

## Side Step

It is 1000 times better to avoid relapse, but if you have (or have been close to) a relapse, it is also best to learn and grow from the experience. It often helps to take a careful, fresh, and perhaps broader view of your previous plan and your current situation. This is an important exercise for doing that.

1. You may not have been fully convinced that you had a problem with addictions. If it seems clear that you have a problem, write down how you know that for sure. If not, it may be helpful to take the following test: (Socrates)
  - Can you say you at least might have a problem with addiction(s) and that you might be able to do something about it?
2. Sometimes people get so upset about relapsing, they consider suicide. If you are in that frame of mind, life itself is your first priority. Review the safety video if necessary (*Choosing Life: Safety in Emotional Crisis*).
3. Sometimes people get so upset about relapsing, they lose all confidence for trying again. If you are in that frame of mind, you may wish to work through the *Self-Esteem and Goal Setting (SEGS)* track.



6. Next, we may continue to fall prey to the delusion that a substance or addictive behavior will somehow “help” in some way. It obviously does not, but to what extent did you use because of:
  - a. Conflicts with people? (You may wish to consider education about conflict resolution in the *Assertiveness/Boundaries* presentation.)
  - b. Uncomfortable emotions? (You may wish to consider further work and education on anger management, sadness, loneliness, etc. Our suggestion would be to review the *Anger, Stress, Anxiety and Depression*, and *Friendship* presentations.)
  - c. Trying to fill a void or emptiness? (Explore other healthy alternatives.)
  - d. Dealing with some underlying psychological or even physical pain? (You may wish to deal further with and review the *Trauma, Abuse/Neglect*, and/or *Pain/Disability* presentations.)
  - e. Copying behaviors seen in others? (Requires recognition and intentionally making choices otherwise.)



10. Sometimes our plans were not carefully enough made, put down in writing, or shared with others (thus, lacking in accountability). Consider the following issues carefully, examining what worked previously and what did not. In other words, with each of these categories, consider what went wrong in your previous plan and describe, in detail, what will be different now:

a. Triggers

b. Cravings

c. "Opportunities"/Unwelcome exposures

d. Emergency situations

e. 12-step resources

f. Medications (for example: antidepressants, anti-craving, non-addictive sleep aids, etc.)

11. What lessons have been learned through the pain associated with this relapse?

12. What is your restart date for abstinence?

13. Are there any other important aspects to add to your plan?

**CONTRACTUAL AGREEMENTS:** The above is a collection of lessons learned and future plans that I have created, is acceptable to me, and has been shared with at least one other person. I hereby promise to use it, unhindered for my future growth and health.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (es):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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