RELAPSE PATTERNS

RECOGNIZING THREATS TO RECOVERY

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JOHARI WINDOW

	Known to Self	Not Known to Self
Known to Others	*Open/Free Area*	*Blind Area*
Not Known to Others	*Hidden Area*	*Unknown Area*

JOHARI WINDOW EXPLAINS DEFENSE MECHANISMS

- Defense mechanisms are a part of our everyday thinking and behaviors
- They are neither good nor bad, they just are- they simply give us a "defense" or reasoning for our behaviors.
- Defense mechanisms are pathological (unhealthy) when used to "protect" the disease of addiction.
- Defense Mechanisms protect Relapse Patterns

RELAPSE PATTERNS

- This presentation focuses on 13 identified relapse patterns recovering individuals have found themselves engaged in during their use of mood-altering substances as well as in sobriety. The challenge of these patterns is to identify which ones apply to you.
- It is also to gain perspective from peers and counselors what patterns might be in your blind window.

RELAPSE PATTERNS

NOT ENOUGH OF THE RIGHT TREATMENT

- Detox with no follow-up treatment like outpatient, inpatient, PHP, etc.
- Treatment that encourages "controlled" use and is not abstinence based
- Not following through on treatment recommendations given by clinical staff, which includes aftercare
- No 12-Step or other SOBER support after treatment

NO SELF-DIAGNOSIS

- Not believing I have a Substance Use Disorder (SUD)
- Thinking I'm different from others with an SUD.
  - "I'm different than the other people in my treatment group, so I don't need to do the things recommended by the treatment team."
- Not accepting they have a chronic, progressive, potentially relapsing/ fatal disease

EXPERIMENTS WITH "CONTROLLED" USING

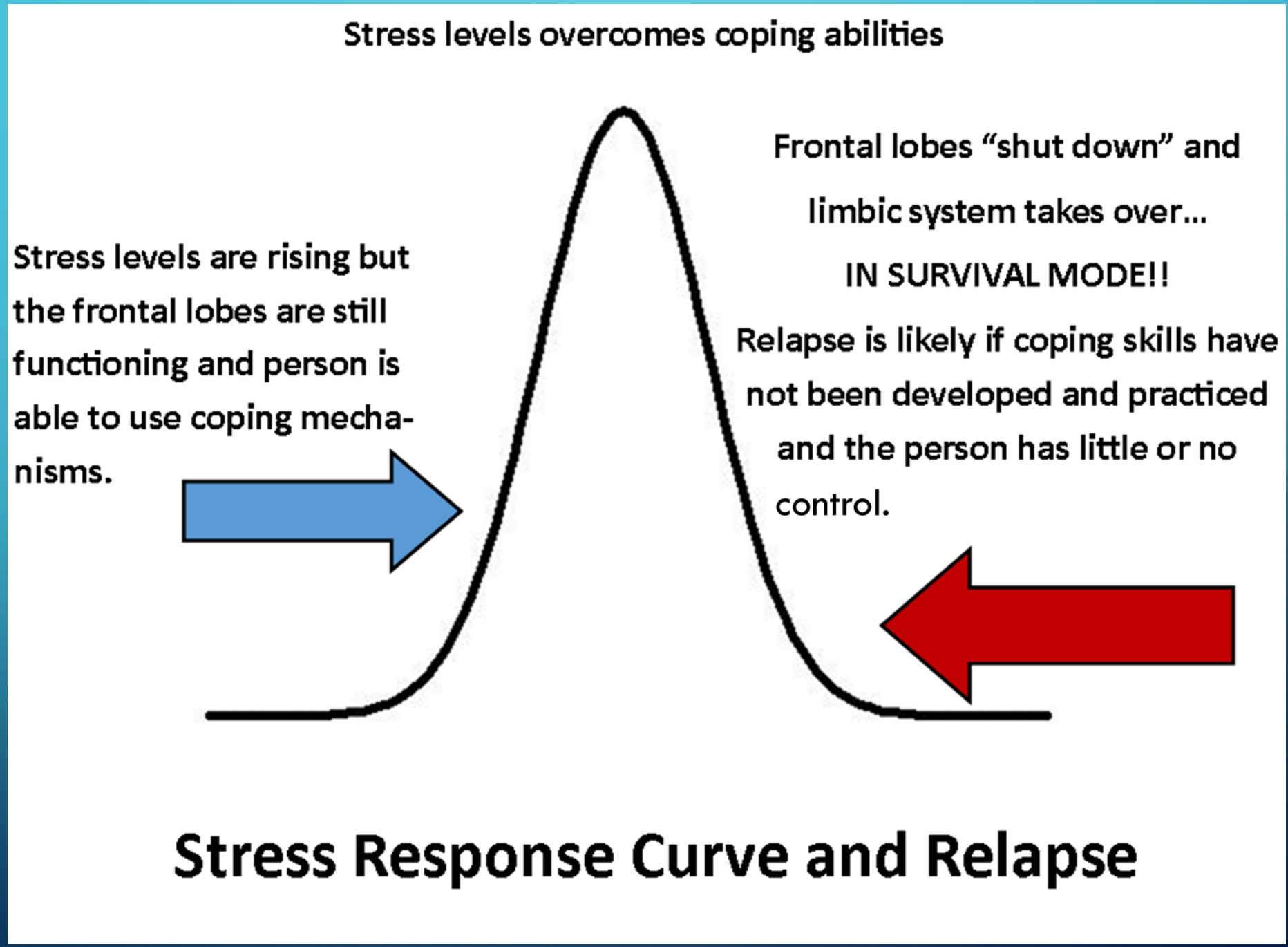
- Switching substance of use in an attempt to control use
  - From liquor to beer
  - Opiates to pot
  - Only use on weekends
  - Only using "x" amount

MAINTAINING A DRINKING/USING ENVIRONMENT/PEOPLE

- Continuing exposure to people, places, or things associated with using substances
  - Bars, drug houses, drug dealers or using friends;
  - May also include triggering environments like work and home if history of extensive using there (may have to change routines to avoid triggers).

STRESS

- Accumulating problems due to not dealing with issues (procrastination also known as defense mechanism of Passive Negativism)
- Focusing (ruminating) on problems and using them as excuses to use
- Trying to use “willpower” to remain sober
- Not utilizing recovery tools


Stress levels overcomes coping abilities
Stress levels are rising but the frontal lobes are still functioning and person is able to use coping mecha-nisms.
Frontal lobes "shut down" and limbic system takes over...
IN SURVIVAL MODE!!
Relapse is likely if coping skills have not been developed and practiced and the person has little or no control.
Stress Response Curve and Relapse

OVERCONFIDENCE

- I don't need treatment – "cured"
- Starting to cut down on meetings
- I don't need to go to AA/ NA or any other sober support groups
- Returning to old friends/ places.
- I'm going to test myself to see how "strong I am"
- I KNOW I'll never use again because I really don't want to.

PHYSICAL ILLNESS

- Even something as "simple" as the flu can feel like withdrawal
- Not telling doctors/ dentist about SUD
- Not letting support system know about pain medications or other mood-altering meds
- Not asking for someone else to hold on to the medication so overuse doesn't occur

PSYCHIATRIC ILLNESS

- Having a dual diagnosis and not treating it
- Not taking medications as prescribed, or discontinuing medications
- Not seeing a counselor if recommended

UNAWARE OF NORMAL RECOVERY SYMPTOMS (POST-ACUTE WITHDRAWAL SYNDROME OR "PAWS")

- Can take body/ brain 6 months to 2 years of ABSTINENCE to heal physically
- Not realizing abstinence does NOT eliminate ADDICTIVE THINKING
  - This requires counseling, sponsor, Step work, etc.)
- Accepting there are going to be "bad days" where things don't feel "right
- RECOVERY TAKES TIME!!

POOR NUTRITION/NO EXERCISE

- Not eating healthy
- Not enough exercise
- Picking up or increasing nicotine/ caffeine/ sugar use to substitute for loss of other mood-altering substances

CROSS ADDICTION

- Thinking that drug of choice is the only problem.
- Examples
  - Alcohol user thinking pot is okay,
  - Opiate user thinking alcohol is okay.
  - Switching to addictive behaviors, i.e., overeating, gambling, sex, etc.
  - It's NOT the substance that's the problem, it's the way my brain responds to mood altering substance/activities that's the problem.

FAMILY FEUD

- Family not willing to go to Al-Anon or other support groups
- Not recognizing it takes the family longer to heal
- Trying to control family members
- Trying to change family member's attitudes about the Disease Model
- Not using recovery support to deal with family issues (counselors, sponsors, etc.)

UNTREATED DEFENSE MECHANISMS

- Using excuses to engage in the listed behavior
  - DENIAL, RATIONALIZATION, MINIMIZING, EXTERNALIZATION
  - INTELLECTUALIZATION, FANTASY, REGRESSION, DEFOCUSING
  - JUSTIFYING, SARCASM, PEOPLE PLEASING, UNDOING
  - PROJECTION, DISPLACEMENT, ACTIVE NEGATIVSM,
  - PASSIVE NEGATIVISM, CHANGING THE SUBJECT, MANIPULATING
  - THESE "PROTECT" THE DISEASE AND ENLARGE OUR "BLIND WINDOW" PANE IN THE JOHARI WINDOW
  - SPONSOR, HOME GROUP, COUNSELORS HELP US RECOGNIZE DEFENSE MECHANISMS


INCREDIBLY DIFFICULT DAY FULL OF TRIGGERS
STILL MANAGED TO AVOID USING BEHAVIORS