

**Addiction and Recovery:  
Learn From Your Recent Relapse  
By Using "The Relapse Assessment Worksheet"  
By Peggy L. Ferguson, Ph.D.**

Relapse is a symptom of addiction. Relapse is a symptom of many, if not most, chronic diseases. Addiction should be treated as the chronic disease that it is and relapse should be treated as a symptom of addiction. Relapse is not a character flaw or a moral failing. When you think of addiction as a chronic illness, you must conceptualize treatment and recovery from the same world view.

In any other disease, when someone relapses, the sufferer or patient does not typically just give up, go hide somewhere and die. They go back to the doctor for a medication change or for further instructions on what to do next. They may step up their treatment regimen, alter it, or let reassessment guide treatment planning.

With other chronic diseases, family members typically do not just give up on the patient either. When treating other chronic diseases there is an expectation that relapse serves as a reminder and a wakeup call, to assist the patient in taking whatever action is necessary to get their recovery back on track.

For people in addictions recovery, getting back on track means going back to meetings, possibly going back to some level of treatment, and renewing one's commitment to honesty, open mindedness and willingness to do whatever is necessary to recover. It means evaluating the effectiveness of your efforts before relapse, and identifying realistically what your efforts should be at this point in recovery. It usually involves looking at what was and was not working. Much of the time the recovering person was in the relapse process quite some time before he or she actually used the chemical.

As you recall, the relapse process involves a return to old thinking, old feelings, and old behavior. Sometimes when people relapse, they had either cut back or entirely stopped attending meetings, using prayer and meditation, going to counseling, and using program solutions to life's daily ups and downs. They may have embraced self-pity. They probably began to entertain relapse thinking, where permission to relapse (though unconsciously) is granted to oneself. Before the chemical is consumed the recovering person has usually stopped doing many of the things that he was doing that allowed him to achieve sobriety in the first place. Many people stop doing the very behaviors that improve their health and wellbeing as soon as they feel better, only to discover that their symptoms soon return. Alcoholics/addicts in recovery are no different on this score.

Those who have relapsed can use their relapse to strengthen their recovery. They can review their efforts before relapse and make a plan to increase those efforts to an appropriate level. "Half-measures avail us nothing." (AA Big Book, p ).

## **Relapse Assessment Guide**

To assess your efforts before relapse ask yourself these questions about positive actions and these questions about relapse behavior.

### **Positive recovery actions**

- How many meetings were you attending per week?
- How many meetings were you talking in?
- How many invitations did you accept from others in the program to socialize with them?
- Did you use a daily prayer and meditation time?
- Did you have a sponsor? Did you call him/her?
- Did you go to meetings early and stay late to help set up or make coffee, or help clean up?
- Did you do a daily tenth step at the end of your day, assessing what you did well that day and areas needing improvement?
- Did you entertain thoughts that you are not a "real" alcoholic/addict?
- Did you read recovery literature daily?
- Did you use daily structure to assist you? Did you occupy a lot of your time with recovery activities or did you have a lot of unstructured free time?

### **Relapse behaviors**

Identify the relapse behaviors that you were engaging in before you actually took the chemical.

Denying what you know to be true about the disease of addiction. Seeing it as not pertaining to you.

Thinking that this time, you would have control over your drinking/drugging.

Not accepting cross addiction.

Being unwilling to be honest with others about your thoughts and feelings about recovery, using, and how you fit in.

Not appropriately managing your stress.

- \_\_Not appropriately managing you feelings.
- \_\_Lack of a spiritual program of recovery.
- \_\_Negative, hostile, world view.
- \_\_Immature wish to "just be happy".
- \_\_Wanting to be "normal".
- \_\_Feeling stuck and not asking for help.
- \_\_Not talking about triggers you might have experienced.
- \_\_Not giving others permission to tell you that you are back in old thinking, feelings, and behavior. Instead, you get mad or defensive.

Identify what happened in your recovery that contributed to your relapse. Take immediate steps to remedy those situations. Go back to meetings. Tell the group you relapsed. Tell your important significant others and once again, ask them to tell you when they see old, relapse behavior. Don't entertain the notion that you can stay out there "just a little longer". Many people die before they make it back.

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