback. Our commitments give order and purpose to our life.

Commitments Build Trust

The real power and value of commitment lies in the fact that making and fulfilling commitments is the only way to build trust between people. It's through the process of making and delivering on our commitments that we build trust within ourselves and with those around us. Repeat this and write it down: ***Making and fulfilling my commitments is the only way to build trust.***

Relationships work when there is a high trust level. When trust is



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low relationships fail, remain very superficial, and damage the participants. If the core relationships in your life are not working, it is most likely because you or the other person is not honoring commitments. In the most valued and beneficial form of relationships, both parties receive what they ultimately want and expect. Without the practice of honoring commitments, successful relationships can't happen and are reduced to manipulation.

You are a role model, so do not make commitments lightly. The size of the commitment doesn't matter. The fact that you made it matters. For example, *I'll help you with that assignment tonight* turns into you watching a movie and avoiding the person with whom you made the commitment. *I'll exercise every morning with you* turns into you sleeping in again. *I'll drive you to your interview tomorrow* turns into a no show. *I'll honor our marriage or partnership* turns into a secret affair. Spend your honor wisely. Keep your commitments to a number you can honor. If you find you can't keep a specific commitment, find a way to honor it anyway through another route. You have learned how to support your loved one in an effort to change their life, now is the time to work hard to make meaningful goals and plans for your own life as well as for the part of your life that is shared with the person who has experienced addiction.

You are a role model, so do not take commitments lightly.

The Commitment Cycle

Making a promise to yourself and keeping it, leads to inner integrity. Inner integrity leads to increased strength and courage. Increased strength and courage leads to more responsibility. More responsibility leads to larger commitments and success in your life. Put this on a poster in your home. It is a cue to you and your loved one. Make few promises and those you do make, keep them.

Making Up For Lost Time

You may feel remorse or anger over the time lost to your loved one's addiction. You may want to get it all out and tell them what you really think now that they are clean and sober.

Will that make up for anything? How do you make up for time you have lost with your loved one? If you view it in a purely physical sense, you can't get the time back. It is spent, gone forever. If you reframe the problem slightly, there is a solution, even if it is not the perfect one.

A relationship is a commitment or promise. The best solution is to ask your loved one to agree to maximize the time you now have available because they are no longer using and you are no longer spending time trying to get them to stop using. Redirect that found



time to the goals and people you choose.

It boils down to choice. You can choose to be sad, angry or depressed over the past. You can make excuses for staying angry or sad and not learning how to change your life: *It's too much work. They don't deserve my forgiveness. I have too many things to do. Learning communication and coping skills is a waste of time. I'm not the one who had the addiction.*

Or, you can devote your time and efforts to learning and to taking actions that will improve your life and the lives of those connected to you. It's your choice. You can choose to schedule your days with activities that advance your goals, reduce your loved one's risk of relapse, and increase the fun and joy in your life. Put the power of structure in your life for continuous motivation and forward movement.

Things To Know And Actions To Take

To guide you in working with your loved one, each Chapter has presented information that you may want to share with your loved one and actions you may want to take to help them succeed at relapse prevention.

You could now be wondering, will these actions guarantee my loved one won't relapse? If I learn all these new skills and change my life can I be sure they won't relapse? Why should I go through all the trouble to have an alcohol and drug free home, change friends, change how I communicate and manage stress? This is a lot of work and what can I be sure will come of it?

You can be sure that your own quality of life will improve. You can be sure that you will have worked to improve the outcome for your loved one using the best evidence available to you. You can be sure you will have given them a head start toward success.

***“Recovery takes time. A lifetime.
And that's good, not bad, because recovery
is more than just getting clean and sober.
In its broadest, most meaningful sense,
recovery is the process of
becoming the person you want to be . . .
The person you are meant to be.”***

(Ketcham, & Pace, 2003).



The question is not “Will they lapse or relapse?” A better question is: “What can you accomplish with your new knowledge?” Develop new skills and succeed at your own goals. It is your new skills and positive activities that will allow you to restore your relationship with your loved one and build a stronger one.

You can be a positive supporter and a role model by improving your knowledge and skills, getting organized and putting positive structure into your own daily life. As you take the actions to improve your own mental and physical health, improve your communication and boundary setting skills, improve your anger and conflict management skills, and insert positive structure into your life, you are encouraging your loved one to make their changes.

You are no longer living your life waiting, you are moving ahead. Your loved one can come with you on this positive life journey. It’s up to them. The question is: “Will you be ready?”



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Appendixes

Seeking Further Help

Our Research, Our References

We again wish to thank the experts who created the extensive body of research available in the area of relapse prevention and health care which was used to create this book.

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<http://www.aabt.org/>

Academy of Cognitive Therapy
<http://www.academyofct.org>

Mental Health America
<http://www.nmha.org>

Canadian Listings:

The Canadian Mental Health Association
<http://www.cmha.ca>

Canadian Psychological Association
<http://www.cpa.ca/>



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Getting More Help - Reading List

Depression, Anxiety, Worry, Relationships

The Feeling Good Handbook
by David D. Burns
ISBN-10: 0452281326

Feeling Good: The New Mood Therapy Revised and Updated
by David D. Burns
ISBN-10: 0380810336

<http://www.feelinggood.com/>

Communication

PeopleSmart, Developing Your Interpersonal Intelligence
by Melvin L. Silberman
ISBN-10: 1576750914

Stress & Relaxation

The Relaxation & Stress Reduction Workbook,
by Martha Davis, Matthew McKay, Elizabeth Robbins Eshelman,
ISBN-10: 1572242140

Anger Management

The Anger Control Workbook (Paperback)
by Matthew McKay, Peter Rogers
ISBN-10: 1572242205



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programs nation-wide. Our directory contains a wide-ranging selection of the most up-to-date listings.

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<http://www.mypyramid.gov>

MyPyramid offers personalized eating plans, interactive tools to help you plan and assess your food choices. You can even receive a customized food guide to help you.

Canada 's Food Guide

http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

Learning more about Canada's Food Guide will help you and your family know how much food you need, what types of foods are better for you, and the importance of physical activity in your day.

The President's Council on Physical Fitness and Sports

http://www.fitness.gov/council_pubs.htm

Get lots of help with free publications on starting or continuing your physical activity plan.

The Healthy Living Unit

<http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html>

Download your free physical fitness guide. There are also guides for older adults, children and youth.

Index

A

Abstinence 61
 Allows You Time to Learn 60
 Abuse
 By Others 57
 Physically Verbally Abusive 107
 Acceptance 102
 Achievements 103
 Acknowledge 70
 Action
 Action Plan 95
 Actions 100
 Actively Using 56
 Addiction 116
 Is Learned 52
 Lifestyle 52, 56, 101
 Erodes Interpersonal Boundaries 109
 Physical Addiction 130
 Addiction Counsellor 16
 Addictions
 Research 14
 Addictive
 Withdrawal Medications 26
 Adolescence 57
 Adrenal Glands 89
 Advice
 How To Use 56
 Affluence
 Affluence, (Rich) 52
 Afraid To Quit Using 58
 Age 32
 Aggression
 Physical Aggression 99
 Agitation 25
 Agreement
 Written Agreement 45
 Alcohol 89, 130
 Alcoholic 128
 All-Or-Nothing Thinking 70
 Alley 120
 Alone 146
 Amends 102
 Amphetamines 89, 130
 Anger 67, 68, 82, 99, 105, 116, 119,
 120, 135, 136, 140
 Anger Is A Family Affair 94
 Angry 17, 27, 52
 Appears As Depression 83
 As A Habitual Response To Stress
 84

Cause Of Relapse 33
 Harming Someone In Anger 101
 Learned In The Family 84
 Physiological Reasons For Anger
 83
 Anger Management 83, 122, 128
 Anti Anxiety Medications 90, 131
 Antidepressants 89, 90
 Anxiety 25, 26, 27, 57, 64, 68, 74,
 77, 82, 83, 86, 94, 105, 116,
 135, 136, 140
 Anxious 140
 Cause Of Relapse 33, 67
 Doesn't Help 17
 Help To Reduce 67
 Managing Anxiety 89
 Self-Assessment Tools For Anxi-
 ety 90
 Treatment for
 Anti Anxiety Medications 90,
 131
 Cognitive Therapy 90
 The Feeling Good Handbook
 by Dr. David Burns 91
 Types Of
 Generalized Anxiety Disorder
 89
 Obsessive Compulsive Disorder
 89
 Panic Disorder 89
 Phobias 89
 Post-Traumatic Stress Disorder
 89
 Social Anxiety 89
 Untreated 87
 Withdrawal Symptom, Alcohol
 24
 Appearance 77
 Appointment Book 145
 Argue 117
 Arousal
 Hyper Arousal 27
 Arrhythmia 89
 Ashtrays 120
 Asthma 89
 Atmosphere
 Empowering 18
 Attitude 77, 125, 136
 Habits Precede Attitude 93
 Positive Attitudes 93, 94
 Attract
 Positive People 105
 Automatic
 Stopping Automatic Thoughts
 68
 Avoidance
 Problem Avoidance 107, 118

B

Balance
 Balanced Life 34, 135
 Bar 117
 Become Part Of The Solution 19
 Behavior Model 32
 Behaviour
 Constructive 18
 Expected Behaviors During
 Rehab 43
 Prohibited Behaviors During
 Rehab 44
 Self-Destructive Behaviours 27
 Undesired 134
 Violent Behaviours 27
 Belief In The Program 16
 Beliefs. *See* Urges
 Religious Belief 32
 Underlying Rehab Programs 32
 Believe
 In Themselves To Change 17
 Belittling 98
 Benzodiazepines 25
 Blame
 Blaming 69
 Blaming Does Not Help Rehab
 17
 Self-Blame 133
 Blood Pressure
 Increased 24, 25, 26, 27
 Blood Sugar 76
 Blushing 24
 Body
 Getting Healthy 74
 Boredom 136
 Reducing Via Structure 144
 Use To Relieve 54
 Boundaries 34, 35, 46, 99
 Enforcing Boundaries 112
 Interpersonal Boundaries 35
 What Is? 110
 Living Boundaries 112
 Reasonable 111
 Reinforced By Words And Ac-
 tions 111
 Written 112
 Brain 64
 Brain Damage 132
 Chemical Imbalance 74
 Breathe
 Breathe Deeply 95
 Burns
 Dr. Burns, The Feeling Good
 Handbook 67, 68

C

Caffeine 76

- Side effects of 89
 - Calendar 146
 - Calls 64
 - Calm 91
 - Cannabis 130
 - Caring 109
 - Celebrate
 - Use To Celebrate 54
 - Celebration 140
 - Change
 - Maintaining Change 134
 - Positive Reasons To Change 18
 - Changes 129
 - Chemical Imbalance 88
 - Children 101
 - Child Support 111
 - Chills 26
 - Choice 150
 - Choosing
 - Choices, Influences On 53
 - Rehab Program 32
 - Chores 141
 - Chronic
 - Chronic Fatigue 66
 - Health Issues 103
 - Cigarettes 45
 - Bringing To Rehab 45
 - Clear Thinking 122. *See also Cognitive*
 - Clenching Fists 83
 - Clock 119
 - Cocaine 130, 131
 - Side effects of 89
 - Cognitive
 - Cognitive Approaches 69
 - Cognitive Behavior Therapy 32, 88, 90, 129
 - Thinking Techniques 68, 122, 128
 - Cold Shoulder 99
 - Color
 - Increased Sensitivity To 54
 - Combination
 - Of Drugs And Alcohol 55
 - Coming Home 140
 - Commitment 119, 132
 - A Relationship Is A Commitment 149
 - Builds Trust 148
 - Commitment Cycle 149
 - Commitments 103
 - Increased Through Positive Structure 146, 148
 - Public Commitment 45
 - Communication 16, 34, 136
 - Calm, Honest 17
 - Defensive 17
 - Communication Skills 18, 34, 36, 82, 100, 110, 128
 - Build A Positive Support Net- work of relationships 36
 - Poor 18
 - Community 34
 - Compassion 109
 - Competence 103
 - Concentration
 - Difficulty Concentrating 65
 - Lack Of 75
 - Concrete Plan 19
 - Concrete Learning Plan 82
 - Condom 111
 - Confidence
 - Increase Through Using 54, 57
 - Confidentiality 111
 - Conflict 91, 105
 - Conflict Management 122, 136
 - Conflict resolution 110
 - Conflict Resolution Skills 100
 - Interpersonal
 - Cause Of Relapse 33
 - Confrontational 16
 - Confused 52, 64
 - Confusion 76
 - Constructive
 - Behaviour 18
 - Contract
 - Our Rehab Contract 46
 - Control
 - Of Lapse And Relapse 52
 - Out Of Control 57, 59
 - Total Control Of Using 55
 - Convulsions 25
 - Cooking
 - Help With 108
 - Coordination
 - Physical Coordination Problems 66
 - Coping Skills 32, 33, 60, 116
 - Coping Mechanisms 74
 - Role Modeling
 - Good Coping Skills 68
 - To Reduce Stress And Negative Emotions 34
 - Training 128
 - Counselling
 - Counsellors Who Believe In Ability Of Client To Change 17
 - Counselor 108
 - Helpful To Motivate Change 16
 - Mental Health Or Addiction Counsellor 16
 - Courage 33
 - Cramps
 - Muscle Cramps 26
 - Craving 119
 - Cravings 64, 74, 76
 - Craving Recognition 117
 - Manage Cravings and Cues 34, 35
 - Management 140
 - Reducing
 - By Eliminating Cues 119
 - Creative 54
 - Crying 92
 - Cue Cards 141
 - Cues 118, 133
 - Addiction Lifestyle 56
 - Cues Do Not Last Forever 124
 - Eliminating Cues
 - Replace With Positive Cues 120
 - Emotional Cues 116
 - Lead To Craving 119
 - Manage Cravings and Cues 34, 35
 - Management 116
 - Creating New, Positive Cues
 - Adding Positive Cues 124, 143
 - Emotional Cues
 - Manage Negative Emotions 124
 - Full Set Of Cues 134
 - Red Zone 123
 - Positive Cues 143
 - Remove 120
 - Types Of
 - Emotional States 120, 123
 - Events 120, 121
 - Places And Locations 120
 - Things 119
 - Cultural
 - Cultural Expectations 52
 - Cultural Identity 32
- ## D
-
- Daily Life Stressors 135
 - Daily Negatives 82
 - Daily Positives 82
 - Damage
 - Damage Control 128
 - Done By Using 64
 - Death 131
 - Debt
 - Financial Costs Of Using 59
 - Debts 140
 - Decision 129
 - Decisions 52
 - Decision-Making 32
 - Making Key Decisions 108
 - Decongestants 89
 - Deep Breathing 142
 - Defective 101
 - Delirium 24, 25
 - Delirium Tremens 24
 - Paranoid Delusions 24
 - Delusions 86
 - False Beliefs 27

Paranoid Delusions 26
 Denial 129
 Deny Responsibility 129
 Dependence
 Physical 130
 Psychological 130
 Substance Dependence 130
 Depression 25, 26, 27, 57, 68, 74,
 76, 77, 82, 83, 86, 88, 90, 91,
 94, 105, 116, 120, 136, 140
 Cause Of Relapse 33, 67
 Causes Of Depression 88
 Checklist 87
 Depressed 17, 64
 Managing Depression 87
 Severe Depression 86
 Treatment Of
 Healthy Diet 89
 Quality Sleep 89
 Regular Exercise 89
 Relaxation 89
 Social Activities 89
 Untreated 87
 Deserving Criticism 101
 Desire 120
 Strong Desire 119
 Destructive Behaviors 104
 Determinant 106, 116
 Coping Skills 116
 Craving Recognition 117
 Expectations 116
 Level Of Motivation 116
 Self-Confidence 116
 Skills To Manage Negative Emo-
 tions 117
 Detox 19, 25
 Facilities 25
 Monitored, For Safety 25, 26
 Not Sufficient To Produce Sus-
 tained Abstinence 28
 Supervised 24
 Diarrhoea 26
 Diet 135, 136
 Healthy Diet 128
 Diet pills 89
 Difficult Life 57
 Difficulty Learning 66
 Digestive Organs 64
 Dignity 109
 Dilated Pupils 24, 26
 Disagreement 83
 Discomfort 17
 Discounting The Positives 69
 Discouraged 64
 Discouraging 98
 Disease 14
 Disease Model 32

Disease Model 32
 Dishonor 101
 Disorientation 24, 25
 Distorted
 Distorted Family Thinking 69
 Thinking Distortions 129
 User Thinking 69
 Distraction 77, 141
 Distress 59
 Dizziness 89
 Dr. Burns. *See* Burns
 Dr. David Burns. *See* The Feeling
 Good Handbook
 Dread 89
 Dreams
 Disturbing Dreams 66
 Drop Out Rate 15
 Drug
 Addict 128
 Drug Seller 56
 Testing 24
 Drunk 59
 Dry Skin 27
 Dysfunctional
 Dysfunctional Thinking 60
 Stopping Dysfunctional
 Thoughts 68

E

Eating
 Excessive Eating 26
 Economic Status 32
 Effective
 Support 18
 Prevents From Being Effective
 Support 18
 Treatment
 Programs, Some Better Than
 Others 15
 Embarrassment 101
 Emergency Contact 46
 Emotional Reasoning 69
 Emotions 134
 Emotional Reasoning 69
 Emotional States 128
 Negative Emotions
 Coping Skills To Reduce 35
 Negative Emotional States 120
 Using As A Solution To Emo-
 tions 70
 Stress Is An Emotional Response
 91
 Empathy
 Remaining Empathetic 18
 Employment
 Loss Of Employment 59
 Empowered 105
 Enjoyment 70

Lack Of Enjoyment Of Life 26
 Environment
 Community 52
 Environment, The 93
 Positive Environment 92, 105,
 119
 Euphoria 25
 Events 120
 Assigning Meaning To 68
 Evidence
 Evidence Based Program 17
 Exaggerating Events 92
 Exam
 Physical Examination 42
 Exceptions
 Requesting Exceptions To Rules
 42
 Excessive Eating 26
 Excitement 53
 Use To Increase 54
 Exercise 74, 128, 133, 135, 136
 Exercise And Relapse Prevention
 77
 Regular Exercise Program 103
 Routine 77
 Expectations 116, 119
 Of Using 55, 140
 To Succeed 119
 Unrealistic 19
 Experience 108
 Family Experience 52
 Life Experience 52
 Experts
 Can Give You Factual Informa-
 tion 108
 Explanation 129
 Explore
 Painful Situation 18
 Eyelids 25
 Eyelid Retraction 27
 Stare 27
 Eye Tearing 26

F

Failure 101, 133
 Cycles Of Failure 19
 Faith 16
 False Beliefs 27. *See also* Delusions
 Family
 Changing And Growing 83
 Distorted Family Thinking 69
 Empowered By Information 105
 Families Impact Addiction 98
 Families Need Help Too 105
 Families Need To Change Too 19
 Families Teach What Is Stressful
 92
 Family Experience 52

Member Passed Away 102
 Negative Support 98
 Positive Support 35
 Problems Masked Addiction 105
 Safety Around Location Cues Is
 A Family Affair 123
 Who Believe In Ability Of Loved
 One To Change 17
 Fatigue 65, 135
 Chronic Fatigue 66
 Fault 52
 Fear 76, 89, 90, 105, 140
 Afraid To Quit Using 58
 Cause Of Relapse 33
 Internal Fears Lowered Through
 Using 57
 Feedback 99
 Honest Feedback 107
 Feeling Badly
 After Quitting 64
 Feeling Good Handbook, The By
 Dr. David D. Burns. *See* The
 Feeling Good Handbook
 Feelings
 Created By Thoughts 68
 Feel Better By Using 54
 Feeling Very Frightened 89
 Improve How They Feel 53
 Fever 25, 26
 Financial
 Financial Costs 59
 Financial Costs Of Using 59
 Financial Problems 111
 Fist
 Clenching Fists 83
 Focus 141
 Foggy Thinking 65
 Food 108, 119
 Balanced Meals 74
 Cravings 76
 Food & Relapse Prevention 76
 Healthy Foods 77, 103
 Malnourishment 76
 Sugary Foods 76
 Forgive 102
 Fortune-Telling 69
 Frame Of Mind 91
 Friday Night 142
 Friends 35
 Negative Support 98
 Non Using Friends, Support 106
 Frustrated 17
 Frustration 20, 68, 135, 140
 Cause Of Relapse 33, 67
 Fun
 Fun Activities 78

G

Gatherings 122
 Gender 32
 Gender Identity 52
 Generalized Anxiety Disorder 89,
 90
 Genes 52
 Goals
 For Rehab 20
 Influence Choices About Using
 53
 Life Goals 128
 Succeed In Your Own Life Goals
 20
 Goosebumps 26
 Grandiosity 25
 Guilt 17, 101, 133
 Can Be Good, Motivator 102
 Lapse Induces Guilt 133
 Managing
 The Feeling Good Handbook
 by Dr. David Burns 103
 H
 Habits
 Habits Precede Attitude 93
 Hallucinations 25, 86
 Auditory 25, 27
 Touch 25
 Visual 25, 27
 Hands 25
 Happiness 119
 Harm
 Harming Someone In Anger 101
 Healing 64, 75
 Health 19
 Health Needs Prior To Rehab 42
 Chronic Health Care Needs 43
 Healthy Boundaries Create
 Healthy Relationships 110
 Healthy Diet 128
 Healthy Foods 77, 103
 Mental Health 34
 Physical And Mental Health Im-
 proves After Quitting 130
 Physical Health 34
 Physician Health Exam 103
 Hearing Things 27
 Heart 64
 Heart Arrhythmia 89
 Rapid Heartbeat 89
 Help
 Helping Others 109
 Helplessness 20
 Heroes 53
 Heroin 26, 130
 High-Risk Situations 129

Holidays 119
 Holistic 42
 Holistic Model 32
 Home 34
 Keeping a Drug & Alcohol Free
 Home 110
 Safe Home 110
 Honesty
 About Amount Drank Or Used
 25
 Honest Feedback 107
 Hope 16
 Hopelessness 135
 Hostility 25
 Humiliation 17
 Humor 135
 Hyper Arousal 27
 I
 Identify
 Identify Family and Friend Sup-
 ports 107
 Illusions 24
 Imagery 141
 Imbalance 88
 Immune System 77
 Impaired
 Judgment 133
 Improve
 Improve How They Feel 53
 Incarceration 59
 Incoherent Thoughts 25
 Incompetent 101
 Increased
 Increased Blood Pressure 24, 91
 Increased Heart Rate 91
 Increased Pain Threshold 27
 Increased Physical Activity 25,
 27
 Inferior 101
 Influence 99
 Influences 52
 On Choices 53
 Information 108
 Inhibitions
 Reduce Through Using 54, 57,
 134
 Insomnia 26, 64, 76
 Inspirational 121
 Instructions
 On Using 56
 Intense Desire For Drugs 26
 Intention. *Intention*, *See* Urge
 Interpersonal 136
 Conflicts 140
 Cause Of Relapse 33
 Interpersonal Boundaries 35
 Interpersonal Boundary Setting

- Reduces Relapse
 - Setting Reduces Relapse 109
 - What Is? 110
- Interpret
 - Interpretation Of Events 67, 69
- Intervention 24
- Intimacy
 - Lack Of 105
- Intoxication 86
- Intrinsic Motivation 18
- Irritability 26, 27, 66, 74, 75, 76, 91
 - Irritated 83
- Issues
 - Issues Still Exist After Addiction 95

J

- Jail 101
- Jobs. *See* Work
- Joints
 - Painful Joints 26
- Judgment 84
- Jumping To Conclusions 69
- Justification 129

K

- Knowledge 108
- Knowledgeable 108
 - Becoming 18
 - Lack Of Knowledge 18

L

- Labelling 69
- Laboratory Drug Testing 24
- Lack
 - Of Knowledge 18
 - Of Sleep 134
- Lack Of Enjoyment Of Life 26
- Lapse 128, 132
 - Guilt Inducing Event 133
 - Lead To Greater Commitment 132
 - Managing 133
- Laughing 92
- Learn
 - Difficulty Learning 66
 - From Using 55
 - Learning Experience 128
- Life
 - Difficult Life 57
 - Lack Of Enjoyment Of Life 26
 - Life Experience 52

- Life Goals 128
- Life Skills 52
- Lifestyle Changes 128
- Life Values 93
- Value-Based Life 111
- Written Life Plan 33
- Lifestyle
 - Balance 135
- Limit 110
- Limitations 83
- Listening 70
 - Listening Skills 99
- Live Alone 145
- Living
 - Living By Values 93
- Loneliness 135, 136
 - Reducing Via Structure 144
- Loser 59
- Loss 17
- Lost 64
 - Lost Time 149
- Low Self-Confidence 57
- LSD 130
- Lungs 64
- Lush 59

M

- Magnification 69
- Making Key Decisions 108
- Malaise 26
- Malnourishment 76
- Manage
 - Manage Cravings and Cues 34
 - Manage Symptoms 74
 - Managing Anger 83
 - Managing Anxiety 89
 - Managing Stress 91, 140
 - Managing Real Life Stressful Events 92
- Managing
 - Cues 116
- Mania 86
- Manipulate 107
- Marital Therapy 100
- Marriage 14
- Maturing Out 14
- Meals
 - Balanced Meals 74
- Medical Care 135
- Medications
 - Medication Side Effects
 - Interfere With Learning 43
 - To Assist Withdrawal 24, 26, 27
- Meditation 128, 133, 142
- Memory
 - Loss 27
 - Short Term Memory Loss 66
 - Memory Problems 65

- Mental Health 34, 74, 134
 - Professional 89, 90
 - Assessment, Evaluation 88, 94
- Mental Health Counsellor 16
- Milestone 140
- Mind 74
 - Getting Healthy 74
 - Mind And Body Connection 91
- Mindreading 70
- Minimizing Events 92
- Minister 108
- Mirror 120
- Mistreated 83
- Moderation
 - Using In 134
- Money
 - Bringing To Rehab 45
- Mood
 - Mood Swings 76
 - Sudden Mood Changes 66
- Moods 77
 - Result Of Interpretation Of Events 68
- Moral Model 32
- Motivation 14, 147
 - Increase 14, 18
 - Intrinsic 18
 - Level Of Motivation 116
 - To Change 16, 18
 - To Get Help 16
 - Increase 18
- Movement
 - Slowed Movement 26
- Muscle
 - Muscle Cramps 26
 - Muscular Tension 91
 - Muscular Weakness 25
- Music 120
 - Increased Sensitivity To 54
- Myth
 - About Addiction 59

N

- Nagging 99
- Narcotics 90
- Nausea 26, 76
- Need
 - Other Ways To Meet Needs Met By Using 55
- Negative
 - Changing Negative Self-Talk 16
 - Influences 104
 - Negative Family And Friend Support 98
 - Negative Social Support 106
 - Responses 16
 - Self-Talk 133
 - Thinking 103, 136

- Negative Emotions
 - Coping Skills To Reduce 35
 - Guilt 101
 - Manage Negative Emotions 68, 124, 133
 - Negative Emotional States 120
 - Return To Using 67
 - Self-Defeating Negative Thoughts 69
 - Shame 101
 - Skills To Manage Negative Emotions 117
 - Where Do They Come From? 67
 - Neighbor 108
 - Nerve Receptors 130
 - Nervous 90
 - Nervousness 76
 - New
 - Employment 135
 - Place To Live 135
 - Relationships 135
 - Nicotine 131
 - Non-Attendance 122
 - Non Using Friends 106
 - Nose 64
 - Nutrition
 - Poor Nutrition 83
- O**
-
- Obsessive Compulsive Disorder 89
 - Opiates 26, 131
 - Opium 130
 - Options
 - For Detox 25
 - Out Of Control 57, 64
 - Overdose 131
 - Precautions Against 131
 - Over Sensitivity 66
 - Overweight 76
 - Overwhelmed 64
- P**
-
- Packing 44
 - Pain 135
 - Painful Joints 26
 - Panic 24, 76
 - Panic Disorder 89
 - Treatment of 90
 - Paranoid Delusions 24, 26
 - Paraphernalia 55
 - Party 111
 - Passed Away 102
 - Past
 - Bringing Up The Past 99
 - PCP 27, 130
 - Peers 53
 - Pressure 53
 - Perceptions
 - Change 54
 - Personal
 - Personal Growth 148
 - Personal Value 109
 - Personalization 69
 - Perspiration 89
 - Phobias 89
 - Phone Calls 64
 - Physical
 - Physical Abuse 107
 - Physical Addiction 130
 - Physical Aggression 99
 - Physical Coordination Problems 66
 - Stress Is A Physical Response 91
 - Physical Activity
 - Managing Emotional Cues Proactively Manage 124
 - Physical Health 34, 74, 134
 - Fitness Skills 82
 - Physical Exam 24
 - Physician 16, 135
 - Assessment 88
 - Physical Exam 24, 28, 103
 - Physiology 52
 - Pipes 55
 - Plan
 - Failure To Make A Concrete Plan 19
 - Written Life Plan 33
 - Playoffs 117
 - Pleasure 53
 - Points Of View
 - People Who Are Able To Share Different Points Of View 108
 - Police 56
 - Poor Judgment 75, 133
 - Poorly Prepared 129
 - Positive
 - Positive Attitudes 93
 - Positive Cues 120, 143
 - Positive Environment 92
 - Positive Family And Friend Support 99
 - Positive Habits 93
 - Positive Life Structure 143
 - Positive Social Support 106
 - Positive attitude 94
 - Positive Cues
 - Must Keep Replacing 124
 - Positive Family Support 98
 - Post-Traumatic Stress Disorder 89
 - Posters 120
 - Putting 83, 99
 - Poverty 52, 57, 93
 - Practical Helpers 108
 - Pressure
 - Peer Pressure 53
 - Social Pressure 56
 - Previous Failure 17
 - Pride 101
 - Prison
 - Incarceration 59
 - Problems
 - Individual Problems 32
 - Problem Avoidance 118
 - Solving Particular Problems 108
 - Professional
 - Help 87, 94, 124
 - Opinion 16
 - Professionals 35
 - Program
 - Different Approach 17
 - Previous Failure 17
 - To Believe In 17
 - Write Clear Life Goals 33
 - Progress
 - Slow Progress 19
 - Progressive
 - Disease 14, 32
 - Prohibited
 - Behaviors During Rehab 44
 - Promises
 - Never Intended To Keep 101
 - Protect
 - Protected By Boundaries 111
 - Provoking Situations 117
 - Psychedelics 27
 - Psychiatric Illnesses 86
 - Public Commitment 45
 - Pulse
 - Elevated Pulse 25, 26, 27
 - Punishment
 - Anxiety Doesn't Help 17
 - Discomfort 17
 - Doesn't Work 17
 - Guilt Doesn't Help 17
 - Humiliation Doesn't Help 17
 - Shame Doesn't Help 17
 - Threats Doesn't Help 17
 - Pusher
 - Drug Seller 56
- Q**
-
- Quitting
 - Why Do People Quit 59

R

- Rage 66
- Rapid Heartbeat 89
- Rational
- Coping Responses 135, 141
 - Thinking Techniques 68, 133
- Rationalization 129
- Rational thinking skills 82, 88
- Reactivity 119
- Ready
- To Receive Rehab 24
- Reasons
- Positive Reasons For Using 53
 - Positive Reasons To Change 18
 - Reasons Why People Quit 59
 - Valid Reasons For Using 58
- Reassurance 67
- Recognize
- High Risk Situations 117
 - Negative Emotions Early 123
- Recovery 60
- Become Part Of The Solution 19
 - Speed Of Recovery 19
 - Support Recovery 19
- Reddened Skin 27
- Reduce
- Inhibitions Through Using 54
- Red Zone 123
- Reflexes 66
- Refusing
- Drug And Drink Refusal Skills 133
 - Treatment 16
- Rehab
- Become Part Of The Solution 19
 - Goals 20
 - Rules Of Rehab Program 42
 - Types of..
 - Behavior Model 32
 - Disease Model 32
 - Holistic Model 32
 - Moral Model 32
 - Unsure Of Need For 19
- Reinforce 64
- Reinforced 120
- Relapse 33, 128
- And Decision Making 129
 - High-Risk Situations 129
 - Activities And Places With Many Cues 117
 - Addiction Lifestyle 56
 - Caffeine 76
 - Evening 146
 - Families Impact Addiction 98
 - First 48 Hours 140
 - First Two Weeks 140
- High-Risk Stressors 92
- High Conflict People 106
- Impaired Judgment From
- Drugs Or Alcohol 133
- Lack Of Healthy Sleep Pattern 75
- Lapse 133
- Mood Swings 76
- Morning 146
- Negative Emotions 67, 69
- Negative Family And Friend Support 98
- People Actively Part Of Drug Economy 104
- People Actively Using 56, 104
- Sugary Foods 76
- Unmanaged Negative Emotions 101
- Relapse Prevention 33
- Balanced Life 34, 82
 - Concrete Learning Plan 82
 - Exercise 77, 78
 - Families Impact Addiction 98
 - Food 76
 - Increasing Self Confidence 82
 - Interpersonal Boundary Setting Reduces Relapse 109
 - Keeping a Drug & Alcohol Free Home 110
 - Keep Them Safe
 - First Two Weeks 145
 - Manage Negative Emotions 68
 - Managing Stress to reduce risk of relapse
 - Managing Daily Stressors 91
 - Marital Therapy 100
 - Planning For Healthy Relationships 104
 - Positive Family And Friend Support 99
 - Problem Avoidance 107
 - Professional Help 87
 - Providing Assistance To People In Their Support Network 109
 - Relapse Prevention Training 33
 - Social Support
 - And Relapse Prevention 106
 - Structure 144
 - Training 128
 - Written Relapse Prevention Plan 33
- Relapse Setup 129
- Relationships And Relapse 98
- Risks 33
- Triggers 33
- Preceded By Poorly Managed Stressful Events 91
- Relationship
- End Relationships With People Who Could Trigger Relapse 106
 - End Relationships With Users 104
 - Healthy Relationships
 - Healthy Boundaries Create Healthy Relationships 110
 - Planning For 104
 - Relationships 34
 - Loss Of Relationships Due To Using 59
 - Relationships And Relapse 98
 - Stable 14
- Relationships
- A Relationship Is A Commitment 149
- Relaxation 133, 135, 136, 142
- Relaxation Techniques 74, 103, 122, 124, 128
- Breathe Deeply 95, 124, 142
 - Meditation 124, 142
 - Progressive Muscle Relaxation 124
 - Quick Relaxation Techniques
 - Managing Stress 92
 - Relaxation skills 82, 128
 - Relaxation Tools 142
- Religious Belief 32
- Remove
- Remove Cues 120
- Research
- Addictions 14
 - Causes Of Reduction In Relapse 33
 - Causes Of Relapse 33
 - Predict Relapse 37
- Resentful 52
- Respect 101
- Respiratory Distress 131
- Restless 140
- Restlessness 24
- Retention Rate
- High 15
- Rich. *See* Affluence
- Ridicule 56
- Role Modeling 94, 105, 125, 151
- Good Coping Skills 68
- Rules 42
- Of Rehab Program 42
 - Requesting Exceptions 42
- Runny Nose 26

S

- Sadness 119, 120
- Safe
- Place To Stay 108
 - Safe Home Environment 83, 110

- Safe Relationships 104
- Saturday Night 142
- Schedule 103
 - Schedule Activities 142
- School 34
- Script 71
- Sedative/Hypnotics 25. *See also* Benzodiazepenes
- Self
 - Self-Assessment Tools For Anxiety 90
 - Self-Blame 133
 - Self-Care Centered 109
 - Self-Confidence 116
 - Increasing Prevents Relapse 82
 - Living By Values Increases 93
 - Low Self-Confidence 57
 - Self-Defeating 106
 - Self-Destructive Behaviours 27
 - Self-Efficacy
 - Belief In One's Own Success 16
 - Self-Esteem
 - Living By Values Increases 93
 - Self-esteem, Boosts 57
 - Self-Harming 106
 - Self-Management 128
 - Self-Medicare 135
 - Self-Talk
 - Negative 83
 - Negative, Changing 16
 - Self-Worth 103, 109
- Sensations
 - Physical Sensations 54
- Sense Of Humor 135
- Sensitive
 - Over Sensitivity 66
- Setup
 - Relapse Setup 129
- Severe Withdrawal 24
- Sexual
 - Safe Sex 136
 - Sex 109, 119
 - Sexual Acts For Money 101
 - Sexual Energy 77
 - Sexually Explicit Magazines 120
 - Sexual Orientation 32
 - Sexual Performance, To Improve 54
- Shame 101
 - Doesn't Help 17
 - Managing
 - The Feeling Good Handbook by Dr. David Burns 103
- Shortness Of Breath 89
- Short Term Memory Loss 66
- Side Effects 66
- Siezuers 24, 25
- Sights 119
- Silence 92
- Situations 128
 - Difficult Situations 57
- Skills 108
 - Communication Skills 36, 110
 - Conflict Resolution Skills 100
 - Coping Skills 32
 - Drug And Drink Refusal Skills 133
 - General Life Skills 33
 - Life Skills, Influencing Learned Addiction 52
 - Skills To Manage Negative Emotions 117
 - To Improve Their Health 33
- Skin 64
 - Abnormally Reddened Skin 27
 - Dry 27
- Slang
 - Unique Language 56
- Sleep 75, 134, 135, 136
 - Balance 75
 - Disturbances 74
 - Frequent Waking 66
 - Improving 76
 - Inability To Fall Asleep 66
 - Inadequate Rest 83
 - Positive Sleep Routines 66
 - Problems During Recovery 66
 - Results Of Too Little Sleep 75
 - Shortage of 134
 - Sleep & Healing 75
- Sleepiness 26
- Sleeping Pills 89, 90
- Slowed Movement 26
- Smells 119
- Snacks
 - Healthy 74
- Sobriety 60
- Social
 - Social Activity 77
 - Social Anxiety 89
 - Social Drinking 57
 - Social Events 117
 - Social Group, Using 55, 57
 - Social Pressures To Use 56, 117, 140
 - Cause Of Relapse 33, 35
 - Social Status 32
 - Social Support
 - And Relapse Prevention 106
 - Emotional Supporters 107
 - Experts Can Give You Factual Information 108
 - Negative Social Support 106
 - People Who Are Able To Share Different Points Of View 108
 - Positive Social Support 106
 - Practical Helpers 108
- Social Withdrawal 26
- Support Network 34
 - Build A Positive Support Network of relationships 36
 - Positive Social Support Network 35
- Social Use 134
- Solution
 - Become Part Of The Solution 19
 - Different Solution 67
- Solutions 91
- Solving Particular Problems 108
- Sound 54
- Sounds 119
- Speed Of Recovery 19
- Spiritual
 - Spiritual Values 93
- Spoon 119
- Sporting Events 119
- Stare 27
- Stash 120
- Status
 - Economic Status 32
 - Social Status 32
- Stealing 101
- Stigma 59
- Stimulants
 - Anxiety A Side Effect Of 90
 - Withdrawal 26
- Stimulus 118
- Strength 77
- Stress 82, 116, 140
 - Anger As A Habitual Response To Stress 84
 - Cause Of Relapse 33
 - Choices Increase Negative Emotions And Stress 91
 - Coping Skills To Reduce 35
 - Daily Life Stressors 135
 - During Rehab 65
 - High-Risk Stressors 92
 - Identify Stressors 94
 - Managing Stress 105, 122, 128
 - Maintaining Values 92
 - Manage Stress To Prevent Relapse 91
 - Quick Relaxation Techniques 92
 - Reduced Through Positive Structure 146
 - Reduces Stress 93
 - The Feeling Good Handbook by Dr. David Burns 91
- Stressful Events 91
- Stress Is An Emotional Response 91
- Stress Is A Physical Response 91
- Stress Management Skills 82
- Who Decides What Is Stressful?

92
 Strong Desire 119
 Structure 143
 Increases Commitment 146, 148
 Positive Structure 34, 36
 Real Structure 146
 Reduces Stress 146
 Stuck 18
 Studies
 Predict Relapse 37
 Substance
 Substance Dependence 130
 Success
 Increase Your Loved Ones Odds
 Of Succeeding 19
 In Life 70
 In Your Own Life Goals 20
 Rates Compared To Other Dis-
 eases 15
 Suffer
 Enough To Change 17
 Sugary Foods 76
 Suicide
 Suicidal Behaviour 26
 Suicidal Thoughts 25, 26, 27
 Supervised Detox 24
 supervision 27
 Support
 Emotional Supporters 107
 Experts Can Give You Factual
 Information 108
 People Who Are Able To Share
 Different Points Of View
 108
 Positive Social Support Network
 35
 Support Recovery 19
 The Rehab Process 19
 Supporter 151
 Surroundings
 Personal 52
 Sweating 24, 25, 26
 Symbols 120
 Syringes 55

T

Taste
 Increased Sensitivity To 54
 Teachers
 How To Use 56
 Tears 66
 Tee Shirt 119
 Temperature
 Elevated 25
 Temptation
 To Use Again 64
 Tense 90
 The Anger Control Workbook, by
 Mathew McKay and Peter
 Rogers 71, 85
 The Feeling Good Handbook by
 Dr. David Burns 68, 69, 70,
 71, 91, 103, 124
 Therapy
 Cognitive
 Cognitive Behavior Therapy 32
 Marital Therapy 100
 The Relaxation & Stress Reduction
 Workbook, by Martha Davis,
 Elizabeth Robbins Eshelman
 and Mathew McKay 92, 124
 Things
 As Cues 119
 Think
 Foggy Thinking 65
 Negative Circular Thinking 70
 Think Differently 60
 Thinking Distortions 129
 Thoughts
 Incoherent Thoughts 25
 Threats 17, 99
 Thyroid 89
 Time
 Time Management Skills 82
 Timidity 25
 Tolerance 130, 131
 Lower Tolerance 131
 Tongue 25
 Touch
 Increased Sensitivity To 54
 Toxic Chemicals 67
 Traffic Jam 83
 Tranquilizers 89, 90
 Transition 140
 Treatment
 Belief In The Program Affects
 Success 16
 Drop Out Rate 15
 Effective
 Evidence Based Program 17
 Programs, Some Better Than
 Others 15
 Variety Of Services 15
 Length
 Longer Is More Effective 15
 Myths, Not Effective 15
 Success Rates Compared To Oth-
 er Diseases 15
 Their Reasons Not To Accept
 Treatment 16
 Variety Of Services 15
 Trembling 25
 Tremors 24. *See also* Delirium Tre-
 mens; *See also* Withdrawal

Management
 Of Eyelids 25
 Of Hands 25
 Of Tongue 25
 Trembling 25
 Trust
 Building 148
 Commitments Build Trust 148
 Lack Of 18

U

Unconsciousness 131
 Underweight 76
 Undeserved 83
 Unfair 83
 Unrealistic Expectations 19
 Unworthiness 101
 Using
 Actively Using 56
 Early Stages Of Problem Use 134
 In Moderation 134
 Social Use 134
 Use Again 128
 Worsens Anxiety And Depres-
 sion 87

V

Value
 Something Important To Them
 18
 Values 92
 Life Values 93
 Rediscover Their Own Values 93
 Value-Based Life 111
 Value Statement 93
 Value System 93, 102
 Variety Of Services 15
 Veins 64
 Verbal
 Verbal Abuse 107
 Verbal Messages 17
 View
 View Of The World 69
 Violence 57, 110
 Violent Behaviours 27
 Visiting 47
 Vitamin B6 89
 Vomiting 26

W

Waiting 151
 Wants
 Want Approval 53
 Want To Belong 53
 Wasting 101

Weak 101
 Weakness 133
 Weight
 Overweight 76
 Underweight 76
 Well Being 19, 103
 Why
 Did They Take Drugs Or Drink 52
 Will Power 147
 Will They Relapse? 151
 Withdrawal 24, 86
 Amphetamines 26
 Benzodiazepines 25
 Help From Physician 25
 Causing Panic Attacks 89
 Cocaine 26
 Detox
 Monitored, For Safety 25
 Effects Of 19
 Dilated Pupils 24
 Heroin 26
 Interferes With Learning 27
 Management 24
 Alcohol 24
 Delirium Tremens 24
 Detox Monitored, For Safety 25
 Peak Period Withdrawal Symptoms 24
 Severe 24
 Seizures 24
 Medications To Assist 24, 25, 26, 27
 Opiates 26
 PCP 27
 Psychedelics 27
 Severe 24
 Seizures 24
 Social Withdrawal 26
 Stimulants 26
 Withdrawal Panic Attacks 89
 Withdrawal Symptom Management 28
 Withdrawal Management 26
 Witness
 Witness Their Commitment 119
 Work 34
 Loss Of Employment 59
 Worksheets
 Research Your Rehab Checklist 36
 World View 69
 Worry 90, 135
 Worried 64
 Written
 Written Agreement 45
 Written Commitment 45, 119
 Written Life Plan 33

Written Relapse Prevention Plan 33

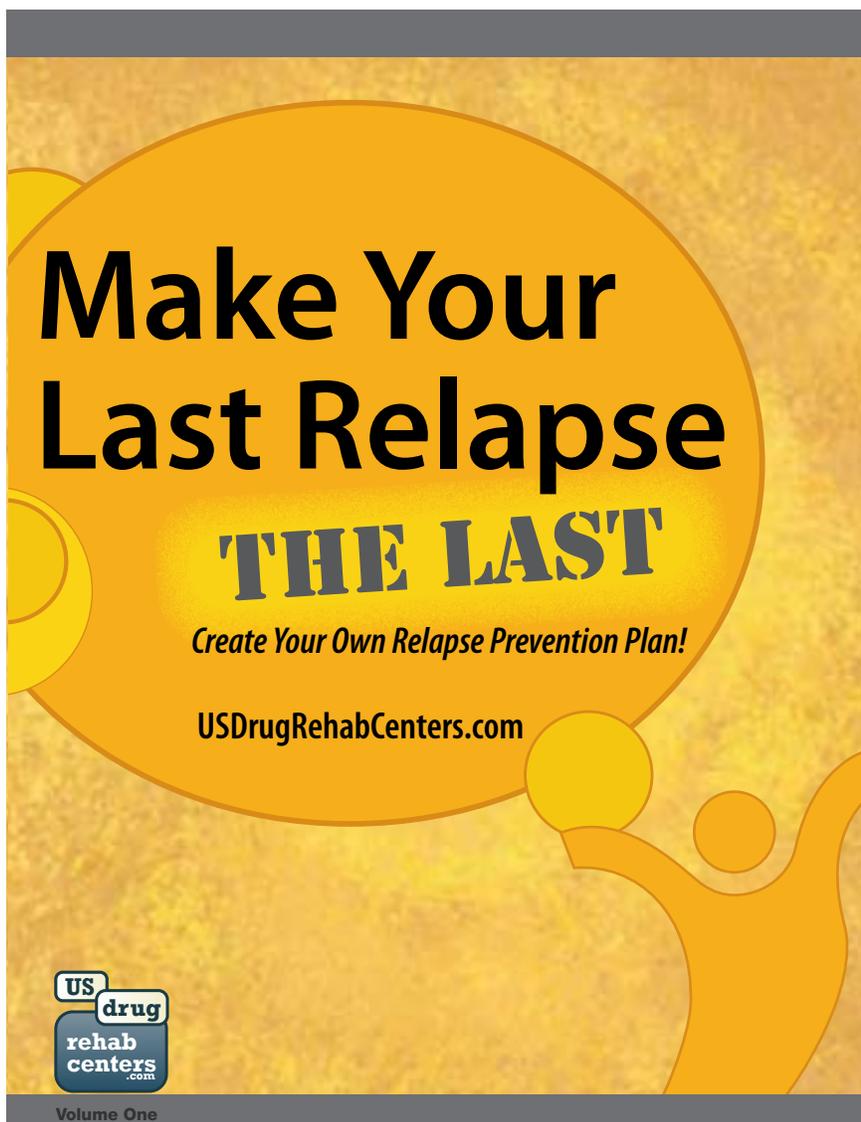
Y

Yawning 26
 Yelling 83, 92
 Yoga 142
 Youth. *See* Adolescence



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Wondering how to help your loved one follow the advice from what you have just read? Make Your Last Relapse The Last guides your loved one step by step, through worksheets and exercises, that can help them form the first steps toward creating structure and success in both your lives! Download for free, 24-7, at:

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Or, order an affordable printed copy, 24-7 at

www.lulu.com/spotlight/sobertools

You can make a difference!

You *can* reclaim your life and help your loved one end addiction.

When your family member is finally in rehab, you heave a sigh of relief. And then the phone rings. It is not good news. What a sinking feeling of frustration and helplessness when your loved one has made it to rehab, only to quit or perhaps to be asked to leave. Wouldn't it be great to have your own expert to guide you in helping your loved one through the rehab experience? Wouldn't it be great if the advice was based on what has been *proven* to work rather than personal experiences or hearsay? This book can help make the rehab and recovery less of a struggle for both you and the person attending rehab. Research does show that a person with the experience of addiction can leave that lifestyle behind.

Find real answers to your questions:

"How can I help my loved one end addiction?"

You will discover:

- How to pick the most effective rehab.
- How you can best help your loved one during rehab
- What actions to take to protect your loved one after rehab.
- When the greatest risk of relapse occurs after rehab.
- The four most common causes of relapse
- How addiction has impacted your life, and how to reverse it.
- How family members can increase the risk of relapse and how to avoid this.
- Simple methods to remove negative influences from your loved one's life, including people, places and things.
- What foods can cause the body to mimic drug cravings.
- How to turn a lapse into a powerful and positive learning experience.

Take the first step today! Let *Help Them Succeed At Rehab And Prevent Relapse* guide you to assist both you and your loved one succeed!

Help your loved one to learn mastery skills in all areas of their life! Get real world help based on sound, well recognized research. Don't go through it alone, get help today!



Get Help Today!

Our online free rehab books and online rehab program! Create positive life change today, www.USDrugRehabCenters.com

