

Chapter 19

How to Make a
Relapse Prevention Plan

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An ounce of prevention is worth a pound of cure.

No doubt, you're beginning to realize that relapse prevention requires more of you than merely the strong desire to no longer consume alcohol and other drugs. What is required of you is the willingness to take responsibility for the protection and preservation of your Recovery-based lifestyle. To do so, you must be willing to identify what the next right thing to do is and then do the next right thing. The easiest way to most effectively do the next right thing is to identify anticipated problems and identify solutions for those problems by constructing a relapse prevention plan.

A relapse prevention plan is a plan of *action*. I want to emphasize the word, *action*. We're not talking about an intellectual exercise here, rather the creation of a catalyst for action. For a relapse prevention plan is the blueprint of an active strategy—a strategy whose sole aim is to empower you to:

- Remain abstinent from ALL alcohol and other drugs.
- Protect and preserve your Recovery-based lifestyle.
- Cope with abstinence-related stressors.
- Minimize the onset of those stressors activated by the act of living life.
- Eliminate those stressors that have been activated.
- Alleviate the pain that has been stimulated by an activated stressor.

An effective relapse prevention plan is born out of those lessons that you've learned about Recovery as well as the input of your Recovery-based support system. However, a relapse prevention plan can only be effective if you're willing to execute the plan.

Execute means just that—implement, carry out, put

into action. Not think about doing what you planned to do. Not dream about doing what you planned to do. Not plot and scheme about how to get someone else to do for you what you planned to do.

It's simply up to you. You must take action but not any ole' action. You must take action based on the plan that you've devised to manage those day-to-day stressors that appear in your life.

There are three stages to relapse prevention planning. The first stage is *the development of a specific plan of action*. You develop your plan based on the information that you've collected from the following sources:

- Self-examination
- Informed input of your Recovery-based support system—Fellowship members, spiritual guide, sponsor, therapist
- Twelve Step program teachings and rituals
- Information acquired from books, pamphlets, audio tapes, and workshops

You'll find the following steps helpful as you construct your relapse prevention plan.

Pathfinder's Checklist

How to develop a relapse prevention plan.

- 1) Identify a specific circumstance in your life that may have embedded it in a personal stressor that may potentially be or is currently activated.
- 2) Identify those self-sabotaging coping mechanisms that you may be prone to apply in order to cope with the identified stressor. Commit to not applying them.

- 3) Identify Recovery-based coping mechanisms to apply to the identified stressor. Commit to applying them.
- 4) Identify steps necessary to apply the Recovery-based coping mechanisms identified in step #3 of this checklist.
- 5) Apply the Recovery-based coping mechanisms identified in step #3 of this checklist to the circumstance you're attempting to resolve.

Pathfinder's Exercise

- 1) Identify a current circumstance in your life that may adversely impact your physical well-being.
- 2) Apply steps #1 through #5 in the above Pathfinder's Checklist to the stressor that you identified in step #1.
- 3) Discuss your plan with members of your Recovery-based support system.
- 4) Repeat steps #1 through #3 by identifying a current circumstance that may adversely impact your psychological, environmental, interpersonal, and spiritual well-being.

The second stage of relapse prevention planning is *the implementation of your relapse prevention plan*. Relapse prevention entails much more than merely learning the principles of relapse prevention—you must *live* the principles of relapse prevention as well. You need not only know what the next right thing for you to do is, but you must *live* what the next right thing is for you to do!

Accordingly, your relapse prevention plan should be a

road map for taking action. Your relapse prevention plan should identify specific action steps to take in order to most effectively manage an identified stressor.

Pathfinder's Checklist

Action steps to be outlined in your relapse prevention plan.

- 1) Where and where not to go in order to not activate a specific stressor that may activate the process of relapse.
- 2) Who and who not to be with in order to not activate a specific stressor that may activate the process of relapse.
- 3) What and what not to do in order to not activate a specific stressor that may activate the process of relapse.
- 4) How and how not to do what it is that you're supposed to do in order to not activate a specific stressor that may activate the process of relapse.
- 5) When and when not to do what you're supposed to do in order to not activate a specific stressor that may activate the process of relapse.
- 6) The safest—not the fastest way to...
- 7) The most effective—not the easiest way to...
- 8) The most thorough—not the most convenient way to...
- 9) The most detailed—not the most expedient way to...
- 10) The most well-considered—not the most impulsive way to...

Pathfinder's Exercise

- 1) Identify a current circumstance in your life that may adversely impact your physical well-being.
- 2) Apply steps #1 through #10 from the above Pathfinder's Checklist to the stressor that you identified in step #1 of this exercise.
- 3) Discuss your plan with members of your Recovery-based support system.
- 4) Repeat steps #1 through #3 from this exercise by identifying a current circumstance that may adversely impact your psychological, environmental, interpersonal, and spiritual well-being.

The third stage of relapse prevention planning is *the refinement of your relapse prevention plan*. This is a critical, often, overlooked step of relapse prevention. Think of relapse prevention planning as a high maintenance friend. To do relapse prevention planning effectively, you must be willing to work at it, and work at it, and, then, work at it some more.

Relapse prevention planning is a never-ending collaborative process of consulting with others to assess, evaluate, question, experiment, tweak, change, and refine what started out to once be a good idea. As with everything else in life, a relapse prevention plan is a dynamic ever-changing work in progress. Mistakes will be made. Calculations will need to be revisited. Choices will turn out to be ill-advised. Actions will need to be reevaluated. Assumptions and conclusions will need to be critically reexamined. What this means in practical terms is that your relapse prevention plan should be written in pencil, not ink.

Pathfinder's Checklist

How to create and refine your relapse prevention plan.

- 1) Identify a specific circumstance in your life that may have embedded it in a personal stressor that may potentially be or is currently activated.
- 2) Identify those self-sabotaging coping mechanisms that you may be prone to apply in order to cope with the identified circumstance. Commit to not applying them.
- 3) Identify Recovery-based coping mechanisms to apply to the identified circumstance. Commit to applying them.
- 4) Identify steps necessary to apply the Recovery-based coping mechanisms identified in step #3 of this checklist.
- 5) Identify hoped-for outcome of your proposed course of action for applying a Recovery-based coping mechanism to the circumstance identified in step #1 of this checklist.
- 6) Review your plan with members of your Recovery-based support system.
- 7) Make any adjustments necessary based on the feedback you've received from your Recovery-based support system.
- 8) Apply your plan to resolve the circumstance identified in step #1 of this checklist.
- 9) Identify actual outcome of your course of action when you applied the plan created in steps #1 through #7 of this checklist.
- 10) Identify what aspect of your plan worked.
- 11) Identify what aspect of your plan didn't work.

- 12) Revise your plan of action according to what you've learned from steps #9, #10, and #11 of this checklist.
- 13) Review revised plan with your Recovery-based support system and make any suggested revisions.
- 14) Apply your revised plan from step #13 of this checklist to resolve the circumstance identified in step #1 of this checklist.

Pathfinder's Exercise

- 1) Identify a current circumstance in your life that may adversely impact your physical well-being.
- 2) Apply steps #1 through #14 from the above Pathfinder's Checklist to the circumstance that you identified in step #1.
- 3) Discuss your plan with members of your Recovery-based support system.
- 4) Repeat steps #1 through #3 from this exercise by identifying a current circumstance that may adversely impact your psychological, environmental, interpersonal, and spiritual well-being.

So that's the nuts and bolts of relapse prevention planning—identify the circumstance that may have embedded it in a personal stressor, identify the self-sabotaging coping mechanisms you may be prone to apply and avoid them, identify what Recovery-based actions to take, check out with your Recovery-based support system the plan that you're formulating, refine the plan, enact the plan, and then revise the plan. It's a good strategy, but like anything else, *It will work only if you work it.*

Let's stop here for a moment and digest what all of this information means in practical terms. To do so, I have created the following exercise for you to do. Whatever you do, **DO NOT SKIP THIS EXERCISE!**

This exercise is a little different in that you and I will work on it together. Let me warn you—there's a lot of work for you to do. But this exercise is extremely important for you to complete. We will create a relapse prevention plan based on the first four steps of relapse prevention planning:

- 1) Identify a specific circumstance in your life that may have embedded it in a personal stressor that may potentially be or is currently activated.
- 2) Identify those self-sabotaging coping mechanisms that you may be prone to apply in order to cope with the identified circumstance. Commit to not applying them.
- 3) Identify Recovery-based coping mechanisms to apply to the identified circumstance. Commit to applying them.
- 4) Identify steps necessary to apply the Recovery-based coping mechanisms identified in step #3.

In the exercise below, I identified nine circumstances that may potentially activate the process of relapse. For each of the nine circumstances that I've identified, I then identified three examples of self-sabotaging coping mechanisms and three examples of Recovery-based coping mechanisms that you could apply to each identified circumstance.

Your part in the exercise is as follows. Read carefully the nine examples I have provided for you to work with.

- 1) Think about the examples and the coping mecha-

nisms that I chose. Why would the self-sabotaging mechanisms be self-sabotaging? Why would the Recovery-based mechanisms be helpful? What impact would each mechanism have on your emotional, physical, and spiritual well-being?

- 2) Identify three additional circumstances as I did in step #1.
- 3) Identify at least three examples of self-sabotaging coping mechanisms that you might apply to each of the three circumstances that you identified in step #1.
- 4) Identify at least three examples of Recovery-based coping mechanisms that you might apply to each of the three circumstances that you identified in step #1.
- 5) Do step #4 (identify the specific steps to take in order to apply those Recovery-based coping mechanisms identified in step #3) for each of the twelve circumstances from step #1 (my nine examples plus your three examples).

Okay? Now there's a lot of work involved with this exercise. Take it slow. If you feel stuck or overwhelmed, ask a member of your Recovery-based support system for help. But whatever you do, **UNDER NO CIRCUMSTANCES ARE YOU TO SKIP THIS EXERCISE.**

Pathfinder's Exercise

Step #1: Identify a specific circumstance in your life that may have embedded it in a personal stressor that may potentially be or is currently activated.

Examples of this may be:

- 1) Smoking marijuana with your significant-other despite the fact that you've decided to abstain from alcohol and other drugs.
- 2) Having cyber-sex until 3:00 A.M. every night and early into the next morning.
- 3) Working seven days a week without pause for a day-off.
- 4) Leaving untreated an impacted tooth that causes you unrelenting pain and the need to alleviate that pain.
- 5) Beginning to believe that you can learn how to drink and drug on social occasions.
- 6) Continually bouncing checks.
- 7) Going to a bar after work with your co-workers.
- 8) Putting on a dinner party in your home in which alcoholic beverages will be served.
- 9) Stop going to meetings.
- 10) Write your own example of a circumstance that has a potentially activated stressor embedded in it.
- 11) Write your own example of a circumstance that has a potentially activated stressor embedded in it.
- 12) Write your own example of a circumstance that has a potentially activated stressor embedded in it.

Step #2: Identify those self-sabotaging coping mechanisms that you may be prone to apply in order to cope with the identified circumstance in step #1. Commit to not applying them.

Examples of this may be:

- 1) Smoking marijuana with your significant other despite the fact that you've decided to abstain from alcohol and other drugs.

- a) *Deny* that you're addicted to marijuana or that you could become addicted to marijuana or that you could go back to drinking because of your marijuana use.
 - b) *Stuff* your feelings that you're fearful that your significant-other might abandon you if you don't smoke marijuana with your significant-other.
 - c) *Compartmentalize your life* by staying clean with one group of friends and continue to consume alcohol and other drugs with other people such as your significant other.
- 2) Having cyber-sex until 3:00 A.M. every night and early into the next morning.**
- a) *Rationalize* that this is the only way for you to have fun now that you can't consume alcohol and other drugs.
 - b) *Act-out feelings* of anger towards those people who are trying to control your behavior by being involved in compulsive behaviors.
 - c) *Use compulsive behaviors* to medicate feelings such as loneliness, fear, and depression.
- 3) Working seven days a week without pause for a day-off.**
- a) *Justify* working non-stop because you have bills that you have to pay off and this is the only way to get them paid off (a form of denial).
 - b) *Isolate* from others by losing yourself in your work (a form of avoidance).
 - c) *Avoid conflict or the demands of intimacy* by staying at work.
- 4) Leaving untreated an impacted tooth that causes you unrelenting pain and the need to allevi-**

ate that pain.

- a) *Minimize* the importance of taking care of yourself as well as the impact that physical pain may have on you (a form of denial).
 - b) Rely on your *willfulness* to gut it out.
 - c) Convince yourself that you can take the pain medicine your doctor has prescribed for you because your doctor will control your use (*a form of denial called bargaining*).
- 5) Beginning to believe that you can learn how to drink and drug on social occasions.**
- a) *Rationalize* that there was a time in your life when you were able to control when and how much you were able to drink.
 - b) *Bargain* your way back to consuming alcohol and other drugs (a form of denial) by convincing yourself that you'll have just one drink on only very special occasions.
 - c) Rely on your *willfulness* to return to drinking in a controlled manner by convincing yourself that you'll drink just three beers once a week.
- 6) Continually bouncing checks.**
- a) *Discount* the importance of the person or company to whom you're writing the bad check (*a form of denial*).
 - b) *Act-out hostile feelings* towards the person you bounce a check to.
 - c) *Avoid taking responsibility* by blaming others ("big companies won't miss my money" or "the way they treat me they deserve to have me write them a bad check").
- 7) Going to a bar after work with co-workers.**

- a) *Minimize* the effect on you of sitting in a bar nursing a Diet Coke while everyone else can drink whatever and as much of what they want (a form of denial).
 - b) *Acting impulsively*—not thinking through the potential consequences of going to a bar.
 - c) Relying on your *willfulness* to get you through a difficult situation.
- 8) Putting on a dinner party in your home in which alcoholic beverages will be served.**
- a) “Well, I can’t very well expect other people to have to suffer just because I can’t drink” (*a form of denial*).
 - b) *Manipulating* a situation to put you in a place to use again (*a form of denial*).
 - c) *Avoid taking responsibility* for asserting your needs and protecting your Recovery-based lifestyle.
- 9) Stop going to meetings.**
- a) “I don’t need to keep going to those meetings. I know everything that I need to know” (*willfulness and intellectualization*).
 - b) Isolate by cutting yourself off from your Recovery-based support system (*a form of avoidance*).
 - c) *Acting-out feelings* rather than talking about your discomfort with being a part of a Recovery-based support group.
- 10) Write three examples of a self-sabotaging coping mechanism that you can apply to circumstance 10 from step #1.**
- 11) Write three examples of a self-sabotaging coping mechanism that you can apply to circumstance 11 from step #1.**

- 12) Write three examples of a self-sabotaging coping mechanism that you can apply to circumstance 12 from step #1.**

Step #3: Identify Recovery-based coping mechanisms to apply to the identified circumstance from step #1. Commit to applying them.

Examples of this may be:

- 1) Smoking marijuana with your significant other despite the fact that you’ve decided to abstain from alcohol and other drugs.**
- a) Talk to your partner about how conflicted you feel about continuing to smoke marijuana (*a form of HOW*).
 - b) *Express your feelings* about no longer being able to smoke with your partner.
 - c) *Assert yourself* by letting your partner know about the discomfort it creates for you to be around your partner when they’re high or under the influence.
- 2) Having cyber-sex until 3:00 A.M. every night and early into the next morning.**
- a) *Choose* different behaviors in which you can experience fun without jeopardizing your physical well-being.
 - b) *Think through* what the consequences are to you about not getting enough sleep.
 - c) *Self-examine* what is the underlying reason(s) you’re participating in these behaviors.
- 3) Working seven days a week without pause for a day-off.**
- a) *Connect* with your Recovery-based support system. Talk through with them the issues that you’re trying to run away from by working all of the time (a

- form of mentoring).
- b) *Choose* other ways of coping with the stressors that you're avoiding by working late.
 - c) Apply *HOW* to cope with life stressors that you're avoiding by working so much.
- 4) Leaving untreated an impacted tooth that causes you unrelenting pain and the need to alleviate that pain.**
- a) *Take care of yourself* by making an appointment and getting your tooth repaired.
 - b) *Take action* and go to the dentist.
 - c) *Listen to others* who have encouraged you to take care of yourself.
- 5) Beginning to believe that you can learn how to drink and drug on social occasions.**
- a) Focus on the here-and-now rather than living in the past. Base your actions on who you are today rather than who you once were (*a form of HOW*).
 - b) *Practice your spirituality* by surrendering to your disease and the need to remain abstinent.
 - c) Rely on your Recovery-based support system to guide you through your wishful thinking (*mentoring*).
- 6) Continually bouncing checks.**
- a) *Acknowledge the right* of each person and/or business to be paid in full in a timely manner.
 - b) Apply *HOW* to take responsibility for your actions and inactions.
 - c) *Think through* the action by considering the consequences of your action to yourself and others.
- 7) Going to a bar after work with your co-workers.**

- a) Suggest going to a different place of business such as a coffee shop where you could socialize with your co-workers (*choices*).
 - b) *Assert your need* to stay away from environments in which alcohol and other drugs are consumed.
 - c) Use *conflict resolution skills* to negotiate a way to be with your co-workers and protect your abstinence.
- 8) Putting on a dinner party in your home in which alcoholic beverages will be served.**
- a) *Assert your right* to a Recovery-proof environment in which there's no alcohol and other drugs present.
 - b) Use *conflict resolution skills* to negotiate a way to protect your abstinence.
 - c) Negotiate different *choices* for how to have a dinner party.
- 9) Stop going to meetings.**
- a) Stop isolating. *Use mentoring*. Double up on your meetings. Double up on your phone calls to your Recovery-based support system.
 - b) *Use self-examination* to better understand why you might be sabotaging your Recovery-based lifestyle.
 - c) Apply *patience* to the practice of Recovery.
- 10) Write three examples of a Recovery-based coping mechanism that you can apply to circumstance 10 from step #1.**
- 11) Write three examples of a Recovery-based coping mechanism that you can apply to circumstance 11 from step #1.**
- 12) Write three examples of a Recovery-based coping mechanism that you can apply to circumstance 12 from step #1.**

Step #4: Identify the specific steps to take in order to apply your Recovery-based coping mechanism(s) to each circumstance identified in step #1.

1) Now do step #4 without me. Examine each of the nine examples that I provided from steps #1 and #3 (examples 1-9) as well as examples #10, #11, and #12 that you wrote. For each of the twelve examples, write down a series of action steps that you would take in order to apply the specific Recovery-based coping mechanism(s) from step #3 to each of the twelve identified circumstances from step #1.

My final message to you about relapse prevention planning is simple and to the point. Please do not approach relapse prevention planning in a haphazard, hold your breath, white knuckle it, rely on determination and will power, talk-the-talk but don't walk-the-walk, *Hail Mary Pass* fashion. It takes a lot of work, but so does cleaning up the mess that comes with the unmanageability of chemical dependency.

Let me end this chapter with the following list. It would be a good idea to revisit this list often. Use it as a quick way to problem-solve a situation when you need clarity about how best to cope with a circumstance that has the potential to become dangerous for you.

Pathfinder's Checklist

Important questions to be mindful of as you develop a relapse prevention plan.

- 1) What should I do when...
- 2) Who should I contact when...
- 3) Where should I go when...

- 4) How should I handle people when...
- 5) How should I handle a situation in which...
- 6) How can I best avoid...
- 7) How can I eliminate...
- 8) What action should I take to...
- 9) How can I stop myself from...
- 10) What should I do when I start to feel...
- 11) What should I do when I start to believe...
- 12) What should I do when I start to act like...
- 13) What should I do when I start to talk as if...
- 14) How should I ask for help when I...
- 15) Who should I ask help from...