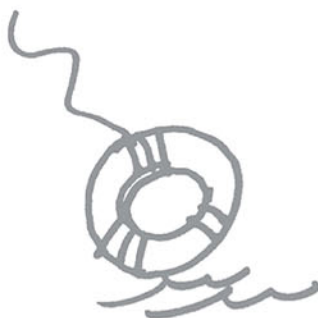


Recovery by Choice

Living and Enjoying Life
Free of Alcohol and Other Drugs

A Workbook

Fourth Edition



Martin Nicolaus

Content Overview

Introduction: Exercising the power of choice is essential to addiction recovery. Why treatment needs to match the individual. The key to success is effective self-treatment. How to work this book. Introduction to the nine domains. Page 15

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Introduction

“Recovery by choice” seems at first a contradiction in terms. Isn't it the essence of addiction to alcohol and other drugs that we lose the power to choose?

Yes and no. Yes, once a person has crossed the line into addiction, if they¹ then put alcohol or other drugs into their body, they will not have the power to choose to stop. Once they get rolling they are like a truck without brakes. I know, I lived it.

But an addicted person can decide not to climb back into that truck. Not ever.

The power to make that decision, and to stick with it, doesn't come all at once, at least not for most people. But that doesn't mean they're too paralyzed ever to make it. The power to choose recovery may begin with small decisions having a horizon of seconds, minutes or hours. Shall I glance again at the beer billboard? Shall I pass by 3rd and Pine where I might run into my dealer? Do I spend the evening with people who drink and drug or with people who don't? Getting as far as choosing to live clean and sober in 24-hour blocks already marks great progress. Each successful decision strengthens and informs the power to make further decisions with wider horizons. Shall I attend a weeklong conference? Shall I spend the summer doing A or B? Shall I go back to school in Minnesota and get a degree, or move to San Diego and live with X? All the fractional decisions empower the person to make and persist in the global choice: shall I live my life as a clean and sober person, or shall I die a drunk and an addict?

Like a muscle or a mental skill, the power to choose recovery vitally requires material on which to exercise. Given no choices to make, or only pseudo-choices, it withers. The notion that addicted persons are too paralyzed to make choices is a self-fulfilling prophecy. If they are given no choices, they will be paralyzed. Paralysis, however, is not the optimum condition in which to start a long and difficult journey.

Successful recovery from addiction requires making choices. Addiction is systemic and dynamic. It shifts shapes, evolves, and insinuates itself into the infinitely varied details of our many different lives. Sure-fire recipes and miracle cures that

¹ This book uses the plural pronoun “they” in place of the awkward “he or she” to refer to a singular person of either gender. Although this construction may offend grammatical purists, it is commonplace now in the spoken language and serves important goals of equity and economy.

require no thinking or choosing may work for localized, static disorders such as heartburn or hemorrhoids, but not for the bio-psycho-social monster that is addiction. Because it assumes all the diverse and changing forms of the individuals whose lives it destroys, addiction requires a response that is itself flexible, individualized, and capable of adapting and evolving. Recovery from addiction requires the ability to respond intelligently and in a resilient manner to an infinite variety of different situations – it requires the power to think and make choices.

Effective treatment of addiction is individualized. The National Institute of Drug Abuse (NIDA) of the National Institute of Mental Health (NIMH) conducted a comprehensive study of treatment methods in 1999 and found, as the first fundamental principle: “No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.”²

Where can a person find addiction treatment that meets this first and most basic criterion? Clinical treatment in most programs is too short, and the average facility has too little resilience or resources to engage with the client's individual needs. Support groups can be wonderful, or not, and you can go there as long as required; but you are there only a few hours, and at their best they can only resonate with and support the work you do yourself. The only person in a position to give the individual in recovery the kind of extended personalized therapeutic attention that is required for success is you, the individual whose recovery it is to be. That's where this workbook comes in.

This is a how-to book for building a lifetime personal recovery program based on abstinence from alcohol and drugs. Using this book, you can become “the author and the arbiter of your own recovery.”³ You can create “a program that keeps you in charge.”⁴ You can learn to act with confidence as your own therapist.⁵ You can empower your sober self.⁶

The basic method of this book is to offer you choices. You will hear many different voices addressing various recovery issues in a few words from a variety of angles. It is up to you to position yourself in this array of choices in a way that works for you to keep you clean and sober. The commentaries that lead from section to section will ask you to exercise your intellect, search your feelings, apply your experience, and use your judgment about a broad range of issues. The book offers

² Principles of Drug Addiction Treatment: A Research-Based Guide. National Institute on Drug Abuse, NIH, Oct. 14, 1999.

³ “The first principle of recovery [from trauma] is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure. Many benevolent and well-intentioned attempts to assist the survivor founder because this fundamental principle of empowerment is not observed.” Judith Herman, MD, in *Trauma and Recovery*, 2nd Ed. 1997 Basic Books (New York), p. 133. . .

⁴ The expression is that of Doug Althausser, *You Can Free Yourself from Alcohol and Drugs: Work a Program That Keeps You in Charge*, 1998, New Harbinger (Oakland).

⁵ Relapse prevention “is most successful when the client confidently acts as his or her own therapist following treatment.” Linda A. Dimeff, G. Alan Marlatt, “Relapse Prevention,” in Reid K. Hester and Miller, *Handbook of Alcoholism of Treatment Approaches: Effective Alternatives*, 2nd ed., 1995, Allyn and Bacon (Boston), p. 177.

⁶ See my *Empowering Your Sober Self: The LifeRing Approach to Addiction Recovery*, LifeRing Press 2014.

some answers, but its main contribution is to raise questions for you to think about. The therapeutic concept is that the consideration of choices will awaken and energize your healthy, recovery-seeking mental and emotional powers, engage and strengthen your motivation, stimulate you to take intelligent action on your own behalf, and teach you how to be in charge of your own recovery. The ultimate aim of the method is to facilitate your autonomy as a clean and sober person.

Constructing your individualized custom-made recovery program presents certain challenges. The emphasis on making choices, figuring things out for yourself and making your own plans for action places greater demands on a person's emotional and intellectual capacities than memorizing answers, taking things on faith, and "doing what you are told." This is not for everyone. If you are more inclined to coast than to pedal, you may find this approach too strenuous.

However, the build-it-yourself method has advantages.

A strong and consistent finding in studies of recovery motivation is that people are more likely to persist in a course of action, and to succeed at it, when they have chosen it themselves. The same therapeutic method works better when the person has elected it than when it is imposed.⁷ People are more committed to a plan that addresses their personal concerns and to a program that is of their own making.⁸

When people become active and figure things out for themselves, they learn better. MIT learning theorist Peter Senge writes in his best-seller *The Fifth Discipline: The Art and Practice of the Learning Organization*, "Self-concluding decisions result in deeper convictions and more effective implementation. ... People are more effective when they develop their own models – even if mental models from more experienced people can avoid mistakes."⁹ By going through the process of developing your own model – as distinct from merely copying a recipe – you experience what Senge calls a "deep learning cycle," which entails "the development not just of new capacities, but of fundamental shifts of mind, individually and collectively." The evidence of "deep learning" is that we can do things we couldn't do before – in this case, to lead and enjoy our lives without alcohol or drugs.

Despite the widespread currency of blame-deflecting medical metaphors, many well-meaning people still approach the recovering client as a Bad Person, a reject from the character assembly line. We who are in recovery all too often internalize these self-flagellating definitions that facilitate relapse. Recovery approaches based on such moral judgments tend to operate on the policy, "The Beatings Will Continue Until Morale Improves."

Science can help here, if we use it. Decades of brain research into addiction have shown that long-term use of addictive substances impairs a person's power to take

⁷ William R. Miller, "Increasing Motivation for Change" in Reid K. Hester and Miller, *Handbook of Alcoholism of Treatment Approaches: Effective Alternatives*, 2nd ed., 1995, Allyn and Bacon (Boston), p. 95

⁸ Miller, p. 95.

⁹ Peter Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization*, (1990).

pleasure from reality.¹⁰ Recovery means, in important part, learning or relearning to “get off on reality.”¹¹ That is why this workbook presents numerous opportunities to develop the positive side of your reality. Get into new activities, hang out with new people, experience new feelings, get to know and to appreciate the positive qualities you’ve had all along, increase your self-esteem, build up a healthy ego, work toward a positive self-image, do something every day that makes you feel good – these are essential building blocks of recovery from addiction.

This book is intended basically for self-study (bibliotherapy). You could work it in isolation if necessary. But the book grew out of, and is adapted for, self-help recovery in a group setting.¹² Some people can and do recover alone, but many people find that it’s more effective and a lot more fun to do it with a congenial support group. For this reason, many of the topic areas contain the suggestion to take the topic to a group for discussion and feedback.¹³

Although it is not designed as a clinical protocol, this book may improve your treatment experience.¹⁴ If you are having friction with staff because the legacy approach is not working for you, you may be able to persuade your counselor to permit you to use this workbook as a demonstration of your commitment to your recovery. The book also contains a series of suggestions to help you obtain what you need from your treatment program in a positive, sobriety-directed manner. You may also be able to use this book to identify particular areas of your concern where professional service providers may be helpful with referrals, suggestions, or pointers to other readings.

The veteran addiction treatment counselor and historian of recovery, William L. White, writes that the basic aim of professional addiction treatment is “to create a setting and an opening in which the addicted can transform their identity and redefine every relationship in their lives, including their relationship with alcohol and other drugs.”¹⁵

In keeping with this concept, this workbook is organized around key relationships in people’s lives: the person’s relationship to his or her body, to the places and things of addiction, to life activities and situations, to other people, to one’s feelings, and to various aspects of life style, culture, and personal history. Blanks are provided for those who wish to add other personal concerns. What you will be doing as you proceed, bit by bit, is to reinvent yourself as a person who does not use drugs or alcohol.

¹⁰ Eliot Gardner, “Brain Reward Mechanisms,” in *Substance Abuse, a Comprehensive Textbook*, 3rd Ed., Lowinson et al., editors. Williams and Wilkins, Baltimore, 1997, p. 52.

¹¹ The phrase is Dr. Gardner’s.

¹² When the book is used in a group setting, the group leader will want to select, condense, or abbreviate the material. Groups move through a text much more slowly than individuals. Without abbreviation, a group might take years to complete this book.

¹³ All meetings of LifeRing Secular Recovery allow cross-talk (supportive free conversation) during all or part of the meeting’s time so that participants can, if they wish, get direct feedback from other group members. See *How Was Your Week, Bringing People Together in Recovery the LifeRing Way*, LifeRing Press 2003.

¹⁴ *My Empowering Your Sober Self: The LifeRing Approach to Addiction Recovery* (LifeRing Press 2014) is a comprehensive introduction with numerous references to the practice of treatment professionals.

¹⁵ *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, p. 342.

How to Work This Book

The book opens with a simple tool, the Sobriety T-chart. The basic idea behind the T-chart is to make recovery one's priority in analyzing life choices. This is the core design that replicates itself in a thousand different ways at many different scales and in many settings throughout the book. Except for the first chapter and the last, which serve as the frame, this book is organized like a fractal pattern,¹⁶ not like an assembly line. Once you get the basic design, the order in which you work is an individual matter. Feel free to move through the book in any sequence you see fit. Work it backward if you prefer. Let your life be your guide. If you feel you are in a high-risk zone for relapse, jump ahead to the Relapse chapter and then go wherever you see the need. If your feelings concern you most, start with the Feelings domain. If you have people trouble, jump to the People domain. The labeled tabs in the outside margin and numerous cross-references in the text may facilitate your explorations. Skip material that doesn't speak to you. If you encounter topics that stress you to the point where you are at risk for relapse, back off. Let sleeping dogs lie until they and you are ready to face each other in a non-threatening way.

This book contains numerous checklists, many of them prefaced with the tag "People Say." Put a checkmark before an item that resonates with you. Leave the others blank. These are not test questions and there is no answer book and no score or grade. Working most of these checklists is like entering a virtual meeting or chat room. Imagine that a person in the room with you is speaking the item. How do you feel about it? Does it strike a chord with you?

Just like in a real meeting, there is no consistent pattern to the checklist items. Some of the choices are complementary; check all that ring with you. Some are mutually exclusive. Some will seem obviously right to you, no-brainers. Some may seem annoyingly stupid. Some may be wobblers for you and unsettle you and get you thinking and feeling. Those may be your best ones.

Try to let the checklist material sink in a little; don't rush through it too fast. But try not to agonize forever, either; if you are spinning your wheels, just make a note or leave it blank and move on to the next. Items that leave you stuck may be particularly good ones to bring to a support group meeting.

The final section of the last chapter, titled "My Personal Recovery Program," is blank. The point is for you to write it yourself. This will be the place to pull together all the detailed plans you may have made in the previous chapters into the beginnings of an over-all life plan for your recovery.

Feel free to revise your work as you go. Few great plans go from first draft to completion without extensive alterations. Changing a plan is the rule, not the exception. If you relapse, it means there's a bug in your program, so it's time to

¹⁶ Fractal patterns are complex branching geometrical constructions, infinitely scalable, generated by simple formulas. They are distinct from linear progressions. Snowflakes, trees, ferns, river networks, galaxies, and blood vessel branches are examples of fractals in nature. Here, the simple basic formula of A v. S (explained in the first chapter) replicates recursively to generate the complex branching structures that make up the different work areas of the book.

deepen the analysis and make some revisions. It will be helpful for you to learn to recognize your near-relapse situations – moments when your path takes you to the edge of a cliff – so that you can change your course and revise your plan before you actually tumble over. Learning sobriety has much in common with learning to ride a bicycle.

One of the most useful things you can do with this book after you have worked with it is to share your personal program with others. People new to recovery may benefit tremendously from seeing your finished book, or at least the summary that you wrote at the conclusion. If you are part of a LifeRing recovery group, your group may after a while want to collect its members' personal recovery plans (last section of Chapter 14), with the authors' permission, and put them into a binder for newcomers to look at.

Some chapters of this workbook have places for you to revisit, for example after three months or after a year of sobriety. In this way the book can help you chart your own progress over time. Even after you have basically finished your work with the book, it can serve as a useful refresher for you later on, when your memories of your early recovery may have faded.

This workbook will probably do you the most good if you express yourself freely and fully in its pages. But please keep in mind the obvious fact that books may get lost or fall into the wrong hands. Do not write information that would put you at risk of harm. If you absolutely must commit such things to paper "to get them out of your system," write them on a separate sheet and handle them separately. When you refer to other people, use their first names or pseudonyms.

Many points in this workbook suggest that you may want to get more information about a specific topic. The fastest way to get a large quantity of information these days is on the Internet. The LifeRing web site, www.lifering.org, is a good starting point. It will lead you to numerous other resources. It may be quicker, however, to ask a knowledgeable person, such as a counselor or a librarian. Don't hesitate to broadcast a general request for information to your meeting or your online community.

Do not be surprised if you find that there is fundamental and vehement disagreement among experts about practically every issue involved in addiction and recovery. Perhaps even more than in other fields, this is an area where your survival may sometimes require that you ignore the babble of warring authorities, including this book, rely on your own wits, and do whatever works to keep you clean and sober.

Acknowledgements

I was first exposed to many of the issues raised in this workbook as an outpatient in 1992-1994 in the Kaiser Permanente Chemical Dependency Recovery Program in Oakland California. It was my good fortune to have its then Medical Director, Laurence Bryer MD as my case manager, its Program Coordinator, Robert Boyd

PhD, as one of my group leaders, and its then Medical Director, Dr. Nicola Longmuir MD, as my physician. I also owe debts to my other Kaiser counselors, Leslie Chatham PhD, Jennifer Palangio PhD, and Janet Robinson LCSW, among others. Jeffrey Blair MFCC and Joann Cook LCSW have been sources of valuable counsel during follow-up. They will probably find in these pages the evidence of many seeds they sowed years ago.

In the gestational stages of this workbook I had the unique opportunity to lead a weekly LifeRing meeting with patients at the Dual Diagnosis Crisis Intervention Unit at the Herrick Campus of Alta Bates Hospital in Berkeley, California. Attempted suicide with alcohol/drug involvement is the most common reason why people are brought to this locked ward. Many of the patients are veterans of chemical dependency treatment and traditional recovery groups. There I came face to face each week with the failures of every recovery approach, including my own. These patients helped me like no others to be clearer, more positive, more modest, and more aware of the gravity of the choices we make. I am grateful to Jane Haggstrom RN, PhD, the Patient Care Manager, and to the other Herrick 4N staff members for their many kindnesses and support in connection with this meeting.

I began writing this book in earnest when the Merritt-Peralta Institute (MPI) at Summit Hospital in Oakland California decided in the Spring of 2000 to host a LifeRing meeting as a supplement to its 12-step offerings. This is a 28-day inpatient program based on the Minnesota Model. A significant portion of patients in the program, over time, had been asking for an alternative approach. Almost the first question from the MPI patients in our first LifeRing meeting was, “Do you guys have a workbook?” This book is a response to the MPI patients’ eager, insistent, and legitimate demand for some tool that spelled out the LifeRing approach in some detail. I am grateful to David Cohn MD, then the MPI Medical Director, and to Terry Arnold LVN, Clinical Coordinator, for their permission to hold the LifeRing meeting and to test out portions of the workbook with the MPI clients; and to the whole MPI staff, but especially Chuck Marisco CDC, Kathy Koshgarian RN, MSN, Sue Hinde RN, and Carolyn Robinson CNA for their professional cooperation and friendship.

I need to acknowledge here a general philosophical indebtedness to the following authors of recovery books: the late Jean Kirkpatrick, founder of Women for Sobriety; James Christopher, founder of Secular Sobriety Groups (SSG, later SOS); Jack Trimpey, founder of Rational Recovery; Charlotte Kasl, author of *Many Roads, One Journey* (1990) and founder of the Sixteen Steps groups; and to the late Dr. James R. Milam, principal author of the classic *Under the Influence: A Guide to the Myths and Realities of Alcoholism* (1981). Over the course of three decades these therapeutic pioneers cleared and cultivated the mind-space without which the abstinent choice-based recovery approach exemplified in this workbook could not have been built.

I also owe special intellectual debts to six contemporary American treatment professionals.

Doug Althaus, MEd, CSAC, MAC, Program Coordinator of the Kaiser Permanente Chemical Dependency Recovery Program in Honolulu Hawaii, is the author of *You Can Free Yourself from Alcohol and Drugs – Work a Program That Keeps You in Charge* (New Harbinger, Oakland, 1998). This remarkable book first demonstrated to my mind that it is possible to “square the circle” – to combine structure and order with freedom and choice in chemical dependency treatment. The purpose, plan, and particulars of the present self-help workbook differ in many respects from Althaus’s more sequential and institutional approach. Althaus’s is mainly a clinical protocol; this workbook is mainly bibliotherapy. But the core concept here is the same, and I am deeply grateful to his work for showing the way.

Professors Reid K. Hester and William R. Miller, authors of *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, first opened my eyes to the evidentiary basis underlying or not, as the case may be, the legacy substance abuse treatment and support enterprise. This workbook has drawn substantial inspiration and ideas from the Hester-Miller *Handbook’s* survey of modern evidence-based treatment approaches.

I owe a special debt to William L. White for his book *Slaying The Dragon, The History of Addiction Treatment and Recovery in America*. His work is a fascinating read from any standpoint – history written as well as one ever sees it. I found it particularly mind-stretching to read about the great variety of recovery efforts in American history. White’s panorama allowed me to see more clearly than before that the contemporary landscape is, after all, a transitional one, and that the inexorable processes of change will have, and are having, their way. As a veteran treatment professional and educator of treatment professionals, White has written some of the most empathetic and eloquent passages about the treatment process that I believe I shall ever read. His description of treatment as the presentation of choices¹⁷ is the methodological keel of this workbook.

Eliot L. Gardner MD of the Albert Einstein College of Medicine in New York is the author, among other works, of a review article, *Brain Reward Mechanisms*, summarizing fifty years of addiction research with laboratory mammals.¹⁸ Gardner’s article cemented in my mind the conviction that addiction has a neuro-physiological foundation; or, to put it another way, that addiction happens not so much in the “mind” as in the brain. Experimenters routinely take normal little rodents, lacking (as far as we know) any inkling of civilization or its discontents, and turn them into alcoholics/addicts by infusing their bloodstreams, via needle or vapor chamber, with sustained high doses of the substance for a period of time. Off they go then, transformed, pressing a lever thousands of times to get the next dose, ignoring food, sex, companionship, sleep, pain and everything else, until they fall dead from exhaustion.

¹⁷ “What we are professionally responsible for is creating a milieu of opportunity, choice and hope. What happens with that opportunity is up to the addict and his or her god. We can own neither the addiction nor the recovery, only the clarity of the presented choice, the best clinical technology we can muster, and our faith in the potential for human rebirth.” *Slaying the Dragon*, p. 342.

¹⁸ “Brain Reward Mechanisms,” in *Substance Abuse, a Comprehensive Textbook, 3rd Ed.*, Lowinson et al., editors. Williams and Wilkins, Baltimore, 1997, p. 52.

This simple method for manufacturing addicted mammals, replicated in thousands of studies, suggests, to my mind at least, that searching for the causes of human addiction in lofty fields such as personality, psychology, psychiatry, sociology, history, morality, “spirituality,” theology, philosophy, or aesthetics is misdirected. These higher, uniquely human functions may assist an individual’s recovery, or not, but they are superfluous to produce addiction. NIDA’s finding that the cause of addiction in humans is excessive intake of addictive substances, reported by its director Alan Leshner PhD in another context,¹⁹ is consistent with Gardner’s survey of the laboratory studies and possesses strong therapeutic and prophylactic value. This finding underlies the *My History* chapter here, and informs the workbook’s general approach.

Finally, I am grateful to the National Institute on Drug Abuse (NIDA) for the Oct. 1999 publication of its science-based survey of addiction treatment, quoted at the outset. This workbook is in major part an effort to translate the principal NIDA findings about the qualities of effective treatment into a format useful to individuals who are treating themselves.

The main purpose of this book is therapeutic. But the book also has a secondary, organizational purpose. I hope that the book will help to make more people acquainted with the LifeRing approach that has helped me and so many others make our recoveries. Building a personal recovery plan is a fundamental part of the LifeRing recovery approach; it flows from the third “S” in the LifeRing “Three S” philosophy: Sobriety, Secularity, and Self-Help.²⁰ The choice-based method of this workbook, leading to a diversity of individual abstinence plans, is an implementation of the LifeRing concept of “small-p” programs.²¹ The workbook’s technical approach goes back to a suggestion in an early work that one way to start building one’s personal recovery program is to make a T-chart.²² I hope that people will make use of this workbook to form more LifeRing recovery meetings – “life rings,” as someone aptly called them.

These living loops of positive feedback form the main source of the many voices you will hear in the checklists that make up the core of this workbook.²³ Since I stopped drinking and using on Oct. 2, 1992, I estimate I’ve attended close to a thousand LifeRing meetings,²⁴ but I still hear new matter all the time. The *LSRmail* email list created by Tom Shelley of St. Petersburg Florida, with its hundreds of

¹⁹ Leshner, “Addiction is a Brain Disease, and It Matters,” *Science*, Oct. 3, 1997.

²⁰ For more on the “Three-S” philosophy, read *Empowering Your Sober Self* (LifeRing Press 2014), or *How Was Your Week?* (LifeRing Press 2003), Chapters 9-11. Although building one’s own recovery plan is basic to the LifeRing approach, nothing requires the LifeRing participant to do it in writing or to use any particular book or device. This workbook is merely one item in an open-ended secular toolbox available to the LifeRing participant.

²¹ On building “small-p” v. “Big-P” programs, see Ch. 11 of *How Was Your Week?*

²² This reference is to *Handbook of Secular Recovery: A Brief Introduction to the Philosophy and Practice of LifeRing Secular Recovery* (originally published as *Sobriety Handbook: The SOS Way*, 1997), LifeRing Press, 1999, p. 27. These works are now out of print, replaced by *How Was Your Week, Bringing People Together in Recovery the LifeRing Way*, LifeRing Press 2003.

²³ Few of the checklist items constitute verbatim quotations. I have called up from memory the gist of what I heard and rephrased it to fit the concise checklist format. In a few cases I have set down words that I believed people were thinking but not saying, or that were implied in conduct.

²⁴ Prior to the formation of LifeRing, the meetings I attended were known as SOS.

participants and tens of thousands of posts, has been another inexhaustible mine for this book.²⁵ Additional material came from the patients in the Dual Diagnosis Crisis Intervention meeting and from participants in the MPI inpatient program, described above, and from the Focus Group, described below. To all of these I am grateful.

The progress of this workbook has benefited greatly from the feedback generously provided by a number of participants in LifeRing Secular Recovery. Scott Newsom, Ph.D. of Houston TX reviewed the earliest versions of the manuscript and made a number of valuable general and particular suggestions, for which I am particularly grateful. Patrick Brown of Ryan TX provided valuable feedback both as to the general concept and to particulars. Marjorie Jones of Oakland CA and Robbin Lou, Berkeley CA, each took the trouble to review early drafts and give me the benefit of their feedback as to form and content. Jones also moderated the LifeRing convenor's email list, *lsrcon*, on which discussions of the various drafts posted online from 0.70 forward were conducted.

I owe special thanks to the members of the first Workbook Focus Group that met on Thursday evenings and then Mondays at the Kaiser Permanente CDRP facility in Oakland beginning in August, 2000. Veteran Oakland LifeRing convenor Bill Somers was a mainstay of this working group, but it consisted mostly of newcomers then in the first 90 days of their recoveries and participating, as I had years earlier, in the Kaiser early education program. Together we went through many of the chapters line by line. These were the perfect critics and collaborators, because it is for them and others beginning their recoveries that this book is primarily written. They were at the same time ruthless and infinitely forgiving, critical of the smallest detail yet supportive of the effort, unmerciful in their exposure yet gracious in their praise. They were a joy to work with, and they profoundly reshaped this book for the better. They were Larry S., Craig S., Sam L., Steve H., Amy L., Kenny C., Lynda T., Bert Y., John L., Ronnie Z., Martin Z., David Lee B., Sharon B., and Sonya R., and others. I am especially grateful to Chet G., Amy L., Gillian E. and Sylvia S. for detailed feedback in writing. Thanks also to Gary E. and Dennis T. for suggestions and feedback.

If the people with whom I had the good fortune to work in writing this book are typical, there is no thoughtfulness deficit in early recovery. I have at various times taught college undergraduates, graduate students, freedom schools, adult classes, and study groups, and I don't believe I've ever seen a sharper, brighter and more motivated group of minds. It is to them that this work is gratefully dedicated.

– Marty N., 12/28/00

Preface to the Third Printing

Additional thanks are due to the many readers who told me about how they used this book and how it has helped them with their recoveries. The positive response to this work from individuals in recovery, and also from treatment professionals, has

²⁵ For a selection of posts from this remarkable online community, see *Keepers: Voices of Secular Recovery* (LifeRing Press, 1999).

necessitated a third printing. This printing corrects typographical errors, changes some fonts, refreshes the cover, and incorporates a few small additions and deletions in content. It is otherwise identical to the first and second printings. – M.N. 8/15/06

Preface to the Fourth Printing

Thousands of people have now used *Recovery by Choice*, and a growing number of treatment professionals have been adopting it for their clients. The book is entering into more and more clinics and other institutions. From the institutional side – as well as from many clients – there has been a growing demand to enhance the structural features of the work, and to move in the direction of a treatment protocol or manual.

Recovery by Choice is a guidebook for self-treatment. This is a recovering person's own book. If a conventional treatment manual – a guidebook for treating others, a professional's book – based on the concepts underlying *Recovery by Choice* ever comes into being, it will be a separate work.

Nevertheless, certain adaptations to the demand for more structure can be made without undermining the workbook's self-help foundations. In my recent book, *Empowering Your Sober Self*, I introduced the new framework, suggesting that the global territory of recovery work is divisible into "a series of nine specific work areas or domains."²⁶ This edition of the workbook embodies that change. The terms "domain" or "work area" refer simply to the major issue clusters that most people in recovery find they need to grapple with. They are:

- (1) My Body: issues of physical and mental well-being
- (2) My Exposure: environmental triggers to use alcohol or other drugs
- (3) My Activities: issues concerning what we do and how we spend our time
- (4) My People: relationship issues, and their many connections with recovery
- (5) My Feelings: emotional awareness and the achievement of sober good feelings
- (6) My Life Style: practical issues of survival and management in recovery
- (7) My History: issues about one's family of origin and forming a new identity
- (8) My Culture: recognizing the addiction-related messages in our cultures
- (9) My Treatment and Support Groups: learning to get help and take care of oneself

²⁶ *Empowering Your Sober Self: The LifeRing Approach to Addiction Recovery* (LifeRing Press 2014), p. 103.

Throughout this printing from here forward, the terminology of “domain” or “work area” has mostly taken the place of the previous language, which referred merely to conventional literary divisions called, of course, chapters.

The change is in one sense “merely semantic,” a repackaging of the existing content under new labels. But it is more. The new language highlights the three-dimensional framework of the recovery project, much like an anatomical model identifies and highlights discrete but connected structures and systems that make up the body.

The new semantics facilitates a more visual orientation. Instead of, “I’m working on Chapter 4,” workbook activists can now say, “I’m in the Third Domain – where are you?”

People can benefit from the enhanced sense of security that comes from the feeling of being inside a defined space or structure. Study groups can form devoted to a specific domain or to a subset of the domains, with an enhanced sense of focus and mission.

People can ask themselves and others how many of the domains they have worked through, thereby giving themselves a clearer sense of progress and accomplishment.

Treatment professionals can more easily track a client’s progress by determining which domain, or how many domains, they have worked through.

People can form different personal profiles based on which domains they found most challenging, rewarding, upsetting, or transformative.

People can form relationships based on shared experiences with a particular domain or with the whole series of domains.

All this, and more, arises from the transition upward from the flat literary convention of chapters to the three-dimensional paradigm of domains. Language is powerful; language is not just labels, it conveys content, meaning, and structure.

None of these changes diminishes the choice-based structure of the work. We are not moving backward toward the soul-sucking linear assembly-line model that was so admired in the age of the Model T Ford. People in this book remain individuals, not widgets. People can still start anywhere they choose, and they can enter and leave the domains in any order that works for them. They can determine which domains apply to them deeply, or only somewhat, or not at all. They can skip domains or repeat domains, entirely based on their particular needs and priorities. The object of the whole effort remains for each person to build a Personal Recovery Program. The transition to the domain (work area) framework enhances the individually tailored self-treatment project that is the core of this book, and gives it more depth, color, and definition.

In addition to this transformative change, the fourth printing contains a number of other edits. I have rewritten parts of Chapter 1, formerly titled “My Decision.” I

have added several sections to the first Domain, My Body (chapter 2), updated some of its other sections, and added a note there about psychoactive medications. I have rewritten most of the Third Domain, My Activities (chapter 4), streamlining and filling in gaps. I have reorganized the ending of the Seventh Domain, My History (chapter 8). There are numerous minor additions, deletions and changes elsewhere. As a result of the accumulation of these edits, the page numbers, worksheet numbers, and in some cases the sub-section numbers are different from the previous printings. The typography has been updated and the cover has a new design. Because of the extent of these updates, this is not merely a new printing but a new edition.

I am grateful to Jim R. and Lloyd E., both convenors of Oakland LifeRing groups dedicated to workbook study, and to numerous participants in my own workbook study groups and to a workbook email list for suggestions and comments leading up to this edition. I owe a special debt to Jim R. and to Lynn C. for extensive, thorough and very helpful editorial contributions to this edition.

– MN 1/21/2011



[Chapter Three]

Second Domain: My Exposure

One of the most common challenges in recovery is dealing with the sight, smell, feel or sound of “our” drug or of people, places and things that remind us of it.

Typically, years of repetitive using/drinking have etched our minds with learned associations such as “see Bud label ⇒ want drink” or “see corner of Pine and 23rd ⇒ want drug.” Becoming consciously aware of these patterns, and of the things that trigger them, is half the battle. Once you know what to watch out for, you can take action.

In this domain you can map out areas in your life where you are exposed to drugs/alcohol and make decisions on how to deal with that issue. You can learn tools that will let you not only survive but prevail as a clean and sober person in a sometimes tough and dirty world.

36. People Say: About Exposure

- I can't escape seeing and being exposed to alcohol or drugs
- Although I can't escape exposure to alcohol/drugs completely, I could reduce my exposure to them
- I still have my alcoholic beverage (and/or my drug) in the house
- I threw out all my stuff
- When I see an advertisement for alcohol, especially for my main brand, it sets off thoughts about drinking in my brain
- Sometimes when I see an advertisement for alcohol, I let my eyes linger on it and I take in all the details
- When I see an advertisement for alcohol, I turn my eyes away and look at something else
- Sometimes when I see actors on TV or in the movies pretending to drink or use drugs, it makes me want to do some myself for real
- When I see drinking or drug use on the screen, it makes me glad I'm not doing that any more
- When I see actors drinking or smoking, it makes me mad because I know that the liquor and tobacco companies paid to have them do it
- When I see actors on TV drinking and/or smoking, I change the channel
- When I see actors drinking/smoking/using, I don't notice it

- If a movie has a lot of positive images of drinking/drugging in it I'll walk out
 When I pass a liquor store, I have to pull myself together so as not to go in and buy
 When I pass a liquor store I don't feel anything, I just ignore it, it's not for me
 When I go through the alcohol aisle in a supermarket, it means nothing to me
 When I go through the alcohol aisle in a supermarket I get thoughts about drinking
 When I go through the alcohol aisle in a supermarket I get memories of my hangovers
 When I see my former dealer I get a craving to use
 When I see my former dealer I keep moving; this person has nothing for me
 When I see my former dealer my thoughts turn to homicide
 When I see people doing my drug I get a craving
 When I see people doing my drug I am so glad it's not me
 If I handle a bottle or can of my main brand of alcohol, I get a craving to drink some
 There's no way I would handle a container of alcohol; why would I?
 It doesn't affect me one way or the other to handle my brand of drink or my drug
 When I pass a bar or tavern and see people drinking inside, I get a desire to go in and drink with them
 When I smell a bar I get sickened by the stench
 When I pass a bar or tavern, I'm glad I'm not in there any more
 I go in to bars and taverns to hang out with people I know, but I drink non-alcoholic beverages and it doesn't bother me more than I can handle
 I go in to bars and taverns to socialize, and I drink non-alcoholic beverages, but it's somewhat of a struggle to stay clean and sober what with everybody else drinking
 When I'm in bars or taverns with drinking friends I tell them how much better I feel now that I don't drink any more
 I look for opportunities to go to bars and/or druggy environments when I don't have to, so as to prove to myself how strong my resistance is
 I'm an entertainer (or bartender, server, cook) and have to be around the stuff every working minute
 When I see performers drink/use I worry that kids will take them for role models
 If I see drug tools like pipes, razor blades, straws, roach clips, needles, etc., I get a craving
 If I smell wine or beer or other drinks, especially my main brand, I start thinking about how good it would be to have some
 If I smell alcohol I inhale deeply and savor the flavor
 If I smell marijuana smoke, I get an urge to smoke some
 If I smell marijuana smoke I inhale deeply and see if I can get high
 If I smell cigarette smoke, I get an urge to smoke some
 If I smell alcohol or weed, I start thinking about my hangovers and paranoid trips
 If I smell alcoholic beverages, I get a feeling of nausea like I want to throw up
 If I smell marijuana smoke, I start to gag and go for some fresh air
 If I smell cigarette smoke, I blow out and get away from it
 If I had my way, I would live in an environment that was free of drugs and alcohol and tobacco

37. Thinking About What People Say

In the "People Say" section above, some people kept supplies in the house. Do you think this is a good idea for you? _____

Some people lingered over alcohol advertisements. Do you think this is a smart thing for you to do? _____

Some people deliberately went into drinking/using environments when they had no need to, supposedly to test themselves. Do you think this is a wise policy for you? _____

Some people inhaled and savored the smell of their substance, instead of "huffing" the odor out. Which do you think is the better decision for your sobriety? _____

38. My Current Exposure

In the *My Current Exposure* Worksheet on Page 60, put a check mark in the first column for any current source of exposure to alcohol/drugs that applies to you.

In the third column, assign yourself Risk Points for each item you have checked.

The Risk Points are based on how big a pull this item has on your mind.

- Does the sight or sound or feel or smell of this item make you want to drink/use? A little bit? Quite a bit? A lot?
- How much mental work does it cost you to clear that urge out of your mind?

Use any Risk Points ranking system that you feel comfortable with, for example 0 –10, 1-3, "low – medium - high," or something else. High points = high risk.

People differ considerably in what is risky for them and in how much of a given risk they can comfortably put up with. What may be harmless to one person can be a landmine for another. The point is for you to know about you.

Keep in mind that your own mood will vary. Right at this moment you may be feeling so confident that nothing could trip you up. But what about later this evening if you feel lonely and depressed? Try to base your Risk Point scores on your most vulnerable state of mind.

After you finish this worksheet, you'll use your Risk Points scores to make a plan for dealing with the most urgent trouble spots in your current environment.

In later chapters you'll explore the triggers to drink or use that operate in your mind independently of your immediate surroundings.

1 Body
2 Exposure
3 Activities
4 People
5 Feelings
6 Life Style
7 History
8 Culture
9 Treatment

Worksheet 5: My Current Exposure

MY CURRENT EXPOSURE CHECKLIST		
✓	Source of Exposure	Risk Points
At the place I stay:		
	There is an open container of my main alcoholic beverage	
	There is a closed container of my main alcoholic beverage	
	There is an open container of a kind of alcoholic beverage I didn't much care for	
	There is a closed container of a kind of alcoholic beverage I didn't much care for	
	There is a stash of my main "drug"	
	There is a stash of another drug that I sometimes did	
	There are some roaches or pipes with residue in them	
	There are shot glasses, snifters, steins, stemware, martini shakers, stirrers, openers, or other containers or utensils specifically designed for alcoholic beverages	
	There are empty alcoholic beverage containers that are waiting to be put out for recycling or as garbage	
	There are roach clips, pipes, stash boxes, rigs, or other containers or utensils specifically designed for "drugging"	
	There are alcoholic beverage posters or advertisements	
	There are posters that celebrate "druggy" people	
	There are empty alcoholic beverage bottles that are used for decoration or as candle holders or vases	
	There is non-alcoholic beer and/or wine	
	There is Dijon mustard (made with wine) in the refrigerator	
	There is cooking sherry in the kitchen cabinet	
	There is vanilla extract in the spice shelf	
	There are addictive prescription medications in the medicine cabinet	
	There is Sterno in the camping closet	
	There are CDs or albums of music that strongly remind me of drinking and/or drugging	
	There are books and/or magazines for alcoholic beverage enthusiasts, for example, wine connoisseur magazines, homebrew beer books, etc.	
	There is a person who lives with me who drinks and/or uses	
	There are people who visit me who bring alcohol/drugs into the house when they come	
	There are people who come visit me who ask me for alcohol/drugs and get annoyed if I don't have any	
	There are neighbors who drink in a public way	
	There are neighbors who do drugs in a public way or who knock on my door wanting to sell me some or give me a free sample	
	There is a bar nearby and I'm exposed to the noise	
	I keep alcohol to serve to friends who visit me	
	My favorite TV programs contain beer or wine commercials	
	My favorite radio station carries beer or wine commercials	
	My favorite books have heroes/heroines who drink/do drugs	

MY CURRENT EXPOSURE CHECKLIST		
✓	Source of Exposure	Risk Points
	I have artwork on the walls that celebrates drinking	
At Work or School:		
	I have a supply of my drink/drug at work	
	I work around open containers of alcohol professionally for example, as bartender, flight attendant, food server, chef, entertainer	
	I work around closed containers of alcohol professionally, for example, as supermarket checker, truck driver	
	I handle or dispense prescription drugs that are addictive, for example, as physician, nurse, paramedic, pharmacist	
	I see a drug dealer at work from whom I used to score	
	I am a drug dealer	
	A lot of the people I work with are using drugs and/or drinking	
	My supervisor shows up bombed half the time	
	My supervisor expects me to drink and/or use drugs during lunch or after hours	
	The people I work with expect me to drink/use at lunch or during breaks or after work	
	My work requires me to travel and this means a lot of exposure to alcohol/drugs	
In Transit:		
	I can't leave my house without passing a liquor store or bar or dealer	
	On my everyday commute I would have to make a detour to avoid passing a liquor store/bar/drug dealer	
	On my usual trips I cannot avoid passing liquor billboards	
	I have a supply of drugs/alcohol hidden in my car	
	I feel I need to have a drink before I get behind the wheel of my car	
	I'm a frequent flyer and the airlines always serve drinks	
	When I get on an airplane I feel I need to drink to control anxiety	
Where My Family or Friends Stay:		

1 Body
2 Exposure
3 Activities
4 People
5 Feelings
6 Life Style
7 History
8 Culture
9 Treatment

1 Body
2 Exposure
3 Activities
4 People
5 Feelings
6 Life Style
7 History
8 Culture
9 Treatment

MY CURRENT EXPOSURE CHECKLIST		
✓	Source of Exposure	Risk Points
	At my family’s/friends’ houses they typically drink/use drugs	
	Whenever I go there they expect me to drink/use with them	
	Whenever I go there they try to give me alcohol or drugs to take home	
	The person I’m in a relationship with drinks/uses there	
	When I Go Out	
	The only places to go for entertainment in this town are bars	
	The only place to meet my friends is in bars	
	In about every movie I see, the hero or heroine drinks/uses/smokes	
	Every place where you can go for entertainment in this town, even the library and the aquarium, I’ve always been drunk/stoned and they all remind me of drinking/using	
	The only entertainment I’ve ever known is to stay home and drink/use	
	At parties I go to there is heavy drinking/drugging	
	At parties I go to, the only people I know are drinkers/users	
	All the family occasions feature heavy drinking	
	My favorite restaurant serves dishes cooked in wine or with liquor	
	The restaurant has a wine bottle on every table	
	The server always asks whether I want a cocktail	
	The server always suggest I should have wine with dinner	
	The restaurant has wine bottles on the walls and ceiling	
	I have to pass through the bar to get to the dining room	
	The sign for the restaurant has a neon cocktail glass	
	Other Places Where I Get Exposed to Alcohol/Drugs	

39. What Can I Do About My Exposure?

What can you do about the sights, sounds and smells of alcohol/drugs in your environment?

Can you eradicate them from the world? Probably not. But maybe you can create a clean space in your immediate environment.

Can you flee from them altogether for the rest of your life? Unlikely. But maybe you can take a vacation from them, or change your scene, or alter your daily routine to avoid the worst of them or to spend less time around them.

If you can't fight or flee the sights, sounds and smells of alcohol/drugs, there are still things you can do to filter them out. You can change the channel or hit "mute" when beer ads come on. You can flick your eyes back on the road when you see a liquor billboard or a drug deal. You can "huff out" the smoke of drugs or the smell of alcohol.

What if you are a bartender, food server, chef, entertainer, flight attendant, or other professional who is surrounded by alcohol during your working hours? What if you live in a household where everyone else drinks/uses? Many people in heavily saturated environments nevertheless achieve complete abstinence. Most successful drug dealers don't use.

People who abstain successfully in wet or druggy environments maintain a firm boundary in their minds between "me" and "them." Drinking/using is something "they" do. It's not something "I" do, no matter what. If you find that keeping up this kind of boundary doesn't work for you, survival as a sober person – and survival, period – may require changing professions.

Environmental triggers cannot cause you to drink or use unless you allow them to. By becoming aware of the danger points and slippery places you can put up your shields in time and go on alert. The real question is how much effort it costs you to maintain your shields, and how long you can keep them up before fatigue sets in. That's where a safe place and a safe time become vital, so that you can recharge your sobriety batteries.

Many people say that the danger of exposure declines for them as they get more sober time. An exposure that might cost them major effort in the early months of sobriety, such as going to a rock concert, becomes easy later on, as they become stronger and more self-aware in their sobriety.

Conditioned reflexes like "see bottle – want drink" can also be turned in favor of your sobriety. You can substitute: "see bottle – remember hangover." You can also create protective, empowering triggers like "see recovery book – want sobriety." Many people credit their successful recoveries in part to adoption of an everyday exercise (a "Daily Do") that affirms their sobriety and etches the commitment to living clean and sober deeply into their minds. (More about that on Page 70.)

You'll find additional work on how to handle cravings in the Third Domain (Activities), Fourth Domain (People) and Fifth Domain (Feelings).

40. Exposure Risk Worksheet

In the *Most Hazardous Exposure Risk Worksheet* on Page 65, copy your three highest risk point items from the *My Current Exposure Worksheet* starting on Page 60. For each high-risk item, write why this item is a particular risk for you, and outline a plan for dealing with it. Could you avoid this exposure altogether? If you cannot avoid it, what can you do to minimize it or to make yourself less vulnerable to it? These might be good issues to bring to a group for feedback.

Here is an example of a filled-in *Most Hazardous Exposure Risk Worksheet*:

Worksheet 6: Most Hazardous Exposure Risk Worksheet (Example)

MOST HAZARDOUS EXPOSURE RISK WORKSHEET	
My No. 1 Exposure Risk: <i>Going to the corner of 23rd and Main</i>	
Why this is especially risky for me:	<i>This is where I used to score crack. If I even drive within three blocks of there I start getting a craving and if I actually go to that corner I'll relapse, I know I will.</i>
Specifically, what I plan to do about this risk is:	<i>Don't go there. If I have to make a detour, no problem. Better to spend a few pennies more for gas and spend a couple of extra minutes making the detour than to get sucked back into using!</i>
My No. 2 Exposure Risk: <i>My friend Ronnie's house</i>	
Why this is especially risky for me:	<i>We always smoke and drink and do any drugs available when we go there. That's about all we ever do when we go there. I can't imagine being there and not doing drugs.</i>
Specifically, what I plan to do about this risk is:	<i>That's easy. Don't go there. If Ronnie invites me over I'll say I'm busy with something else.</i>
My Third Highest Exposure Risk: <i>Watching football on TV at home</i>	
Why this is especially risky for me:	<i>I always start out with a few beers and my friends come over and then we go on to the other stuff and by the time the game is over we're more wasted than the players.</i>
Specifically, what I plan to do about this risk is:	<i>This will take some effort but I can do it. To begin with, I'm going to go over to my sister's house where they don't drink or use, and watch the game there. Later in the season when I have more clean and sober time I'm going to see who my true friends are and have a clean and sober football party at my house. If they can't support me getting a clean and sober life, what kind of friends are they?</i>

Worksheet 7: Most Hazardous Exposure Risk Worksheet

MOST HAZARDOUS EXPOSURE RISK WORKSHEET	
My No. 1 Exposure Risk:	
	Why this is especially risky for me:
	Specifically, what I plan to do about this risk is:
My No. 2 Exposure Risk:	
	Why this is especially risky for me:
	Specifically, what I plan to do about this risk is:
My Third Highest Exposure Risk:	
	Why this is especially risky for me:
	Specifically, what I plan to do about this risk is:

1 Body
2 Exposure
3 Activities
4 People
5 Feelings
6 Life Style
7 History
8 Culture
9 Treatment

41. Make an Exposure Hot Spot Map

On a separate sheet, sketch a map of the area where you live and/or work; or get a street map. On the map, mark the danger zones where your risk of exposure to drugs/alcohol is especially high. Then, plan a route that avoids or minimizes your travel through those toxic places.

For example, a hot spot map done by a workbook study group participant featured smoke shops, a certain coffee shop, tattoo parlors, the nearby commuter train station, a community college, and certain intersections where she used to buy or use marijuana. Your map needn’t be fancy or drawn to scale. But if you are handy with computers, you could use a mapping program such as Google Earth. You can overlay slippery places and other notations on the map, plan a relatively safe route, then print your work and keep it with you as a reminder during your travels.

What do you do if your whole community is saturated with danger spots and there is no possible route that avoids all of them? Write your ideas:

42. Make an Exposure Floor Plan

On a separate sheet, sketch out the floor plan of the place where you live, including major pieces of furniture, doors, stairs, etc. Mark pieces of furniture, cabinets, and other spots where you habitually kept a supply or drank/used.

Then make a plan to transform or avoid those areas: move or replace furniture, paint the area a different color, add pictures, plants, or other eye-catchers, replace carpets or curtains, and change your behavior pattern so that you don’t linger unnecessarily in spots where your memories of drinking/using are strongest.

43. The Triggers in My Closet

Are there clothes in your closet or your dresser that you usually wore when you drank or used? Are there items with wine stains or burn holes, or that smell of smoke? Do you have jewelry or trinkets that have drug memories in them? Now might be a good time to clean house.

44. My Safe Space

Do you have a place where you can be completely free of all exposure to alcohol/drugs (except the thoughts and feelings that may be in your own mind)? _____

Is your home such a place? _____

If one part of your home is not safe, is there another part where you can retreat and be away from the sight and smell of alcohol and drugs?

Can you make and enforce a rule to keep drugs/alcohol out of your space?

Do you have a drug and alcohol-free place to go to outside your home?

What could you do to create a safe space, or to enlarge the one you have, or to create additional safe places for you?

45. Safe Disposal Methods

If you decide to get rid of the substances in your home, you will probably have to handle them (and smell them) in the process. Some people have relapsed doing that. What to do?

This is where a friend in recovery comes in very handy. You two can "clean house" together.

Illegal drugs are best flushed down the toilet. Use a hammer on your drug tools and put them beyond repair before throwing them in the trash, otherwise you'll be tempted to retrieve them. The toilet is also perfect for cheap wine, beer and liquor.

Are there some fancy bottles that seem too good to pour down the drain? You can gift-wrap them lovingly and give them away immediately to the first comer, or leave them on the street. If you have crystal stemware wine glasses, brandy snifters and other high-priced drinking paraphernalia that are "talking to you," you might store them out of sight in a seldom-opened cupboard, or pretend that they're holiday items and box them up, put them away, and forget them.

This is a fun topic to talk about with a group.

1 Body
2 Exposure
3 Activities
4 People
5 Feelings
6 Life Style
7 History
8 Culture
9 Treatment

46. My Safe Time

Do you have a regular time when you are ordinarily removed from all exposure to alcohol/drugs (except the thoughts that may be in your mind)? _____

What could you do to create such a time, or to make more time of this kind in your day?

47. “Dry Drunk” Episodes

Sometimes the sight, sound, smell or feel of a familiar drug can make the body think that you’ve had some. (Ever had a “contact high”?) Some people in early recovery have experiences where they feel and act as if they were intoxicated (for example, they get very depressed, animated, manic, irritable or unsteady) and wake up the next morning with a headache and other typical hangover symptoms. Episodes of this type are sometimes known as “post-acute withdrawal symptoms” or “dry drunks.” (Do not confuse the “dry drunk” symptoms with the term of insult that some people use to attack other people’s sobriety.)

In experiments, people who believe they are drinking alcohol, but aren’t, sometimes show typical signs of intoxication, including symptoms you cannot fake, such as rapid eye movements and changes in blood pressure. This kind of physical response to a mental cue occurs also with some other bodily systems. For example, laboratory animals trained to associate a sound with an injection of bacteria that arouse their immune systems will eventually produce the immune response to the sound alone.

Dry drunk episodes, if you experience them, are another reason to minimize your exposure to drinking/drugging triggers and to make changes in your activities and life style.

Have you had “dry drunk” episodes? If so, write about them here:

48. My Recovery Triggers

Some people find that surrounding themselves with “recovery stuff” helps to trigger sober thoughts and gives them sober energy, just as being around alcohol/drugs may trigger relapse thoughts. Such objects may be recovery books, knick-knacks, and jewelry with an explicit recovery theme. They may also be ordinary objects that have a special recovery meaning for you. In the table below, make a list of the recovery-related objects in your life. After you finish the table, ask yourself how your inventory of recovery things compares with your stock of paraphernalia for using/drinking.

Worksheet 8: My Recovery Triggers

MY RECOVERY TRIGGERS	
Explicit recovery books and other objects I own:	
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____
6)	_____
7)	_____
8)	_____
Other objects that have a special recovery meaning for me:	
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____
6)	_____
7)	_____
8)	_____

49. My “Daily Do”

In the famous experiment where he was trained to salivate when a bell rang, Pavlov's dog had little choice but to follow instructions. You can do better. You can be the trainer as well as the dog. You can condition yourself to think “see white powder – remember bankruptcy” instead of your old reflex craving response. You can also groove new neural pathways that keep recovery uppermost in your mind. There is a rich arsenal of time-tested techniques for re-educating your mental reflexes. The key ingredient in all of them is repetition, daily if not more often.

Here is a sampler of such “Daily Do” exercises people use. Some of them work on the aversion principle: link drinking/using with bad things that happened to you. Some of them work on the affirmation principle: underline your strong qualities and your sober victories and build your confidence. There's no reason why you shouldn't use both flavors, alternately or together, in whatever combination suits your mood and your personality. The repetition may be more important than the content.

Put a checkmark next to the ones that appeal to you, and start doing them. Better yet, make up your own. Vary them from time to time to keep them fresh. Many people say that their “Daily Do” is the most effective single tool in their sobriety toolkit, and regard it as the secret of their successful long-term recovery.

A. Aversion Flavor:

- Every morning I get in front of the mirror and say out loud “When I drank/used I woke up in the morning with vomit all over me.” (*Vary this from time to time with other negative things that happened to you when you drank/used.*)
- I tape a piece of paper to my mirror that says “I am an alcoholic/addict, I do not drink or use no matter what.” I read it out loud every morning.
- I put a rubber band around my toothbrush, that reminds me when I brush how I let my teeth and gums rot when I drank/used.
- On my digital wristwatch I turn on the hourly beeper (or set an alarm shortly before my regular drinking time, or at some arbitrary other time) to remind myself that I am an alcoholic/addict and do not drink or use.
- Every morning I take mega-vitamins and remind myself, as I swallow the huge pill, that drinking/using was bad for my body chemistry.
- I ask for decaf coffee in the mornings because I get cravings when I crash after the regular coffee buzz; choosing decaf reminds me how unpleasant it is to have cravings.
- I keep a copy of my DUI sentence taped to my dresser mirror where I look at it every morning when I get up.
- I keep a list of the ten stupidest things I did during my drinking/using on a bright yellow piece of paper folded in my wallet in front of my bills. Every time I go to my wallet I see the paper and it reminds me.
- Other

B. Affirmation Flavor:

- Every morning I take time out and say out loud to myself, “I am a worthwhile, intelligent human being. I will not drink or use today.”
Make up your own text on this theme, for example:
- “I am a capable, competent, caring and compassionate person. I respect myself and I deserve respect from others.”
- “The past is behind me. Today I am a new happy sober person.”
- “I am responsible for my choices. I choose to live my life clean and sober.”
- I use a favorite recovery keyword as my computer password.
- I keep pictures of my children where I can see them to remind me that they deserve a sober parent.
- On a wall calendar I put a star for every day I have been free of drugs and alcohol.
- On my mirror I tape the saying, “It’s not my fault. I will not beat myself up today.”
- I do meditation every day and get to a quiet place in my mind where I do not feel cravings.
- I have a list of three difficult crises that I went through clean and sober. I keep it in my wallet to remind myself that my sobriety has survived heavy storms.
- I keep recovery literature laying around my tables and shelves where my eye frequently falls on it.
- I have a special silver necklace that I bought for myself as a getting-sober present. Whenever I feel the slightest urge, I touch it. It reminds me what I’m doing.
- Other

50. My Plan for My Exposure

Based on the preceding, summarize here the main thing that you plan to do about your current exposure to the sight, sound, smell and touch of addictive substances.

What I plan to do about my exposure is:

I am starting my Daily Do exercise Today Later

Today’s date: _____

1 Body

2 Exposure

3 Activities

4 People

5 Feelings

6 Life Style

7 History

8 Culture

9 Treatment

51. Three-Month Review

Three months after finishing your work on this chapter, what changes if any are there in your environment, as far as your exposure risk goes?

Looking back on it, were your Risk Point scores realistic, or did you underestimate some of your risks? Yes No If you underestimated, why do you suppose that happened?

I am keeping up my Daily Do exercise Yes No

52. One-Year Review

One year after finishing your work on this chapter, what changes if any are there in your environment, as far as your exposure risk goes?

I am keeping up my Daily Do exercise __ Yes __ No



[Chapter Eleven]

Preventing Relapse

At any fork in the road, one branch leads toward a stronger sobriety, and the other leads ultimately toward relapse. Most of the exercises in this workbook have tried to shed light on the many varieties and flavors of this basic choice.

If you have the luxury of always doing an exhaustive Sobriety T-chart analysis (see Chapter One) before every decision in your life, and if you have uncommonly sharp foresight, you may never need to concern yourself with relapse prevention. Similarly, you may never need a smoke detector or a fire extinguisher.

However, in real life people sometimes make decisions first and do the analysis afterward, or not at all. Situations also come up where people seem to be going in a circle and cannot see a fork in the road that would lead to new ground. At times like these, it's useful to be able to recognize a relapse-bound path or a near-relapse situation, when your path takes you perilously close to the edge. You may then be able to make timely corrections and avoid the fall, or at least minimize the impact and limit the damage.

If a relapse does happen, it can be a valuable educational experience for all involved. One utility of a support group is to serve as a living laboratory where people try different action plans and share the results with one another. A relapse that happens in isolation is a terrible waste. This chapter includes exercises that the person who has relapsed could work by way of getting a deeper understanding and sharing the lessons of the experience.

In this book, relapse prevention is not considered a distinct domain or work area. All of the domains are about relapse prevention. To put it more positively, all of the domains are about empowerment of your sober self. Relapse is what happens when your work in any of the nine domains falls short. Therefore this chapter is mainly in the nature of a quality control checkup on your earlier work. The skills you develop in this chapter are critical reflection on your previous work, and timely correction of mistakes.

Here you'll first review the motivation that started you on the road to freedom from alcohol and other drugs. Then you'll have a closer look at the relapse phenomenon, and give yourself some checkups for early relapse warning signs. It's been known for a long time that relapses don't really strike out of the blue. They don't begin with the first intake of the drug. Leading up to that first intake there is a long process of preparation that takes place more or less

consciously. The signs of that pre-intake relapse process can often be identified and flagged, and the downward slide can be aborted.

An unusual feature of this chapter is the worksheet on page 273, *My Relapse Plan*. The idea here is that if someone is intending to relapse, it might be helpful to plan the relapse all the way through. Possibly, you may change your mind.

Several checklists in this chapter help you identify where in the nine domains you probably need to do more work, or better work, in order to put more distance between yourself and the relapse cliff. If you have had a relapse, the worksheet on page 283 helps you flag the domain where the problem lies. A short recovery checkup on page 270 and a more detailed one on page 287 similarly contain pointers to the work areas where additional effort may be required to keep relapse at bay. Some people begin their work in this book with those checklists as a way of deciding which domains are the most immediately urgent for building their Personal Recovery Program.

188. How and Why I Stopped

Sometimes a near-relapse situation arises because the person never understood or has forgotten why they stopped drinking/using to begin with, or because the situation has changed so that those reasons no longer obtain.

- One day it just came to me out of the blue that I had to stop drinking/using and I did
- One day something dramatic happened and I stopped
- I had been sick and tired of drinking/using and thinking about stopping for _____ (time)
- There was a series of events that led up to my stopping
- I came to the decision to stop all by myself
- Other people played a role in my decision to stop
- Members of my family asked me to stop
- A doctor or other professional told me to stop
- I thought if I did not stop, certain bad things would happen to me
- I thought if I did stop, certain good things would happen

The main ideas in my mind originally when I stopped drinking/using were:

Do the reasons why I originally quit no longer hold? (For example, has the person who urged me to get clean and sober left my life? Has my medical diagnosis changed?)

- The original reasons are gone
- The original reasons are still there
- Some of the original reasons are still there, others have gone

Now that I have been clean and sober for some time, is my understanding of the reasons for staying clean and sober broader and deeper than it was originally?

- Yes, I see more now
- No, my understanding is less deep than it used to be
- It is the same

If yes, what reasons to be clean and sober do I see now that I did not see originally?

If no, what part of my original reasons for staying clean and sober have I tended to forget about?

Note that there are daily exercises that can be used to keep alive the memory of one's original reasons to get clean and sober; see My Daily Do, Page 70.

189. People Say: My Desire to Stay Clean and Sober

Some people get into relapse trouble early on because their desire to be clean and sober is nonexistent, or has faded, or flickers, or is thin and abstract. Some people pass through a period of craziness where they feel the desire to be clean and sober only when they are drinking/using, but when they are clean/sober, all they can think about is their next drink/hit. It may take a while for the point to sink in that purposeful actions, not merely wishes, make a recovery. As with any difficult learning project, misconceptions, false starts and mistakes are common at the start; and some of them result in relapse. Try this checklist:

- I don't feel any desire within me to stay clean and sober; I'm only doing it because I have to
- I feel a desire to stay clean and sober but it is so small that sometimes I can't find it

- I feel a sharp desire to stay clean and sober sometimes but I can't hold on to it
- When I feel the desire to stay clean and sober I try to lock on to that feeling and hold it
- I feel a strong desire to stay clean and sober most of the time
- The desire to stay clean and sober is my normal feeling, anything else is exceptional
- I do feel a desire to stay clean and sober but it's only "in my head" and not "in my gut"
- My desire to stay clean and sober is both in my gut and in my head; when I smell alcohol or drugs I gag or feel nauseous and I get away as fast as I can
- I only feel the desire to stay clean and sober when I've started drinking/using; when I'm sober I mainly feel a desire to drink/use
- I don't feel anything positive about drinking/using any more; if I were to go back there it would be because I wanted to destroy myself
- I'm so glad I'm not drinking/using any more; it had become crazy-making
- I read recovery books while I'm drunk/high, so drinking/using is part of my recovery
- I feel sad and relieved when I read books about active alcoholics/addicts – sad for them, relieved that I'm sober now
- Once I actually stopped drinking and using, I understood on a gut level that this was the only way for me to live
- As long as I attend recovery groups it's OK for me to continue drinking/using
- My brain was a mess of rationalizations and self-deception until I gave myself a kick in the pants and actually stopped
- I want to stay clean and sober, provided it doesn't mean I have to stop drinking and using
- Staying clean and sober has become the most important priority in my life
- I might feel a stronger desire to be clean and sober if I felt I had more reason to be alive
- I might feel more reason to be alive if I were to stop drinking/using
- When I feel the desire to drink/use I act on it immediately, but when I feel the desire to stay clean and sober I ignore it until it goes away
- When I feel the desire to stay clean and sober, I act on it immediately, but when I feel the desire to drink/use, I procrastinate and don't act on it

190. Thinking About the Desire to Be Clean and Sober

Obviously, if a person has no desire to be clean and sober, they will relapse at the next opportunity. Some people in prisons, hospitals or similar settings where alcohol/drugs are difficult to get on short notice – or where penalties for use are prohibitive – may be abstinent in their behavior, but mentally they remain drinkers/users. Their drinking/drugging is merely on hold. They are not counting up the days of their sobriety; they are counting down the days until they can drink/use again.

Do you think that a period of enforced abstinence can nevertheless work to bring about recovery, if it awakens a person's own desire to become clean and sober? As the French say, sometimes the appetite comes with the eating. Have you seen instances where enforced abstinence has worked? Have you seen

examples where it did not work? What do you think accounts for the outcomes you saw?

Sigmund Freud divided the human personality into three parts: id, ego and superego. The id is the seat of instincts, desires and pleasures; it says "I want." The ego is the seat of rational, self-interested calculation; it weighs the alternatives and concludes "I will." The superego is the voice of society's mores and taboos; it says "you should" or "you must."

Assuming that you see some usefulness in this scheme, where do you feel your desire to get clean and sober comes from? Where do you feel your desire to drink/use comes from? Do you see some threads of your sober striving that come from the id? (See the section on *Recapturing Pleasure* in the Fifth Domain (Feelings), at Page 117.) From the ego? Conversely, when you look at your desire to drink/use, do you see some parts of it that come from the superego? (Check the Eighth Domain, *My Culture*.) From the ego? Do you see an advantage, in terms of relapse prevention, to having your sobriety anchored in all three areas?

The desire to get clean and sober often forms in the mind long before the person takes action on it. Was this true in your case? How long did you feel a desire to be clean and sober before you first actually stopped drinking/using?

Can you see how a desire to relapse can also form in the mind long before the person takes action to relapse? Yes No.

Have you had arguments in your mind between your desire to be clean and sober, and your desire to drink/use? Yes No

If so, describe some of these arguments: what were the voices, and what did they say? Did you take any action that revealed your inner struggle, such as going into a store to buy, and leaving without buying? Write about these experiences here:

Do you agree that one cannot force a person to want to be clean and sober? Yes
No

What kinds of things, in your experience, increased your motivation to be clean and sober? What kinds of things impaired that motivation?

Do you feel more motivated or less motivated to do something if you are told that you have to do it? Do you like to have choices? Yes No

Why or why not?

191. When Someone Else Has Relapsed

Sometimes people get into relapse danger because someone they looked up to as a model has relapsed; this occurs, for example, when a sponsor in a 12-step group relapses. In any support group, a member's relapse can tug the other members downward, just as their support will tend to pull the falling member upward. Think of mountaineers roped together on a slope. Which of these reactions applies to you?

- That person's relapse created a pull on me in the relapse direction
- I distrusted this person and their relapse has made my sobriety, if anything, stronger
- I don't feel affected one way or the other
- I was not surprised this person relapsed; I saw it coming
- This person relapses all the time, it was nothing new
- I could have done something to maybe prevent this person from relapsing
- Someone else could have done something to maybe prevent this person from relapsing
- The group could have done something to prevent this relapse
- Nothing could have been done to keep this person from relapsing
- This person's relapse has upset and shocked me
- I want this person to come back to the group and try again
- I'd just as soon this person didn't come back into the group
- I have learned something useful for my own recovery from this person's relapse

If you have had the experience of dealing with the relapse of someone in your group, you may have had occasion to reflect on the deep issues that arise from

the social nature of human beings. No one is an island, but connectedness can be painful. If the relapse is serious and involves loss of life, you may be reminded that staying clean and sober is not an abstract issue; it has to do with survival.

If you have experienced someone else's relapse, write about how this has made you feel and what you learned from the experience:

Can you ever help a person who relapsed by following them into relapse? Yes No

If you relapse out of "sympathy" with such a person, what effect will that have on them?

In view of the probability that someone in your support group will experience a relapse at some time, do you think you are better off working on your recovery in isolation? Yes No

Can you see advantages to being part of a group experience that sometimes includes someone's relapse? Yes No

If you are able to be of help to someone who is in danger of relapsing, or who has relapsed, how does this make you feel about yourself?

Can helping someone else also help you? Explain:

What if you are a member of a group in which the great majority of people relapse? Should you just accept this as the nature of the beast, and struggle on to become one of the handful of survivors? Should the group's standards of admission be raised? Should the group's approach be re-examined to see in what way it might be made more effective for more people? Should you give up on that group? Should you give up on groups in general? Discuss:

192. Expectations about Relapse

As with anything else, your expectations will influence your outcomes. If you believe that relapse is inevitable, it probably will be. Here is a short checklist to help you spot arguments that, in some people's minds, create an expectation that they will relapse or that they ought to relapse.

- I believe that everyone who gets into recovery inevitably relapses
 - I believe that some people will relapse, some people won't, and it's beyond their control
 - Relapse just happens, like sh*t, and there is no point in trying to figure anything out about it
 - Statistics show that relapse is common, so it will probably happen to me
 - Addiction is a relapsing disease and I have it, therefore I will relapse
 - The disease progresses no matter what you do, so relapse is inevitable
 - I have no control over my addiction so I am bound to relapse eventually
 - Relapse is a punishment for being a defective person, and I am one
 - I would have to work a perfect recovery program to avoid relapse, and I can't
 - When it comes to alcohol and drugs I am basically paralyzed, so relapse is inevitable
 - Unless I work X program I am doomed to relapse, but X makes no sense to me, so I will end up relapsing
 - Unless I do my recovery the way Z did his recovery, I will inevitably relapse, but I can never be like Z, so I am bound to relapse
 - Relapsing is what alcoholics/addicts do, and I'm one
-

If you have checked one of the items in this list, use the space below (or a separate sheet) to write a counter-argument. This could be a good topic for group discussion.

In engineering, "redundancy" means having a back-up system. Redundancy is an important safety feature. Can you see how having more than one recovery approach available can be a good thing for relapse prevention? Yes No

193. Termites That Prepare the Mind for Relapse

To paraphrase another Yogi Berra expression: "Ninety per cent of relapse is half in the mind." Here is a collection of notions that sometimes take up residence in the mind of a person in recovery and gnaw away at the foundations. Each of them has a plausible introduction, but a shaky conclusion. If one of these troublemakers is at work in your head, put a check mark next to it and write a commentary about it below.

- I am disappointed in sobriety. (I was promised a rose garden)
- I'm a bad person. (I should do the world a favor and drink myself to death)
- I'm just an alcoholic. (So I should relapse, since that's what just-alcoholics do)
- I'm doing so well in my sobriety. (So I should have a drink to celebrate)
- I'm out of town, who'll ever know? (I will, but I am not an important person in my life)
- I'm losing my mind. (Maybe drinking/using will restore me to sanity)
- My addiction is to heroin, not alcohol, so I can safely have a drink now and then. (Once I drink I'll forget all about the trouble heroin got me into)
- My sobriety is ironclad. (I don't have to work my program any more)
- By drinking, I'll really get even. (At my funeral they'll be sorry they were mean to me – if anybody shows up)
- Certain people want me to relapse. (And I'm only too glad to oblige them)
- Drinking/drugging is the only real pleasure I ever knew. (I'll forget about all the pain and misery it brought me)
- I am cured of my addiction. (I can now drink or use like non-addicts)
- I can show these idiots how to stay sober. (My own program is perfect, I don't need to work on it any more)
- I can stop anytime I want. (I just don't want to, right now)
- I can't handle my shame and guilt. (So I'll add to my shame and guilt by relapsing)
- I can't handle the emotional pain. (So I'll make it worse)
- I guess I just haven't hit bottom yet. (Let me pull something even worse, that'll help)
- I have a progressive fatal disease. (It's going to get me eventually, even if I stay sober, so why fight it?)
- I have relapse dreams, so why not go there for real. (I have to act out everything that happens in my dreams)
- If people see me not drinking they'll guess I'm on the wagon because I'm an alcoholic. (So I better drink and leave no doubt in their minds)
- I'll never be able to undo all the harm I've done to other people. (So I might as well drink myself to death)
- I'm insane. (You can't expect a crazy person to get sober)
- I'm just a defective person. (I'll never get it together for recovery, why try?)
- I'm making no progress, it's hopeless. (I might as well give up)
- I'm more enlightened than the average person in recovery. (I can have the occasional drink or drug without risk)
- I'm not an alcoholic. (So I can have just one or two drinks, like social drinkers)
- I'm not really myself unless I'm high. (My sober self doesn't live up to my drunk self's high standards)

- I'm only staying sober to impress X. (I myself am not important enough to stay sober for)
 - I'm powerless against addiction. (I might as well stop trying to fight it)
 - I'm sick of hanging around with all these drunks and addicts. (I'm not one, I can drink or use just a little bit and stop when I want)
 - I've made up my mind I'll never drink again; case closed. (So why bother working any kind of recovery program?)
 - If I stay sober I'll lose all my friends. (Such wonderful friends, they only spend time with me when I'm drunk/high)
 - If it's a choice between going to this meeting or drinking, I'll drink. (I'll forget about trying other meetings or trying to create the kind of meeting that will help me)
 - It's all hopeless. (Might as well check out)
 - My body is falling apart. (Alcohol/drugs will really improve my health, yeah)
 - My character defects are so great I can't ever recover. (Drinking/using will really improve my character)
 - My disease is alcoholism, so I can safely use marijuana. (Once I use marijuana, I'll forget what my disease was)
 - My life is unmanageable. (Drinking/using will really help me get on top of it, yeah)
 - Nobody cares whether I relapse or not. (I'm nobody)
 - Nobody will know whether I relapsed. (I'm nobody)
 - The person who wants me to stay sober is an asshole. (So I'll prove that I'm an even bigger one by relapsing)
 - The world is against me. (Might as well head for the exit, it's hopeless)
 - There's nothing the matter with me. (So why do I need a recovery program?)
 - Trying to change myself or my life is pointless, so f*ck it. (I'd rather screw myself over with drugs and alcohol)
-

Are there items on the list that you recognize as current occupants gnawing away in your mind? If so, write a commentary on a separate sheet that examines each one and puts it to rest.

194. Relapse Smoke Alarms

The purpose of smoke alarms is to alert you to a fire that you can't see yet. Many decisions in life start in the unconscious part of the mind and only rise into awareness later. For example, the decision to change jobs may start out as a problem with getting up in the morning, a feeling of depression, a series of accidents or near-accidents on the job, irritability with co-workers, etc. Only later does the person become consciously aware that this job was not a good fit, and make a conscious plan to change it.

In a similar way, some people run into problems with their recovery without at first being consciously aware of it. Their unconscious mind labors on some recovery issue that absorbs part of their energy and affects their mood and maybe even their muscular coordination. On the surface they remain unaware that anything particular is wrong.

Here is a checklist of signals that may indicate a recovery problem smoldering beneath the surface of your consciousness. Knowing how to read the warning signs from your own unconscious can be a useful relapse prevention skill.

- I feel like I have a secret but I don't know what it is
- I get quiet around my sober friends for no particular reason I can express
- I'm looking forward to something special but I can't articulate what it is
- I feel mentally like I'm pregnant but I'm not
- I'm so preoccupied that I stumble over my words
- I'm so busy processing something that I take out the wrong key, or go to the wrong door, or make other goofs for no obvious reason
- I'm preoccupied to the point where I trip over my feet
- I get nervous or twitch a lot even though there's no obvious source of current stress
- I get hung up on compulsive activity like mindlessly playing Solitaire for hours on end
- I go to meetings but I pass instead of checking in, or I check in very superficially
- I think of reasons not to go to my usual meetings at all, or just don't go, without a good reason I can think of
- I'm late to recovery meetings or appointments without a real excuse
- When I get to some obvious trigger situation, I don't quickly avoid it or block it
- When I see liquor or drug stuff, I let my eyes linger on it and don't immediately shut down my thinking about it
- I ignore parts of my usual recovery program for no good reason, or I ignore all of it
- I get gloomy or elated in an unusual way for no visible reason
- I have weird drinking/using dreams night after night
- I feel that my life is going to change soon but I can't say how or why
- I feel as if I were going on a trip soon, but I have no real-life travel plans
- I have the sense that I'm going to die or get sick soon, for no obvious reason
- I get physical symptoms of stress (e.g. indigestion, insomnia, breathing problems, rashes, etc.) without any manifest reason
- I get irritable, harsh, unfair, or aggressive for no reason I can explain
- I suddenly feel like a doormat and let people walk all over me, when I don't have to

-
- I feel like I'm going to get revenge on people soon, but can't say exactly how or for what
- I cut people out of my life and isolate myself without being able to say truthfully why
- I look for and accept opportunities to get into risky situations for my sobriety
- I let my mind dwell on drinking or using without thinking it through to the harmful consequences
- I make plans to look up old drinking/drugging buddies, when I don't really have to, without making firm plans for how to stay sober once I get together with them
- I go back into places where I used to drink/use when I don't have to, and without making a firm plan for how to stay clean and sober there
- I somehow end up with liquor or drugs in my house or car and I don't energetically get rid of them
- I suddenly remember some stash of liquor or drugs I had squirreled away a long time ago, and when I find it I don't throw it out
- I suddenly feel relieved as if a load was off my mind, but I can't say why or what
- I feel as if some doom is impending, but I can't say why or what
-
-
-

195. A Quick Relapse Check-Up

The trouble with a checklist such as the one in the previous section is that the symptoms can be due to other causes. For example, you could unconsciously feel a sense of doom because of the stock market or the Mideast or global warming; many clean and sober people do. Smoke detectors may go off from frying chicken. There may be no cause for concern if you find that some of these items apply to you.

Still – if you have checked several of the items on the list, wouldn't it be wise to give yourself a quick relapse check-up? Action may be especially urgent if your checked items include increased exposure to alcohol/drugs. Assuming that you have done some work in the nine domains of this workbook, you could do a review here, for example:

- Have I made progress in addressing my "Body" issues, or am I letting some problem in that area fester and grow? (First Domain)
- Have I really done the best I can to minimize my exposure and to adopt a Daily Do exercise? Or am I being careless or reckless about getting into trigger situations, and am I neglecting my everyday reminders? (Second Domain)
- Have I made progress in learning to do my life's activities clean and sober and in starting up new activities that interest me? Or am I barely

functional and doing very little different from when I was drinking/using?
(Third Domain)

- Have I worked out who are the friends and who are the opponents of my recovery, and am I making progress in improving my people relationships? Or am I spending too much time with people who are a drag on my recovery, and not enough with people who care for me as a sober person? (Fourth Domain)
- Have I succeeded in building more clean and sober pleasure into my life? Have I identified and learned to deal with my trigger feelings, if any, and do I feel better about my emotional life? Or am I treating recovery as a punishment and retreating into numbness? (Fifth Domain)
- Have I pinpointed my major life style issues and have I made progress in repairing any damage that addiction did to my life style? Or have I resigned myself to the way things were and given up trying to solve my real-life problems? (Sixth Domain)
- Have I reviewed my history and come to an understanding of what part of my life was me and what part was my addiction? Do I have a clearer sense of who I am, where I came from and where I am going? (Seventh Domain)
- Have I identified the sources of support and the problem areas for my recovery in my culture, and have I begun to figure out my role in it? Or am I just another depressed, isolated couch potato soaking up beer commercials? (Eighth Domain)
- Have I made the necessary decisions about treatment and support groups, and do I know how to go about getting what I need from these resources? (Ninth Domain?)
- Above all, have I understood that my recovery is my decision and my responsibility?

As you do this workbook review, listen to your feelings and to your body. Consult with a savvy friend if you have one. Do you find some stressful blank spots, emotionally painful areas, clenched-jaw issues, foot-tapping lines, gut-wrenching sections, or other stuck points? If so, might your unconscious mind be preoccupied with, overwhelmed by, and unable to resolve some of these problem areas? Is your unconscious emotional processing engine overheating? Is that what the "smoke alarm" is trying to tell you?

If you consistently get a number of "hits" on the *Smoke Alarm Checklist* (Page 269), one appropriate response might be to go back and work on one or more of the problem areas you identified in your relapse check-up, above.

► Action may be particularly urgent (red alert!) if you are getting into new situations where you have drugs/alcohol within reach.

If you bring the resources of your conscious mind to bear on these issues – along with your other resources, such as professional help and group support, if you have them and want them – you may be able to make progress on the problems, get your unconscious unstuck, and move on toward a stronger, freer recovery. You'll also feel better.

If you ignore your unconscious preoccupations, they may go away – or they may erupt to the surface of your consciousness weeks, months or even years later as a “made” decision to abandon recovery and return to drinking/using. Frying chicken left unattended can catch fire and burn the house down. Some people relapse because a crisis catches them unprepared and overwhelms them. But in many instances, they steered into the crisis situation from far away with their eyes wide open. They will claim that circumstances overwhelmed them, but they persistently ignored the warning signs and deliberately put themselves at risk. How does this approach to relapse differ from the person who frankly decides to relapse? Discuss your thinking about this issue:

196. Recognizing Relapse Styles

Relapses come in different forms. The “Type A” relapse is a blunt, sudden return to heavy drinking/using – a bender. The person jumps back into the addiction with both feet. The person usually plans this relapse ahead of time. Sometimes they will hole up somewhere, put everything else aside, and concentrate on drinking/drugging as much as possible as fast as possible until money or consciousness end, whichever comes first. This style of relapse resembles suicide. There’s more about it in Section 10, below.

By contrast, the “Type B” relapse comes on tiptoes. The person begins with a single drink or dose, “just one,” followed by a pregnant pause that may last hours, days, or longer. It may seem that this was merely a slip, an isolated accident. But it soon turns out that the initial drink/dose was merely the thin end of the wedge, and more is to follow. By a set of slippery rationalizations, the one drink/use leads (after some time) to another, and then after a shorter time to a third, and after a still shorter time to more and more, until the person has pulled out all the stops and returned to their former level of drinking/using, or worse. This style of relapse resembles a seduction. It may take weeks, months, or years for it to reach full development. It leads to the same place as the Type A, but it comes on differently and takes longer to get there. There’s more about this type in Section 12, Page 278.

Have you seen or experienced either of these types of relapse? Yes No

Have you experienced a different type, or a hybrid variety? Yes No

What can you learn about relapse from knowing about the different approaches that people take to get there?

197. My Relapse Plan

People who consciously plan their relapses get points for honesty, but usually not for preparedness. They rarely think beyond laying in an adequate supply. The next worksheet presents an outline of typical issues that arise further down the relapse road. If you're planning a relapse, you can use this worksheet to plan it all the way through – and perhaps change your mind in the process.

Worksheet 55: My Relapse Plan

MY RELAPSE PLAN	
Substance I plan to use first	
Source where I plan to get the substance	
What I will say if I am seen getting the substance	
Place where I will hide the substance until ready to use	
Amount of money I plan to devote to the first drink/hit	
Source of the first money	
Place where I plan to take the first drink/hit	
Date I plan to do the first drink/hit	
Time of day I plan to do the first drink/hit	
Why I haven't done this relapse earlier	
Why I can't wait and do this relapse later	
Who if anyone will be with me when I do the first one	
Story I am going to tell others to explain what I am doing	
How I will keep the first one secret from people who care	
Story I am telling myself to convince myself this is not a relapse	<input type="checkbox"/> I'm cured of my addiction now, I can handle drinking/using <input type="checkbox"/> I never was an addict, I can drink/use normally <input type="checkbox"/> I deserve a little reward, I can have just one <input type="checkbox"/> This is just a little slip <input type="checkbox"/> This is just an experiment to see if I can handle it now <input type="checkbox"/> I just need one more blow-out before I commit to recovery <input type="checkbox"/>
Other substances I plan to use after I get started	

MY RELAPSE PLAN	
Total budget for this relapse	<input type="checkbox"/> Drugs/alcohol \$ _____ <input type="checkbox"/> Transportation \$ _____ <input type="checkbox"/> Shelter \$ _____ <input type="checkbox"/> Food \$ _____ <input type="checkbox"/> Medical care \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Total \$ _____
Source of the money for the whole relapse budget	
Will the rent or mortgage be paid during my relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will the utility bills be paid during my relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I be able to meet my other obligations during my relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I miss any appointments, birthdays, anniversaries; sales, concerts, get-togethers or other events because of this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I have a job or business when the relapse is over?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I have a roof over my head when the relapse is over?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will this relapse cause the end of a relationship I'm in?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
How will my family members react to this relapse?	
Am I – could I be – pregnant?	
Having spent time in recovery, will I be able to really enjoy my drinking/using without feeling stupid and guilty?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
How will I get transportation during this relapse?	
If I drive a car during this relapse, can I afford a drunk driving rap?	<input type="checkbox"/> No
Number I will call if I need medical care as result of relapse	
Person who will put up bail for me in case I need it	
How will I get food during this relapse, if I want any?	
Will my relapse substances interact with any medications I'm taking?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Person who will come looking for me in case something happens to me during relapse	
Am I carrying identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will I have clean clothes and underwear during and at the end of this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No

MY RELAPSE PLAN	
Will I shower, shave and take care of my personal hygiene during this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Do I plan to end my life with this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
In case of a medical emergency, have I left legally binding instructions whether to resuscitate me?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I be having sex with strangers, or will strangers be having sex with me, during this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
In case sex happens, do I have condoms and will I have control to make sure they are used?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Have I signed organ donor papers so my usable body parts can help someone else, just in case?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Are there children to consider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If there is a dog, cat, birds, fish or plants to consider, will they be taken care of during this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Are any of my family members liable to die during my relapse?	
Are any of my friends liable to die during my relapse?	
In case I black out and kill somebody during this relapse, am I prepared to put up with the guilt?	<input type="checkbox"/> No
How will I keep my belongings from being ripped off during this relapse?	
Will newspapers pile up outside my door during this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will I miss any important mail during this relapse?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Have I made a will and is it located where it can be found, in case?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
Will my health insurance cover another round of detox and treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
How will I handle it if the phone rings during my relapse?	
How will I feel physically when I am done with this relapse?	
How will I detox after this relapse?	
How much fun will that detox be?	
Will I be able to hide the fact that I relapsed?	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes
How will I rebuild the trust of the people close to me, if any?	

MY RELAPSE PLAN	
Will my next recovery be easier or harder than this one?	<input type="checkbox"/> Easier <input type="checkbox"/> Harder <input type="checkbox"/> I may not have another recovery left in me <input type="checkbox"/> Not sure
What will people in my recovery meetings say when they hear about my relapse?	
How will I explain my relapse to people?	
How will I feel about starting my recovery out from Day 1 again?	
What will my counselor(s) say when they hear about my relapse?	
Will I feel better or worse about myself for having done this relapse?	
What message will I have sent with this relapse?	
Will my friends respect me more after this relapse?	
Will people feel sorry for me that I relapsed?	
Will people love me more because of my relapse?	
Will this relapse make people be sorry for the way they treated me?	
If this relapse is a cry for help, will it be answered?	
What problem of mine will this relapse solve?	
How will the world be different as a consequence of this relapse?	
The point of this relapse is:	

198. Hitting the Panic Button

At the moment when a person who has been in recovery for some time takes the first drink/hit, two conflicting reactions tend to occur within the brain. There is a rush of intoxication that brings back the old euphoric feelings of addiction. Simultaneously there is a sensation of panic, like the moment before a collision, because ending recovery is a psychological, physical, and social disaster.

Have you ever had a drinking/using dream and woken up in a cold sweat, terrified that you have blown your sobriety? Then you've experienced a taste of relapse panic.

Which of these two opposite reactions – euphoria or panic – predominates in a particular instance depends on the individual and on the situation. Many people ignore the panic or misinterpret it as a reason to drink/use more. But for some people, the moment of panic serves as a last-chance alarm that brings their inner sobriety powers to red alert and energizes them, in one last desperate effort, to fling away the bottle or the rig and flee the scene to safety. Even people who have studiously planned to go on a bender sometimes recoil in rational terror and save themselves when the substance first hits their bloodstream.

Instant reaction is the key to survival in relapse panic. You may have only a second or two before the effects of the drink or drug overpower your body's response-to-danger chemistry. This is not a time for reflection or argument; it's a time for reflex response by the major muscles. Like a pilot hitting the eject button, you need to put significant physical distance between yourself and the drink/drug NOW, or it's too late.

As with any powerful emotional experience, this kind of incident calls for a supportive debriefing. Whatever your support systems may be, now is the time to use them. You've had a slip, but you've avoided a major catastrophe. You've escaped a possible death trap with only minor injuries. If you have a counselor, call. If you have a support group, insist on sharing and getting feedback. If you keep a journal, write in it. This could be a powerfully enlightening and energizing experience for your recovery, and an educational lesson for everyone fortunate enough to have shared it with you.

199. Slippery Logic That Lubricates the Seduction-Style Relapse

A person who quick-ejects from a bender-style relapse may still fall prey to the Type B variety – the gradual seduction that may take weeks, months or years.

A hallmark of the slow-seduction type of relapse is persistent mental preoccupation with the next drink/drug. Having “broken the ice” with the first one, the person spends hours, days, weeks, months or (rarely) years thinking and thinking and thinking about the next one. In some people, this becomes an obsession that crowds out all other mental activity.

Much of the reasoning that people do in the pregnant pause between their first one and their next one seems twisted and laughable to the sober mind. The checklist that follows gives a fair sample. But anyone who has been there will tell you that this lame parade of rationalizations seemed brilliant at the time.

If you have experience with this kind of relapse, put a checkmark next to all the arguments that you have used on yourself; be sure to enter and share any new ones of your own addicted brain's invention.

Even if you've never experienced this kind of relapse, it may be worth doing the exercise for prophylactic reasons. If you can prepare your mind to recognize and break down this kind of reasoning ahead of time, you may have a better chance of derailing a Type B relapse if you ever fall into one. Seduction doesn't always have to succeed; if you can see the con, you may be able to break it.

- Since I handled the first one without any problem, I can obviously handle another one
- Since I stopped after the first one, I can have any number and stop whenever I want
- Since I was able to stop after the first one, I obviously never was addicted, so I can have another one
- Since I was able to stop after the first one, I obviously am cured of my addiction now, so I can have another one
- Since I was able to stop after the first one, I am obviously recovered now, so I can have another one
- I'm not really relapsing, I'm practicing moderation management, so I can have another
- I'm not really relapsing, I'm practicing controlled drinking/using, so I can have another
- I'm not really relapsing, I'm drinking/using normally again, so I can have another
- I'm not really relapsing, I'm doing drink counting, and I can have another
- I'm not really relapsing, I'm experimenting with my tolerance, and so I can have another
- It's not a relapse because I have nothing to relapse from, so I can have another
- This isn't the drug I'm addicted to, so I can have another of these
- I'm not really relapsing, I just had a slip, and it would still be just a slip if I have another
- That first one was just for a special occasion; fortunately, there's another occasion coming up that's just as special

- ___ That first one was just because I had a really difficult moment; and I feel another difficult moment coming on
- ___ Why “must” I not drink/use? I will stop making myself miserable with “musts” and follow my preferences and have another
- ___ It’s true that every time I’ve tried to limit my drinking/using in the past ten years it hasn’t worked, but the manly thing is to keep trying, so I should have another
- ___ As long as I drink/use for the purpose of enjoyment and not for the purpose of evading my psychological problems, it’s OK to have more, so I can have another
- ___ As long as I drink slowly instead of gulping, it’s OK to have more, so I can have another
- ___ It’s OK to have another one as long as I don’t get drunk, and I didn’t, so I can have another
- ___ As long as I only drink/use to be sociable, not to try to solve my problems, it’s OK to have more, so I can have another
- ___ That first one was just to celebrate my recovery and it’s worth celebrating again, so I can have another
- ___ That first one was to give me a different perspective on my recovery, and that was interesting and worth doing again soon
- ___ That first one was just a break to give me the strength to go on with my recovery; I’m feeling like I need another break soon
- ___ I still have some left after the first one; if I keep it around I might get triggered to drink/use later, so I better do it now
- ___ If I were to avoid having another it would seem as if I thought I had a problem, so I should have another to prove that I don’t
- ___ If I were to agonize over having another one it would tend to suggest that I have a problem, so I’ll have another one without thinking about it
- ___ Since I blew my recovery anyway, I might as well go all the way and have another one or two or twelve
- ___ Having had this one makes me feel so guilty and ashamed that I can’t handle it and I need to have another one to make me feel better

200. Turning Nonsense Around

All of the slippery arguments in the previous checklist end up with the express or implied conclusion that "I can have another." Can you take each of these arguments and come to the opposite conclusion? For example:

- Slippery argument: "Since I handled the first one without any problem, I can obviously handle another one."
- Same argument turned around: "I handled the first one without a problem, but I think I'll stop right there and not push my luck. I'm not going to play Russian roulette."
- Slippery argument: "I'm not really relapsing, I'm drinking/using normally again, so I can have another"
- Same argument turned around: "Maybe I'm not really relapsing and maybe I'm drinking/using normally again, but if that's the case I'll do what any normal person would do and never touch the sh*t again, considering the grief it's caused me."

Using these examples, for each argument on the slippery logic checklist that has run through your mind, write a counter-argument that starts from the same premise but comes to the conclusion that it's better to stop. (Use a separate sheet).

201. When Drinking/Using Is No Fun Anymore

It's been said that the experience of recovery can pretty much spoil the fun of drinking/drugging. If you have fallen back into drinking/using, you'll find that your clean and sober self hasn't disappeared. It may even speak more insistently. Many people continue to feel the urge to get free of drugs/alcohol even while they're under the influence. Does this describe you?

- I totally pretend to function like a clean and sober person while I'm high
- If I admit to myself that I'm under the influence, I feel miserable
- With a bottle in front of me, I read sobriety literature
- I go to sobriety meetings (or recovery chat rooms) while I'm under the influence
- I call up sober friends while inebriated and pretend to be sober
- I give people advice on how to stay clean and sober, even though I'm not

The common denominator here is a tortured consciousness. Long gone are the days when you could drink/use without worries. When you relapse after experiencing a period of recovery, you will probably feel less comfortable and more troubled than you did before you stopped drinking/using in the first place. The whole alcohol/drug scene now reveals itself to your enlightened eyes as infinitely cynical and depressing. The memory of recovery remains alive in you and now exercises its own seduction. Embrace it if you get the chance.

202. Don't Beat Yourself Up

One of the most common feelings after a relapse is shame, humiliation, and worthlessness. If negative feelings of this type motivate you to stop drinking/using, that's fine. But for many people, these powerful depressing feelings only reinforce the urge to drink/use. "I drink because I'm ashamed, and I'm ashamed because I drink." (Try the *Working with Strong Trigger Feelings and Cravings Worksheet* on Page 136 if this applies to you.) Beating yourself to an emotional pulp may not be the best way to energize yourself to move forward.

Recovery from relapse is easier if you focus mentally on your strengths, even though your strengths may seem much less obvious. When you have a ton of relapse and a grain of sobriety, concentrate on the grain. Compare these two approaches:

Worksheet 56: Focusing on Weakness or Strength

FOCUSING ON WEAKNESS	FOCUSING ON STRENGTH
My relapse proves I'm helpless	Before my relapse I had 12 days clean, so I'm not totally helpless
I'm no good	Being sober for 12 days showed I'm not a total wimp
I'll never get sober	I thought I could never get sober but I did it for 12 days which is more than I ever thought I could do
I did such horrible things during my relapse	I've been sober all day and I'm starting to take care of business again
I deserve to be really punished for my relapse	I deserve another chance and I'm going to do better this time around
I can't figure out why I'm such a loser	I have a pretty good idea what actions I need to take to avoid a repeat of this incident
I'm the biggest piece of sh*t in the world, I'll never accomplish anything	I'm not any worse than a lot of other people who have gotten sober; if they can do it, so can I

It doesn't take a rocket scientist to see that the person who focuses on their strengths is more likely to break out of the relapse cycle than the person who sees only their shortcomings and defects. Recovery from relapse begins in the mind. Somewhere in the chaotic and polluted war zone of the relapsed brain, the hope must arise that recovery is possible.

The message of hope is, "Yes, I can!" The vital belief in one's own competency, despite the burden of disempowering emotions, supplies the energy to take essential survival actions, such as flushing the addictive substance down the toilet and making sober contact with supportive people.

203. Debriefing and Re-Entry after Relapse

One way or another, many people manage to terminate their relapses before the relapse terminates them. The things that give traction to people's survival instincts and motivate them to get out of the relapse cycle are as varied and unpredictable as the impulses that bring people out of addiction and into recovery in the first place. One utility of a large workbook such as this one is to present a wealth of diverse issues, so as to increase the probability that one of them will be the trigger that activates a person's recovery impulse and leads them back to solid ground. Recovery from relapse is, fortunately, a very common experience.

When you are clean and sober again, it may be useful to figure out what happened to bring about the relapse and to take preventive measures against a repeat. Because remembering a relapse can be emotionally stressful, it may be especially helpful to debrief with supportive friends. Even if you are stable now, it is a service to others to share your relapse experience so that others can have the opportunity to learn by hearing rather than by doing.

If you have a support group and are ready to give your debriefing, is your group ready to receive it? Few people will readily explore their relapses with a group that is judgmental, opinionated, and likely to overwhelm the person with unsolicited advice. If you relapsed you probably already feel bad enough without having other people dump on you. Sometimes people leave their support group permanently after a relapse because of the group's judgmental attitude. Do you think this kind of attitude advances the group?

It may be helpful to think of your recovery as a project that has never been done before. This is strictly true. Other people have made their recoveries, but they aren't you. There are no ready-made blueprints for the recovery of YOU. You can and should learn from other people's experiences, but the bottom line is that you have to design and build and maintain your recovery yourself. In any such project, mistakes are inevitable.

In the real world, no computer program, no blueprint, no recipe, no business plan, no serious project of any kind goes from first draft through completion without errors and omissions. Making mistakes and learning from them is the nature of progress. Time spent in blaming and shaming is time wasted. Once you have identified what went wrong, move your thinking forward to the path ahead. Will similar situations such as the one that tripped you up arise again? If so, what will you do differently next time? Visualize yourself navigating the next trouble spot and emerging successfully with your recovery intact.

The next section of this work area contains a debriefing outline that allows you to get a grip on what went wrong last time and focus ahead so that you can strengthen your recovery program in this problem area.

204. My Post-Relapse Debriefing Outline

You will note that the Relapse Debriefing outline (below) approximately follows the system that a physician might use in assessing a patient, beginning with a history and ending with a plan of action. In analyzing your relapse you are, in effect, becoming your own therapist and counselor.

You are in a position to know yourself better than anyone else, if you work at it; you are always there when you need yourself; and your fees are reasonable. The more skillful and confident you become at being your own therapist, the better are your chances to survive any challenge to your recovery.

Worksheet 57: Post-Relapse Debriefing

REPORT ON MY RECENT RELAPSE – AN OUTLINE	
Date I put the first drink/dose of this relapse into my body	
Circumstances of first input	
I. Pre-Input	
My continuous clean and sober time prior to putting first drink/dose into my body this time:	
Date that I made the conscious decision to drink/use this time:	
“Termites” at work in my mind prior to making decision to drink/use: (See Page 267)	
Warning signs of possible relapse before the day I made the decision to drink/use: (Refer to “Smoke Alarms” checklist, Page 269)	
Action I took to respond to warning signs of possible relapse:	
Pre-relapse status of my concerns about my physical and mental health: (first Domain)	

REPORT ON MY RECENT RELAPSE – AN OUTLINE	
Pre-relapse status of my efforts to minimize my exposure to alcohol/ drugs, to create safe space and time, and to do Daily Do exercises: (Second Domain)	
Pre-relapse status of my progress in learning to do activities sober and to acquire sober new activities that interest me: (Third Domain)	
Pre-relapse status of my work to maximize my recovery support from people and to minimize contact with people who oppose my recovery: (Fourth Domain)	
Pre-relapse status of my efforts to bring more pleasure into my recovery, to recognize and handle my trigger feelings, and to develop a more satisfying emotional life: (Fifth Domain)	
Pre-relapse status of my work to repair the impact of drinking/using on my life style and improve my real-world situation: (Sixth Domain)	
Pre-relapse status of my efforts to get oriented in my culture in a clean and sober manner: (Seventh Domain)	
Pre-relapse status of my work to understand my personal history, to separate what was me from what was my addiction: (Eighth Domain)	
Pre-relapse status of my involvement with treatment and with support groups: (Ninth Domain)	

REPORT ON MY RECENT RELAPSE – AN OUTLINE	
Pre-relapse status of any other concerns of relevance:	
Summary of major unresolved problem areas in my recovery, pre-relapse:	
II. Post-Input Relapse Course	
Interval between first drink/use and last drink/use of this relapse:	
Type of relapse onset (sudden, gradual, or other):	
Substances used, sequence, amounts:	
Immediate consequences of this relapse:	
Ideas/feelings that motivated me to get out of the relapse:	
External influences that motivated me to get out of the relapse:	
III. Plan to Prevent Recurrence	
Specific changes I'm going to make so that I have a more successful outcome next time:	

205. Down Is Not the Way to Up

People who rejected every life ring offered to them and are sinking back into their old pattern of intoxication still need not and should not give up on recovery. Relapse can be a complex, twisty process, just as recovery can be, and opportunities to step off its downward course and return to a clean and sober life can arise at any moment. Seize them if you can.

It's important to know that worse is not better. Your chances of recovery do not improve as you sink lower and lower in life. Although some people do bounce back from the gutter, they are the rare exception. Studies show that your chances of recovery go down as you do. The more you lose – job, family, shelter, car, health – the more liable you are also to lose the battle for recovery and for life itself. Don't delude yourself that by sinking deeper and deeper into relapse, you're really coming closer to your turnaround point, so that your relapse is really a stealth recovery tool. That is lunacy.

206. Summary: My Relapse Prevention Checklist

The best relapse prevention is to work on getting to know yourself and building and updating your Personal Recovery Program. Unless you happen to be one of the lucky individuals who perfectly match the parameters of one of the off-the-rack recovery programs, it does little good to adopt one as is. At the very least, you have to rework it and adapt it from start to finish until it becomes truly yours. Otherwise, it may sit inside you like an alien transplant and in time you will reject it.

Many decades of experience have gone into the finding that effective treatment is individualized (National Institute on Drug Abuse, see *Introduction*, Page **Error! Bookmark not defined.**). Institutionalized programs may in rare cases come close to the ideal of individualized treatment, but the treatment you give yourself can match your needs perfectly.

Here is a checklist that may be useful in tuning up your personal recovery program and in modifying it as your feelings and your situation develop. You are not static; your recovery program needs to develop as you do. Perhaps, like a snake, you can shed your old one from time to time and grow a new one, very similar to the old one, but bigger, fresher, more supple, and more comfortable.

Worksheet 58: Recovery Tune-Up and Relapse Prevention Checklist

MY RECOVERY TUNE-UP AND RELAPSE PREVENTION CHECKLIST	
	I remember why I originally wanted to get clean and sober
—	I now see additional reasons to stay clean and sober, beyond what I saw to begin with
—	I understand and use the method of analyzing my choices in terms of the Sobriety Priority, choosing S over A (Chapter One)
—	I know what my issues are concerning my body and my mental health, and I am working on them (First Domain)
—	I minimize my exposure to alcohol/drugs to the degree necessary for my recovery (Second Domain)
—	I know what my main trigger situations are and I have worked out a method to either avoid them or handle them clean and sober (Second Domain)
—	I have safe places and safe times where I can go to recharge my recovery fuel cells (Second Domain)
—	I start my day with a carefully thought-out personal affirmation and reminder ritual (Second Domain)
—	I have learned to handle all my necessary activities in a clean and sober manner, and have learned to avoid for the time being those that I cannot yet manage (Third Domain)
—	I have started clean and sober new activities that fill my time and engage my interest (Third Domain)
—	I know who the people are who support my recovery and I am developing closer relationships with them (Fourth Domain)
—	I am learning how to open up my new way of living to others and how to feel comfortable in my new identity as a person who does not drink or use (Fourth Domain)
—	I am doing my honest best to work on improving my ongoing relationships in a way that is positive for my recovery (Fourth Domain)
—	I am getting better at dealing with people who oppose my recovery and in learning to manage them or avoid them (Fourth Domain)
—	I am paying attention to my feelings and learning to recognize and accept them (Fifth Domain)
—	I am recapturing the pleasures that alcohol/drugs took over (Fifth Domain)
—	I am doing something clean and sober every day to make me feel good (Fifth Domain)
—	I know at least three ways of handling strong trigger feelings when they come up (Fifth Domain)
—	I feel good about being clean and sober now (Fifth Domain)
—	I recognize what my old emotional issues are and I have a plan for handling them (Fifth Domain)
—	I know the impact of my past drinking/drugging on my work situation and I am working on it (Sixth Domain)
—	I understand the impact of my past drinking/drugging on my housing situation and I am doing what can be done (Sixth Domain)
—	I recognize the impact of my past drinking/drugging on my living situation, and I am making the appropriate moves (Sixth Domain)
—	I see the impact of my past drinking/drugging on my social life, and I am putting effort into it (Sixth Domain)
—	I can see the effects of my past drinking/drugging on my housekeeping and personal hygiene, and I am taking the appropriate steps (Sixth Domain)
—	I understand the relationship between my past drinking/drugging and my sex life, and I am doing what I consider best for my recovery (Sixth Domain)

MY RECOVERY TUNE-UP AND RELAPSE PREVENTION CHECKLIST	
—	I recognize the impact of my past drinking/drugging on my financial situation, and I am doing the best I can (Sixth Domain)
—	I know the relationship between my drinking/drugging and my health insurance, and I am acting accordingly (Sixth Domain)
—	I am doing what needs to be done regarding my legal situation (Sixth Domain)
—	I am attending to any other life style issues that I feel would strengthen my recovery (Sixth Domain)
—	I understand that my sobriety is the foundation of all my life style improvements (Sixth Domain)
—	I understand that becoming addicted can happen to anyone who drinks or uses and that I am not a bad person because it happened to me (Seventh Domain)
—	I have a clearer picture of who I was before I got sidetracked by substance use, and I accept the original clean and sober me as valid and worthwhile (Seventh Domain)
—	I have calculated and summed up the cost of my past substance use in terms of time and money, and made better plans for those resources in the future (Seventh Domain)
—	I have separated out the parts of my past life that were due to my addiction, and have a clearer sense of my strengths and weaknesses as a clean and sober person (Seventh Domain)
—	I have emotionally said good-bye to the person I was when I was drinking/using, and have finished grieving, and I have a clearer sense of purpose in my life as I move forward as a clean and sober person (Seventh Domain)
—	I am learning to recognize and to distinguish the messages in the culture around me that promote addiction and those that are supportive of my recovery (Eighth Domain)
—	I feel more oriented about the social, political and economic interests that have an influence on the setting in which my recovery is taking place (Eighth Domain)
—	I am making progress at becoming a member of my communities in a way that affirms my recovery (Eighth Domain)
—	I have explored the treatment resources available to me and I have made the maximum possible use of them for my recovery under the circumstances (Ninth Domain)
—	I am an actively participating member of a community of people who are working on their own recoveries from substance addictions and who support me and look to me to support them (Ninth Domain)
—	I have a better sense for what is going on inside of me and I monitor myself frequently for possible relapse early warning signs
—	I recognize the mental bugs that could undermine my recovery program and I know how to handle them when they show up
—	If despite my best efforts I should relapse, I have prepared myself to eject immediately and to defeat the seductive self-talk that would lead me deeper into the pit
—	I understand that staying clean and sober is my responsibility and that no one else will or can do it for me
—	I will not drink or use, no matter what



[Chapter Twelve]

My Recovery Plan for Today

Some situations call for sobriety planning on an hour-by-hour basis. Use this worksheet when you feel that you would benefit by a more fine-grained structure in your life, or when you feel a crisis situation coming on, or in unusual situations like trips out of town, weddings, funerals, vacations, business conventions, etc. Be sure to build into it your Daily Do or other recovery exercises (see Page 70). Here is an example:

Worksheet 59: My Recovery Plan for Today (Example)

TIME / ACTIVITY / PERSON / EMOTION	RISK LEVEL FOR ME	MY PLAN
7:10	-	Do my Daily Do
7:55 Return to work after two weeks in rehab. I'm going to run into Dave B., my former dealer, in the break room. All kinds of triggers for me.	Red alert	Don't go near the break room, bring thermos from home instead, avoid the SOB
Lunch. What if drug zombies L. and V. invite me to go eat at the tavern with them?	Warp 7 danger	Early in the day, ask T. and F. to go to lunch in the cafeteria with me, then I can tell L. and G. I'm already busy if they ask me.
2 pm annual Performance Evaluation by Terry, my manager. I feel very insecure and anxious.	No immediate danger but could be Big Trouble when I get home. I might be very depressed, or I might want to "celebrate."	Definitely plan to have coffee with S. (sober friend) right after work and then go to a meeting this evening and unload it on the group.

On Page 291 there is a blank Sober Day Plan to photocopy.

When the day is over and you are safely in bed and out of danger, take a moment and think (or write some notes) about the following issues:

- Did I anticipate the major trouble spots?
- Were my feelings what I thought they would be?
- Did my evasive maneuvers work?
- Did I do OK in the situations where I had to confront the issue head on?
- Was it helpful to talk about the issues with my friend?
- Was it helpful to discuss the issues in my support group?
- What have I learned from today?
- What could I do better next time?

Worksheet 3: Sobriety T-Chart (blank)

SOBRIETY DECISION TOOL			
The issue: _____			
How it would reinforce my addict self [A]		[S] How it would empower my sober self	

My decision: _____

Worksheet 60: My Recovery Plan for Today

My Sober Day Plan for: _____ (date)		
TIME / ACTIVITY / PERSON / FEELING	RISK LEVEL FOR ME	MY PLAN