



# Serene Scene

Transitional Sober Living Magazine

LONG BEACH®

**SERENE CENTER**

[www.serenecenter.com](http://www.serenecenter.com)

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## 12 STEP TREK

Step #3: *Turning our will and our lives over to God.*

*12 Step Worksheet Series  
Courtesy of Serene Center,  
Long Beach*

## 12 STUPID THINGS THAT MESS UP THE HOLIDAYS

*...And Things You Can Do to Avoid These Pitfalls.*

*Allen Berger, Ph.D.*

## POINT OF RETURN MONTHLY STORY

*The Moment (Part Two)  
Reverend Leo B.*

## ANXIETY & RECOVERY

*Michael G., Author of  
Hope In the Morning*

## JOURNALING WITH GAUGES

*Capt. Larry Smith, Author of  
The Daily Life Plan Journal*

## HOW WOULD YOU HANDLE THIS SITUATION?

*...If Your Child Came Home from School in Possession of Marijuana.*

*Antoine P. and Jacqueline Williams  
Think 5, A New Way of Thinking, LLC*

## BEHAVIORAL HEALTH CENTRAL SPOTLIGHT:

*A Discussion Over A Controversial Issue—Medical Marijuana*

*Robin Jay, Editorial Director,  
BehavioralHealthCentral.com*

## RELAPSE SIMPLIFIED

*Andrew Martin, MBA, CADC 1*



Andrew Martin, MBA, CADC I

Relapse is often thought of as an event, such as taking a drink or using a drug; however relapse is actually an extended process that begins long before the use of a chemical substance. There are significant and identifiable phases of relapse.

Terrence Gorski and Merlene Miller collaborated on the development of eleven phases of relapse:

1. Internal Change
2. Denial
3. Avoidance and Defensiveness
4. Crisis Building
5. Immobilization
6. Confusion and Overreaction
7. Depression
8. Behavioral Loss of Control
9. Recognition of Loss of Control
10. Option Reduction
11. Alcohol and Drug Use

The relapse process can be intervened upon at any time, and the process can be arrested as a result. However, it becomes more difficult to intervene as the process progresses in severity of symptoms.

### **Cravings**

Craving is a term used to represent the physiological effects of the synapses in the limbic system of the brain attempting to find homeostasis (balance). In an addicted brain and body, there is an imbalance in the synapses caused by the artificial stimulation of neurotransmitters as a result of ingesting alcohol and drugs.

Over time, the brain and body become reliant on the artificial stimulus to produce the "feel-good" neurotransmitters and discontinues producing adequate levels of naturally induced "feel-good" neurotransmitters. Over a prolonged period of time, it becomes necessary for the chemically dependent individual to ingest more and more of the substance to get the same effects in the brain and body: this process is called tolerance.

When the artificial stimulus is removed, by remaining abstinent from drugs and alcohol, the brain and body go into withdrawal in order to create enough pain that the chemically dependent person resumes the use of alcohol and drugs to relieve the symptoms and bring the brain and body back into homeostasis.



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Craving is naturally reduced with abstinent time: the brain and body will automatically revert back to producing appropriate levels of “feel-good” neurotransmitters if given the opportunity. However, it can be a very difficult challenge to remain abstinent in the early phases of recovery. In some instances there are pharmacotherapies that can be used in conjunction with psychotherapy in order to reduce craving.

### Suffering

Suffering is experienced when the chemically dependent person is unable to cope with a few, or many, of the naturally occurring stresses of life. The stressors can be simplistic to complex, depending on the individual. However, most importantly, the stresses go unmanaged and begin to build up with time. Unmanaged stress on a continual basis causes a great deal of emotional and physical suffering for the chemically dependent individual.

Suffering can be minimized by learning how to deal with life stressors in a healthy way such that they are not unmanaged and do not multiply. Coping skills can be developed through cognitive behavior therapy and old unhealthy behaviors can be replaced with healthy practices.

### Putting It All Together

If relapse can be simplified into a simple formula:

$$R = C^x + S^x$$

**Relapse = Craving + Suffering**

Then it follows that relapse can be influenced by either craving or suffering, or both. In reducing craving and/or suffering it lessens the likelihood of relapse.

As mentioned earlier, it is more difficult to lessen craving because it is a symptom of a physiological change in the brain and body. The best way to reduce craving is by staying abstinent and giving the brain and body the time it needs to repair itself. The time required will vary with the individual and can generally range from 9 months to 5 years with progress being made with every day of abstinence.

The suffering component of the equation is the area where most clinicians will concentrate their efforts. That is because cognitive work is the most effective method of reducing the likelihood of a relapse running its full course.

With a focused approach on identifying problem stressors and learning coping skills to minimize the impact of the problem stressors, the chemically dependent individual will engage in managed stress. Managed stress is far less likely to cause feelings of control loss, anxiety, and over whelm.



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Developing and re-learning coping skills is best approached with the guidance of a clinician as the process of learning new ways of thinking can be stressful in itself. Additionally, many people find that they are resistant to changing thought processes and require the assistance of a professional.

### **Don't be a John Doe**

At the beginning of this article the story of John Doe ended tragically and unnecessarily. John kept relapsing because he had severe craving and unmanaged stress which combined to drive him into a relapse process almost immediately after leaving treatment. While John was invested in doing the things he was told to do, he was not invested in changing the way he perceived and interacted with the world around him. This lack of flexibility when it came to his thought processes doomed John to a life of relapse wherein he never had enough abstinent time for his brain and body to heal, and he always carried with him unmanaged stress.

The best solution for John would have been to learn coping skills for dealing with life on life's terms, not on John's terms. The best way to learn coping skills is with a clinician that is focused on identifying the distorted and/or irrational thought processes surrounding problem stressors, and then lead the patient into more healthy thought processes. With repetition and experience, these new thought processes become habit and the stressors of yesterday fade away. **SS**

